

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

Making a Difference! 5th Edition

An Evidence-Based, Abstinence Approach to Teen Pregnancy and HIV/STD Prevention

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Making a Difference! 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: *Making a Difference* is labeled as an abstinence education program by both the publisher and the U.S. Department of Health & Human Services. The publisher's website states, "*Making a Difference* lessons do *not* include information on condoms or other forms of birth control." There is ample evidence to show that this is a false statement. The appendices contain detailed information on both condoms and birth control. Advertising this to parents as an abstinence-based program is misleading at best. *Making a Difference* is also marketed as an evidence-based program, but the evaluation of the program's effectiveness was conducted by the program's developer which presents a significant conflict of interest.

This curriculum has all of the features of a classic CSE curriculum. Students roleplay and negotiate sexual scenarios. They are taught to develop their own personal boundaries and limitations regarding sexual behavior. They are taught that masturbation is a normal behavior and that abstinence means "choosing not to do any sexual behavior that could cause pregnancy or spread diseases." Students are encouraged to express their sexual feelings as long as there is no risk of pregnancy or STD transmission. Sexual fantasy is listed as a safe behavior, even though this can encourage students to seek out expressions of their fantasies such as erotic novels or even pornography.

Students also spend time brainstorming why young people have sex and the benefits of sex. Overall, this program sexualizes children by introducing the pleasures of sex and sexual foreplay to minors. Glaringly absent is information on condom failure rates or the harmful effects of early sexual debut.

Target Age Group: 12 to 14 years (Middle School)

Planned Parenthood Connections: *Making a Difference* is promoted and marketed by ETR Associates, the former publishing arm of Planned Parenthood. Planned Parenthood is promoted as a resource where students can be tested for STDs.

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.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><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, attractions, fantasies or desires.</i></p>	<p>“Be supportive of each other: We will be discussing important and sometimes personal information about making choices and risky behaviors. At times you may talk about yourself, your peers and your partners.” (p. 38)</p> <p>“Respect diversity: Let’s keep in mind that there’s diversity in society and in this group ... Some young people have already had romantic relationships; others aren’t even thinking about it. Some may have had sexual intercourse. Some may have had sex because they chose to; others may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender.” (p. 39)</p> <p>“Activity B: How do people express their sexual feelings? What is abstinence? Rationale: Understanding that there are many behaviors that express sexual feelings helps students choose those that do not result in pregnancy or sexually transmitted diseases.” (p. 64)</p> <p>“What are some of the ways people express their sexual feelings to themselves or other people? Elicit as many answers as you can. Answers may include: talking, hugging, holding hands, kissing, touching, saying ‘I like you,’ dancing, massage, masturbation, caressing, cuddling, grinding, sexual fantasy, touching each other’s genitals, oral sex, vaginal sex, anal sex” (p. 64)</p> <p>“Facilitator’s Note: If students are hesitant, ask prompting questions:</p> <ul style="list-style-type: none"> • What other words do we use for touching? • What kind of sex can people have by themselves? • What other things might people do with their mouths? • What kinds of things can people do with their hands?” (p. 65) <p>“Puberty is when many young people begin to have sexual feelings. Sexual feelings can cause physical reactions, such as sweaty palms, faster heartbeat, erections (when the penis becomes hard and stands out away from the body) and warm or tingly sensations in the vulva or genital area.” (p. 53)</p> <p>“Why do you think some young people your age are having sex? To have fun; To be popular; To fit in with peer group; To express feelings of love or affection to a partner; For pleasure or sexual release” (p. 55)</p> <p>“Activity A - Why Some Young People Have Sex Rationale: Exploring the various reasons young people engage in sexual intercourse will help students recognize poor reasons for having sexual intercourse.” (p. 61)</p> <p>“You can clearly see that sexual expression is not just about having vaginal, oral, or anal sex. People can express themselves sexually with a wide range of behaviors.” (p. 68)</p> <p>“Discuss each item on the poster by asking students whether or not the behavior could result in pregnancy or a sexually transmitted disease. Be sure to identify ALL behaviors that may involve an exchange of blood, semen, vaginal secretions or rectal fluids, as well as skin-to-skin genital contact or touching. (Students may suggest behaviors besides oral, anal and vaginal intercourse that can transmit disease).” (p. 65)</p>

“Be sure students understand the following points:

- **Oral, vaginal and anal intercourse** are behaviors to avoid when practicing abstinence, because any behavior that involves exposure to blood, semen, vaginal secretions or rectal fluids can transmit STDs, including HIV.
- Certain STDs (herpes, syphilis, HPV) can also be transmitted by skin-to-skin **genital contact or touching**.
- Any behavior that **introduces semen into the vagina** or onto the vulva can lead to pregnancy.

