

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of ***My Future – My Choice*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

***My Future – My Choice* contains [15 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children.** Having several of these elements should disqualify such materials for use with children.**

Program Description: My Future – My Choice is a program developed for middle school students in Oregon. The program states that abstinence is the best way to prevent pregnancy and STIs but spends the majority of time teaching consent, contraception, and proper steps to condom use. The program also has a heavy focus on teaching a variety of sexual orientations and gender identities. Many of these lessons are adapted from Advocates for Youth material. Advocates for Youth has spent decades promoting a radical sexual agenda to young people and has published one of the most explicit CSE curricula available.

Target Age Group: Ages 12-14

Planned Parenthood Connections: No evidence found.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,</i>	<p>“Identify sexual and reproductive body parts and their functions.” (Lesson 1, p. 5)</p> <p>Note: <i>Discussing the function of reproductive body parts can lead to discussions of erections, orgasm, and sexual pleasure.</i></p> <p>In a mixed-gender classroom, “Top Signs Boys are in Puberty” is shown which describes erections, ejaculation, wet dreams, masturbation, and feeling horny. (Lesson 1, p. 11)</p> <p>In a mixed-gender classroom, students are shown detailed slides of external male and female genitalia. (Lesson 1, pp. 43, 45)</p>

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

attractions, fantasies or desires.

Note: While medically accurate, parents may not find this to be age appropriate as it can break down modesty standards.

“Sex is natural. **It is a normal and healthy part of human behavior.** However, there **may be** some physical and emotional risks involved with the decision to have sex, especially if you are not ready.” (Lesson 4, p. 14)

“We are going to look at reasons **why teens might choose to have sex** as well as why teens might choose to wait. Half of the groups will brainstorm reasons why some teens might choose to have sex. The other half of the groups will brainstorm reasons teens might choose to wait to have sex.” (Lesson 4, p. 16)

“Choose a song that is popular with this age group **that includes lyrics about sexual behavior.** Set up a music player to play the song in class. Project the lyrics, or make a copy for each student.” (Lesson 5, p. 9)

“Find a magazine or internet ad **with implied sexual behavior content.**” (Lesson 5, p. 9)

Role play scenario: “Some of our friends have been **thinking about being sexually involved.** Maybe we should too. We wouldn’t be the only ones. Aren’t you curious what it’s like?” (Lesson 8, p. 15)

Role play scenario: “The person you are dating invites you and two other couples over on a night when their parents are out. You are all in the same room and each couple is kissing. At some point, you hear someone say, ‘I think we all need some more privacy.’ Soon the other couples **disappear into other rooms.** The person you are dating looks at you and says, ‘**Maybe we should go to my bedroom for more privacy, too.**’” (Lesson 8, p. 35)

Role play scenario: “Lucas is a football star at his school. Lucas has been dating Erica for about six months. Erica is also a very popular girl at their school. A few months ago, **Lucas and Erica had protected sex.** Since then, Lucas decided it is too risky and wants to be abstinent... Erica, however, seems to **want to continue to be sexually involved.** She puts the pressure on every time they are alone.” (Lesson 8, p. 41)

Role play scenario: “Reese met Drew online ... Sometimes their **messages get a little sexual,** but Reese doesn’t see the harm in it since it’s just online and they don’t really mean it anyway. Recently Drew asked Reese to **send a naked picture.** Reese is thinking about it, but is worried about who else might see the picture, especially if they stop talking.” (Lesson 8, p. 43)

Green light sexual behaviors: “Abstinence; Dry kissing; Masturbation” (Lesson 9, pp. 27-28)

Yellow light sexual behaviors: “Anal sex with a condom; Having sex with multiple partners while using condoms; Having sex with only one person using a

	<p>condom; Oral sex with a condom; Vaginal sex with a condom; Wet (tongue) kissing or making out” (Lesson 9, pp. 27-28)</p> <p>Red light sexual behaviors: “Unprotected anal sex; Having sex with multiple partners and not using condoms; Having sex with someone who injects drugs; Unprotected oral sex; Unprotected vaginal sex” (Lesson 9, pp. 27-28)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“Identify that no one has the right to touch anyone else without giving and receiving consent.” (Lesson 4, p. 6)</p> <p>“If a person isn’t sure how someone else is feeling or what they want to do sexually, they should just ask. For a person to consent to sexual involvement, an enthusiastic ‘yes’ is necessary. It is important to keep checking in about this. If a person doesn’t like what they are doing sexually with another person, they should say they want to stop, then stop.” (Lesson 6, p. 27)</p> <p>“It’s important for people to communicate with their sexual partner about their plans to stay safe if they decide to be sexually active.” (Lesson 9, p. 33)</p> <p>“In defining sexual consent, this lesson emphasizes the importance of paying attention to both a person’s words and actions. This helps young people recognize when full consent is present.” (Lesson 10, p. 1)</p> <p>Lesson 10 Objective: “Explain effective ways to ensure consent in a sexual relationship.” (Lesson 10, p. 5)</p> <p>Poster for classroom: “Sexual Touch and Activities Requiring Consent:</p> <ul style="list-style-type: none"> • Kissing • Holding hands • Hugging • Touching or rubbing under or over clothes • Being fully or partially naked with or in front of each other • All other forms of sexual contact, including sexual intercourse” (Lesson 10, p. 9) <p>Poster for classroom: “Elements of Consent:</p> <ul style="list-style-type: none"> • There is a balance of power in the relationship • Both people are aware of the consequences of sexual activity, both positive and negative. Both people know what will happen next. • If a person says <i>yes</i>, they can change their mind or stop at any time. • Neither person is under the influence of drugs or alcohol. • It is safe to say <i>no</i>” (Lesson 10, p. 10) <p>“Consent is when a person’s words and their actions show they freely agree and really want to do something. They express this by enthusiastically saying, ‘Yes!’ and expressing that it is OK with them.” (Lesson 10, p. 18)</p> <p>“When it comes to physical and sexual consent, it is important for all people</p>

	<p>involved to be clear and specific. There is no form to sign when we ask someone if we can touch them. That means we must be very careful to ensure that physical activity is wanted by the other person. It is also important to be very clear about what we want to do.” (Lesson 10, p. 19)</p> <p>“Each activity needs to have clear consent from each person involved, every time. If you want to touch someone or be sexual with them in any way, you must make sure you have the other person’s consent.” (Lesson 10, p. 19)</p> <p>“Before engaging in sexual activity, each person must make sure there is consent. Keep in mind anyone has the right to change their mind at any time, even if they have already given consent.” (Lesson 10, p. 19)</p> <p>“Even when two people are in a relationship, each person still needs to get consent before touching. Consent is also needed throughout a sexual experience.” (Lesson 10, p. 23)</p> <p>“Why isn’t just asking once, such as when you start kissing someone, enough? (Because they may change their mind; they may want to kiss but then not do anything else that might happen next.)” (Lesson 10, p. 26)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“We also want to be specific about what behaviors this includes. Sex or sexual involvement includes vaginal, anal and oral sex. Vaginal sex is a penis going into a vagina. Anal sex is a penis going into an anus. Oral sex is a mouth going on the genitals either, a vulva or a penis or a mouth going on an anus.” (Lesson 4, p. 14)</p> <p>“List 10 things that two people our age, who are in a romantic relationship, can do together. List something that doesn’t include vaginal, anal or oral sex.” (Lesson 4, p. 33)</p> <p>“If someone who has an STI exchanges any of these fluids through vaginal, anal or oral sex with someone who is not infected, they can transmit the infection.” (Lesson 9, p. 18)</p> <p>“Abstaining from vaginal, anal and oral sex is the most effective way to prevent STIs. Remember, most middle schoolers are not engaging in vaginal, anal or oral sex.” (Lesson 9, p. 19)</p> <p>“Condoms that go inside a vagina or anus, are called internal condoms.” (Lesson 9, p. 21)</p> <p>“Dental dams are usually made of the same material as an external condom. The material is in the shape of a square. They are used as a barrier between the mouth on the vagina or the mouth on the anus.” (Lesson 9, p. 23)</p> <p>“Tell the students that ‘sex’ means oral, anal or vaginal intercourse.” (Lesson 9, p. 25)</p> <p>Yellow light sexual behavior: “Anal sex with a condom; Oral sex with a condom”</p>