Behaviors that do not involve any of these risks may be **good ways to express feelings** to another person.” (p. 67)

“**What are the benefits of sex?** Answers may include: Expression of love; Sexual release; **Revenge**; Popularity; Having a baby; Sense of maturity; **Trade for favors, money or drugs**” (pp. 69-70)

***Note:** There is no situation in which revenge or trading for favors or drugs should be listed as a benefit of sex.*

“One reason that **young people have sex** is because they are curious. Sexual curiosity is normal. In fact, your curiosity will increase as you get older. There are sexual messages all around you that may increase your curiosity.” (p. 149)

“Ask students to brainstorm **what their friends, partners or peers say about sex** ... Answers may include: Everyone is doing it; Having sex makes you popular; It feels good; Trust me, I’ll protect you; If you love me, you’ll do it; If you don’t, someone else will; Nobody wants to be a virgin; You won’t because you’re scared; Having sex makes you a man/woman; Wait until you’re older; You won’t get pregnant; You have to if you’re horny” (pp. 149-150)

***Note:** This lesson normalizes talking about sex with peers and others. It breaks down modesty standards.*

“Think about movies you see or the music you listen to. **What messages do they send about sex?** Answers may include: Sex is worth the risk; Sex is more important than feelings; No need to respect relationships; It’s OK to have multiple partners; No one else is a virgin; Dress, look, smell, act sexy; People should show their bodies; The more, the better; **Casual sex is fun**; Everyone cheats in relationships.” (p. 150)

“Peer Pressure Agree/Disagree Statements: It’s hard to avoid having sex **when your friends are doing it**. Young people who have sex are more popular. Girls don’t pressure boys to have sex with them. Older guys pressure younger girls to have sexual intercourse. It is easy to say ‘no’ to sex when you are pressured by a partner. **Most young people are having sexual intercourse**, so it’s okay to do it.” (p. 156)

***Note:** These peer pressure activities require students to stand under an Agree or Disagree sign. This is a high-pressure situation for such young students, and it can set them up for teasing by their peers.*

Case study scenario: “Jolie is 13 and Malik is 16 ... Jolie and Malik are making out on the couch at his house. His parents won’t be home for a while. **Things begin to get hot and heavy. They both are very sexually excited.** How can Jolie avoid having sexual

intercourse?" (Student Workbook, p. 8)

Role play scenario: "Keisha and Jamal are in the 9th grade. They have been going out for three months ... Jamal has been putting some pressure on Keisha to have sex, and they've started talking about it more ... He no longer wants to wait until marriage. Keisha talks to a friend who says, 'What's the big deal? Having sex isn't that big a thing. **Everybody is doing it.**'" (Student Workbook, p. 6)

"Role Play E - Alex and Casey: The friends in your group **always seem to be talking about how much sex they're having with their partners.** So you exaggerate the number of times you have had sex." (p. 206)

Expressing Physical Affection signs include: "Give friendly looks and smiles; Talk to each other; Hold hands; Put arms around each other; Hug and kiss; **Touch above the waist; Touch below the waist; Have sexual intercourse.**" (p. 167)

"You would rather hold hands, kiss, and **body rub.**" (p. 222)

"You hope Taryn wants to take this relationship to another level and **have sex with you.**" (p. 222)

"You and Alonzo have just started dating. You have **never protected yourself during sex** because you think you are too young to get HIV ... You really like Alonzo and **want to have sex with him.**" (p. 223)

"You really, really like Diane. She is your second girlfriend. You know Diane has had **unprotected sex with men before.**" (p. 224)

"You have been **sexually active with guys.** Lauren is your first female partner ... Lauren excites you and **you want to have sex with her.**" (p. 224)

"You and Ash have been dating for 6 months and have **talked about having sex.** You have had some physical contact, like kissing, hugging, and grinding ... Ash is becoming impatient with you and **wants to have sex with you.**" (p. 225)

"I don't assume that you're having sex. There may be many different experiences in this group. Some of you may never have engaged in sexual intercourse and won't any time soon. **Others may have had sex, not always by choice.**" (p. 250)

"Vaccines can protect males and females against some of the most common types of HPV that cause problems." (p. 275)

"Why don't teens who are having sex protect themselves from STDs?"