	(Lesson 9, pp. 27-28)
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Sexual orientation means who you are attracted to physically and/or romantically.” (Lesson 2, p. 23)</p> <p>“Boys who are attracted romantically and physically to other boys are called gay.” (Lesson 2, p. 23)</p> <p>“Girls who are attracted romantically and physically to other girls are called lesbians (sometimes gay).” (Lesson 2, p. 23)</p> <p>“People who are attracted to people of any gender are called bisexual or sometimes pansexual.” (Lesson 2, p. 23)</p> <p>“It is common to be attracted to other people as you grow up and not to figure out your sexual orientation until you are older.” (Lesson 2, p. 23)</p> <p>“Bi-curious: A curiosity about having attraction to people of the same gender or sex. This is similar to questioning.” (Lesson 2, p. 33)</p> <p>“Pansexual: A person who has attraction to people of all gender identities. This person also has attraction to people of all gender expressions. This attraction can be sexual, romantic, physical or spiritual.” (Lesson 2, p. 35)</p> <p>“Queer: This is an umbrella term. It is used to describe individuals who don’t identify as heterosexual. This term is also used when people have a non-normative gender identity.” (Lesson 2, p. 35)</p> <p>“Questioning: A person who is unsure of or exploring their own sexual orientation. It may also be a person who is unsure of their gender identity or expression.” (Lesson 2, p. 36)</p> <p>The Genderbread Person diagram shows that attraction is determined in the heart. “Attraction (sexual orientation): A person’s sexual desire for others. Also, their romantic desire for others. For example, gay, lesbian, bisexual, queer, heterosexual, pansexual, asexual, etc.” (Lesson 2, p. 37)</p> <p>“The above listed video discusses how important and helpful being supportive of someone who is gay or lesbian can be. In it, young lesbian, gay and bisexual people share positive and supportive experiences they have had with friends and family members.” (Lesson 3, p. 11)</p> <p>Same-sex role play scenario: “Jake and Sam have been dating for a few weeks. They have talked about what their limits are regarding sexual involvement. Sam has said that he wants to wait until he’s older for anything other than kissing. Jake agrees but he really thinks that if Sam would just try something more, he’d</p>

	<p>change his mind.” (Lesson 6, p. 53)</p> <p>Same-sex role play scenario: “Tori and Jade have been hanging out for about two months. They have a lot in common. They really like each other and text each other often. Lately Tori has been trying to get more physical. That makes Jade uncomfortable. Jade likes holding hands and is comfortable with cuddling. However, Jade is uncomfortable with making out. Tori stops whenever Jade asks, but keeps trying to get Jade to go further.” (Lesson 8, p. 37)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“People with male or female genitals may choose to masturbate. Masturbation is touching your own body and genital organs for pleasure. This is a normal and healthy behavior. If a person chooses to masturbate, it should be done in privacy. Families can have different values about masturbation.” (Lesson 1, p. 29)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“People with male or female genitals may choose to masturbate. Masturbation is touching your own body and genital organs for pleasure. This is a normal and healthy behavior. If a person chooses to masturbate, it should be done in privacy. Families can have different values about masturbation.” (Lesson 1, p. 29)</p> <p>Green light sexual behavior: “Masturbation” (Lesson 9, p. 28)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or “fun” with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit</i></p>	<p>Students are shown pictures (or actual examples) of external and internal condoms. “These are called ‘barrier methods.’ The most common barrier method is a condom. Condoms that fit on a penis, are called external condoms. Condoms that go inside a vagina or anus, are called internal condoms.” (Lesson 9, p. 21)</p> <p>Regarding purchasing dental dams: “You don’t need a prescription and there is no age restriction. However, they can be expensive and hard to find. Some people use plastic wrap instead. Other people make their own dental dam by cutting open an external condom.” (Lesson 9, p. 23)</p> <p>Note: <i>This program is encouraging pre-teens to make their own STI barriers out of plastic wrap. This is irresponsible and not appropriate for any age.</i></p>

<p><i>or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>Mixed gender groups put the following condom use steps in order:</p> <ul style="list-style-type: none"> • “Consent to having sex with a partner. • Check the expiration date on the package. • Open the package carefully and remove the condom. • Make sure the condom tip is up so that it can easily roll down the penis. • Pinch the tip of the condom to squeeze the air out. • Place the condom on an erect penis. Unroll it all the way down the base. • Begin intercourse. • Ejaculate. • Withdraw penis from partner, holding condom on at the base. • Carefully remove the condom and tie a knot at the end. • Throw condom away in the trash. Never reuse a condom.” (Lesson 9, pp. 57, 59)
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“No one should do anything sexual in a relationship that they do not feel 100 percent ready to do.” (Lesson 6, p. 39)</p> <p>“Everyone just received a small piece of paper. Please take a minute or two to think about your own personal boundary when it comes to engaging in sexual behaviors. Consider what you might be comfortable doing with someone else and what you would not be OK doing. Once you have thought about it, write down your limits.” (Lesson 6, p. 46)</p> <p>Lesson 8 Objective: “Recognize healthy options when deciding about becoming sexually involved.” (Lesson 8, p. 5)</p> <p>“Condoms do not require a prescription from a doctor. You don’t have to be a certain age to get them, either.” (Lesson 9, p. 22)</p> <p>Regarding purchasing dental dams: “You don’t need a prescription and there is no age restriction. However, they can be expensive and hard to find. Some people use plastic wrap instead. Other people make their own dental dam by cutting open an external condom.” (Lesson 9, p. 23)</p> <p>“It’s important for people to communicate with their sexual partner about their plans to stay safe if they decide to be sexually active.” (Lesson 9, p. 33)</p> <p>“If a person chooses to engage in a risky sexual behavior, correct and consistent use of a condom every time is vital.” (Lesson 9, p. 35)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the</i></p>	<p>“There are many different types of protection that can help reduce the risks of pregnancy or getting an STI if a person decides to engage in risky sexual behaviors.” (Lesson 9, p. 20)</p> <p>“What’s the most effective way to protect yourself from pregnancy, disease or infection? It’s to not engage in risky sexual behaviors. At least, until you are prepared to handle the possible consequences.” (Lesson 9, p. 30)</p>

expected standard for all school age children. May mention abstinence only in passing.

May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.

“If or **when a person chooses to engage in sexual behaviors**, there is risk. So, it is important to use protection correctly and consistently 100 percent of the time.” (Lesson 9, p. 30)

“**When a person engages in sexual activity**, they should visit a doctor. This way they can get tested regularly.” (Lesson 9, p. 35)

“The most effective ways to avoid transmission of sexually transmitted infections are as follows:

- Not to engage in any behaviors that can put you at risk for an STI or an unintended pregnancy.
- **Be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.**” (Lesson 9, p. 37)

“For young people, abstinence is the safest choice. However, **if a person chooses to have sex**, there are ways to reduce the risks from unintended pregnancies and STIs.” (Lesson 9, p. 53)

“**Before engaging in sexual activity**, each person must make sure there is consent. Keep in mind anyone has the right to change their mind at any time, even if they have already given consent.” (Lesson 10, p. 19)

10. PROMOTES TRANSGENDER IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.

“Create three ‘Changes of Puberty’ posters with the following headings:

- ‘Most Often **People with Male Body Parts**’
- ‘Most Often **People with Female Body Parts**’
- ‘All People’” (Lesson 1, p. 9)

“For the sake of clarity, the terms ‘male’ and ‘female’ are used in reference to certain anatomy (e.g., ‘male’ or ‘female’ reproductive systems). These terms refer to biological sex or **the sex a person was assigned at birth based on their anatomy**. For example, a baby born with a vulva is likely to be identified as ‘female’ and assigned the gender of ‘girl.’ However, avoid assuming that all of your students have the ‘usual’ genitalia or reproductive anatomy or that their gender identities will match their sexual anatomy. For example, **a person can have a penis and not identify as a boy or have a vulva and not identify as a girl**. Referring to people with certain body parts (such as ‘a person with a vulva’) will create a more inclusive classroom than ‘female anatomy.’” (Lesson 1, p. 12)

“**Most people have reproductive parts known as male or female**. Most people who have male reproductive parts are boys. Most people who have female reproductive parts are girls.” (Lesson 1, p. 20)

“We are going to be talking about male bodies and female bodies. However, **some people’s bodies are not clearly one sex or the other**. They are intersex.” (Lesson 1, p. 20)

Note: *While this is a scientifically true statement for a tiny percentage of the population, introducing this idea to children can cause confusion.*

“Gender refers to whether a person is a boy, a girl, **both or neither.**” (Lesson 2, p. 14)

“Gender is **only partly based on our body parts.**” (Lesson 2, p. 14)