- Be embarrassed about buying or getting condoms.
- Feel peer/date pressure.
- Use alcohol and drugs, which affects their judgment.
- Have a lack of knowledge.
- Believe using birth control pills is enough protection.
- Be embarrassed about asking questions.
- Not think about it ahead of time." (p. 319)

"Can a girl get pregnant **if she has sex standing up?** Yes. Sperm does not care what position you are in." (p. 321)

	<p>“Can a girl get pregnant the first time she has vaginal sex? Yes, if she has started ovulating and there is an egg present, it can be fertilized by a sperm.” (p. 321)</p> <p>“Ejaculate: To eject semen from the penis during orgasm.” (p. 324)</p> <p>“Ejaculation: The spontaneous discharge of semen from the penis during orgasm.” (p. 324)</p> <p>“Vaginal Sex (also called Vaginal Intercourse): Insertion of a penis into the vagina.” (p. 328)</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><i>Making a Difference</i> focuses on “... sexual behavior, decision making and negotiating in difficult situations.” (p. 33)</p> <p>“How can people let others know what they are willing and not willing to do? What is the best time to let others know what they are willing and not willing to do?” (p. 67)</p> <p>Activity B Rationale: “This activity provides students with an opportunity to practice negotiation and refusal skills in preparation for real-life situations.” (p. 143)</p> <p>“At the same time, ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize affirmative consent, or ‘yes means yes,’ and are moving away from a ‘no means no’ perspective. This affirmative consent approach encourages partners to communicate openly about their wishes and boundaries, both prior to and during sexual interactions. It emphasizes the risks to both parties when partners pressure each other and the responsibility of both parties to respect each other’s limits.” (p. 170)</p> <p>“You are in love and want to have sex to show how you feel. You are tired of foreplay, getting excited and then nothing ... You are ready to have sex and you are going to tell Court what you want.” (p. 225)</p> <p>“How would being in a healthy relationship affect your ability to make proud and responsible choices about sex? Answers should include: You would have open communication and it would be easier to talk about sexual feelings and decisions.” (pp. 247-248)</p> <p>“Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and determine when they are ready to engage in safe, consensual sexual activity.” (p. 280)</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>“What are some of the ways people express their sexual feelings to themselves or other people? Elicit as many answers as you can. Answers may include: talking, hugging, holding hands, kissing, touching, saying ‘I like you,’ dancing, massage, masturbation, caressing, cuddling, grinding, sexual fantasy, touching each other’s genitals, oral sex, vaginal sex, anal sex.” (p. 64)</p> <p>“If students are hesitant, ask prompting questions: What other words do we use for touching? What kind of sex can people have by themselves? What other things might people do with their mouths? What kinds of things can people do with their hands?” (p. 65)</p> <p>“Display the <i>How Do People Express Their Sexual Feelings</i> poster.</p> <p>Facilitator’s Note: Be sure students understand the definitions of vaginal sex, oral sex,</p>

anal sex and masturbation.

- Vaginal sex, or vaginal intercourse, means **insertion of a penis in a sexual partner's vagina.**
- Oral sex, or oral intercourse, means a **contact of the mouth or tongue with a sexual partner's genitals.**
- Anal sex, or anal intercourse, means **insertion of a penis into a partner's anus (rectum or behind).**" (p. 65)

"Abstain from vaginal, **oral and anal sex** until you are an adult (or at least finish high school." (p. 98)

"**Oral stimulation of the penis:** Yellow/Red Light behavior" (p. 87)

"**Oral stimulation of the vulva** (female genitals): Yellow Light behavior" (p. 87)

"**Anal sex:** Red Light behavior" (p. 87)

"STDs can be spread through unprotected vaginal, **oral and anal sex**, and sometimes through skin-to-skin genital contact." (p. 124)

"(True) or False: **Anal sex** increases your chances of getting HIV." (p. 228)

"(True) or False: **Performing oral sex** increases your chances of getting HIV." (p. 228)

"Name three types of sexual practices in which HIV can be passed: **Anal sex**; Vaginal sex; **Oral sex.**" (p. 229)

"The female condom can also be used for STD protection during **anal sex.**" (p. 256)

"Have safer sex that doesn't put you in contact with a partner's blood, semen or vaginal or rectal fluids. This means using condoms during vaginal or **anal intercourse**, using condoms or other barriers during **oral sex** or having sex play without intercourse." (p. 264)