“Sex is **what someone is labeled when they are born** (usually a male/boy or a female/girl) based on certain body parts.” (Lesson 2, p. 14)

“Gender identity is about **how you feel on the inside** – like a boy, girl, **both, or neither.** It doesn’t matter what other people call you. How you feel on the inside is what’s most important.” (Lesson 2, p. 23)

“**Cisgender** refers to a person whose body parts at birth match the gender they know they are inside.” (Lesson 2, p. 23)

“**Transgender** (or trans) refers to a person whose **sex assigned at birth does not match who they know they are inside.**” (Lesson 2, p. 23)

“Q. **People can choose their gender identity.**

A. **Myth:** Just like sexual orientation, a person doesn’t choose to feel like a boy, a girl or a combination of both. What we can choose is what we call ourselves, even if it doesn’t match our physical body (boy, girl, transgender, etc.).” (Lesson 2, p. 25)

“Q. A person can look like a boy or a man and feel like a girl or a woman on the inside.

A. Fact: We can look one way on the outside and feel totally different on the inside. **Our identity, or how we feel on the inside is what matters.**” (Lesson 2, p. 27)

“Q. There are more than just two genders.

A. Fact: **Our society tends to talk about gender as if it is binary.** Binary means there are only two genders, boys (males) and girls (females). **However, some people don’t see themselves as either a boy or a girl but as something else entirely.** For this reason, we say that gender falls on a spectrum. This means there are many different ways people can feel and call themselves. Cultures can also have different ways they define gender as well.” (Lesson 2, p. 28)

“You can ask students what other terms related to sexual identity, gender or sexual orientation they may have heard or wondered about. This way you can define some of them. Some common terms might include the following: **Intersex; Gender fluid; Genderqueer; Bi-curious; Agender; Asexual; Pansexual**” (Lesson 2, p. 30)

“**Agender:** A person who does not identify as having a gender identity. This person does not want to be categorized as male or female.” (Lesson 2, p. 33)

“**Asexual:** Feeling little or no sexual attraction to others. It can also be a lack of

interest in sexual relationships. It can also be a lack of interest in sexual behavior. Asexuality exists on a continuum. People can have no sexual attraction or desire for sex. People can also have low levels of sexual attraction or desires. People may also only feel sexual attraction under certain conditions.” (Lesson 2, p. 33)

“**Bigender**: A person who experiences gender identity as two genders at the same time. This can also be a person whose gender identity may vary between two genders. These may be masculine and feminine, man and woman. These may also include non-binary identities.” (Lesson 2, p. 34)

“**Genderfluid**: A person whose gender identity or expression shifts. This shift is between masculine and feminine. It can also be a person whose identity or expression moves across this spectrum.” (Lesson 2, p. 34)

“**Gender non-conforming**: A person whose gender expression is seen as varying from cultural norms for that gender. To be specific, this relates to boys or men who are not perceived as masculine enough. It also relates to girls or women who are not perceived as feminine enough. Both people who are cisgender as well as those who are transgender can be gender non-conforming. Gender non-conformity is often confused with sexual orientation.” (Lesson 2, p. 34)

“**Genderqueer**: A gender identity label. People who use this label do not identify with the binary genders. Binary genders means that of man and woman. It is also used as an umbrella term for many gender non-conforming people. It is also used by people who have non-binary identities. Examples are agender, bigender and gender fluid. Genderqueer people may combine aspects of identities. These combined aspects can include boy or man and girl or woman identities. It can also include other identities such as bigender, pangender; not having a gender or identify with a gender (genderless, agender); moving between genders (gender fluid); being third gender or other-gendered. It can also include those who do not place a name to their gender. It can also include people who have an overlap of, or blurred lines between, gender identity and sexual and romantic orientation.” (Lesson 2, pp. 34-35)

“**Intersex**: A person who is not easily put in a category as male or female. This can be because of genetic or genital differences in the body. It can also be because of reproductive or hormonal differences. The term disorder of sex development (DSD) is sometimes used as well.” (Lesson 2, p. 35)

The Genderbread Person diagram shows that sex is determined by genitals. “Sex (biological sex): This is the physical parts between a person’s legs. It includes anatomy and organs. It also includes hormones. **These parts do not determine sexual orientation or gender identity.**” (Lesson 2, p. 37)

The Genderbread Person diagram shows that gender identity is determined in the brain. “Gender identity: A person’s inner sense of self. Who someone identifies as. [sic] For example, **cisgender, girl or woman, transgender, genderqueer, boy or man, agender, etc.**” (Lesson 2, p. 37)

	<p>The Genderbread Person diagram shows that gender expression is determined in the body. “Gender expression: How people express themselves in society. This can be through clothing, hairstyles and makeup. It can also be through gestures and behaviors.” (Lesson 2, p. 37)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“If you have time, you can divide this lesson into two lessons. That way you can spend more time responding to students’ questions. If appropriate, you can also show examples of different types of contraception. This includes condoms, birth control pills and emergency contraception.” (Lesson 9, p. 12)</p> <p>“Contraception is a type of protection that prevents pregnancies. Some contraception methods can also protect against most STIs. They do so by stopping body fluids (blood, semen or vaginal secretions) from spreading from one person to another.” (Lesson 9, p. 20)</p> <p>“Some contraception methods prevent pregnancy by changing hormone (chemical) levels so that the person does not get pregnant. It is important to note that these forms of contraception do not protect against STIs. These methods also require a prescription from a doctor. A few of these can last for years at a time. Some hormonal methods include the pill, the patch, a shot and some intrauterine devices (IUDs).” (Lesson 9, p. 23)</p> <p>“Emergency contraception, is often called Plan B. It is medicine taken after unprotected vaginal sex to prevent pregnancy. The sooner it is taken after vaginal sex, the more effective it is. However, it doesn’t protect against STIs.” (Lesson 9, p. 24)</p> <p>“If or when a person chooses to engage in sexual behaviors, there is risk. So, it is important to use protection correctly and consistently 100 percent of the time.” (Lesson 9, p. 30)</p> <p>“If a person chooses to engage in a risky sexual behavior, correct and consistent use of a condom every time is vital.” (Lesson 9, p. 35)</p> <p>“Birth control, such as the pill, should be used with a condom to help reduce the risk of STIs.” (Lesson 9, p. 55)</p> <p><i>Note: Though a misprint (they surely meant that birth control reduces the risk of pregnancy), this statement still promotes contraception to children.</i></p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit</i></p>	<p>Teen leaders are used to teach half of the lessons in this program (see Table of Contents).</p>

<p><i>children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>Lesson 2 discusses in detail the range of sexual orientations and gender identities.</p> <p>“Q. There are more than just two genders. A. Fact: Our society tends to talk about gender as if it is binary. Binary means there are only two genders, boys (males) and girls (females). However, some people don’t see themselves as either a boy or a girl but as something else entirely. For this reason, we say that gender falls on a spectrum. This means there are many different ways people can feel and call themselves. Cultures can also have different ways they define gender as well.” (Lesson 2, p. 28)</p> <p>Same-sex role play scenario: “Jake and Sam have been dating for a few weeks. They have talked about what their limits are regarding sexual involvement. Sam has said that he wants to wait until he’s older for anything other than kissing. Jake agrees but he really thinks that if Sam would just try something more, he’d change his mind.” (Lesson 6, p. 53)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“People with male or female genitals may choose to masturbate. Masturbation is touching your own body and genital organs for pleasure. This is a normal and healthy behavior. If a person chooses to masturbate, it should be done in privacy. Families can have different values about masturbation.” (Lesson 1, p. 29)</p> <p>Note: <i>This undermines parents by implying that masturbation is a normal and healthy behavior despite the values families may have about it.</i></p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms,</i></p>	<p>“Identify resources, including people at home, school or in the community, who can provide medically accurate information and/or support about puberty and health care practices during puberty.” (Lesson 1, p. 6)</p> <p>Note: <i>This can easily lead children to organizations that provide condoms and birth control without parental knowledge.</i></p> <p>“Where are some places in the community where people can get condoms? Possible answers: Drug store; Supermarket; Some health clinics. Share the names of local clinics where condoms are available, including where they are given away at no cost.” (Lesson 9, p. 22)</p>

contraceptives, gender hormones, STI testing and treatment, abortions, etc.)

Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatePPF.org)

This program uses **videos and resources from Amaze.org**. Amaze partners with Advocates for Youth and International Planned Parenthood Foundation.

For the complete text of *My Future – My Choice*, see <https://www.oregon.gov/DHS/CHILDREN/MFMC/Pages/Curriculum.aspx>.