"Couples should use a new latex or polyurethane/polyisoprene condom every time they have sex, **including oral sex. For oral sex on a woman**, dental dams can be used." (p. 314)

"Can I get infected with HIV by someone who **performs oral sex on me?** It is unlikely that you would get HIV if an infected person performed oral sex on you. However, if the person **receiving oral sex** has HIV or AIDS, the person **performing oral sex** can get it." (p. 315)

"Can I get an STD **from oral sex?** Yes. During oral sex, there is skin-to-skin contact and bodily fluid exchange, so it is important to use barrier methods such as unlubricated condoms or dental dams to protect you during oral sex." (p. 319)

"Can a girl get pregnant **from swallowing semen?** No. The only way a girl can get pregnant is if sperm cells enter her vagina, usually during sexual intercourse, and fertilize one of her egg cells." (p. 321)

"Intercourse: A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) using the mouth to touch the genitals of another person (**oral sex**); or (3) insertion of a penis into the anus of another person (**anal sex**)." (p. 325)

"Anal Sex (also Anal Intercourse): Inserting the penis into the anus of the sexual

	<p>partner.” (p. 323)</p> <p>“Oral Sex (also Oral Intercourse): Contact of the mouth or tongue with a partner’s genitals.” (p. 326)</p> <p>“Cunnilingus: Mouth-to-vagina sex. See oral sex.” (p. 324)</p> <p>“Fellatio: Mouth-to-penis sex. See oral sex.” (p. 324)</p>
<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>“Respect diversity: Let’s keep in mind that there’s diversity in society and in this group ... Some may identify as gay, lesbian, bisexual or straight.” (p. 39)</p> <p>“Facilitator’s Note: During the roleplay practice, students may roleplay sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It’s important to address this situation directly and proactively.” (p. 187)</p> <p>“It doesn’t matter if a relationship is between a man and a woman, two women or two men. All couples have to communicate and negotiate.” (p. 212)</p> <p>“Appendix A provides additional roleplays that integrate varying sexual orientations.” (p. 221)</p> <p>Note: Appendix A includes four role plays, three of which are same-sex couples and one of which uses the gender-neutral names Court and Ash. (pp. 222-225)</p> <p>Role Play 1 Theme: “Two females; STD/HIV concerns in a lesbian relationship” (p. 222)</p> <p>“Communication is the most important aspect of any relationship no matter what your sexual orientation.” (p. 223)</p> <p>Role Play 2 Theme: “Two males; HIV and abstinence” (p. 223)</p> <p>“People are at risk for HIV infection regardless of whether they are straight, gay or bisexual, young or old.” (p. 223)</p> <p>Role Play 3 Theme: “Concerns about HIV and STDs when one partner is bisexual” (p. 224)</p> <p>“Isn’t AIDS a gay disease? No. AIDS, a result of HIV infection, is caused by a virus (HIV). Anyone can get HIV through the exchange of blood, semen, vaginal or rectal fluids with an infected person. Like anyone else, men who have sex with men are at higher risk only if they engage in activities that include the exchange of these fluids.” (pp. 314-315)</p> <p>“Bisexual: Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.” (p. 323)</p> <p>“Gay: A term for people who are romantically and sexually attracted to someone of the same gender. Often used to refer to males who are attracted to other males and whose sex partners are men.” (p. 324)</p> <p>“Homosexual: Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one's own gender.” (p. 325)</p>

	<p>“Lesbian: A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.” (p. 325)</p> <p>“Sexual Orientation: Refers to the romantic and sexual attraction people feel for others. People can be attracted to others of the same gender, a different gender or more than one gender.” (p. 328)</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>“From what you’ve told me, you already know there are other things that people can do for physical intimacy or even sexual orgasm that will not lead to pregnancy or transmission of disease.” (p. 97)</p> <p>“If participants are hesitant, ask prompting questions: What kind of sex can people have by themselves? What other words do we use for touching? What other things might people do with their mouths? What kinds of things can people do with their hands?” (p. 65)</p> <p>“Why Some Young People Have Sex” suggested answers include “for pleasure or sexual release.” (p. 61)</p> <p>“Main Points to Cover: Other things can lead to intimacy and orgasm without the risk of getting pregnant or infected with HIV or another STD.” (p. 97)</p> <p>“You can’t get pregnant unless you have an orgasm (come).” MYTH. “It doesn’t matter if you enjoy the sex or you don’t. You can get pregnant if you engage in penis-in-vagina intercourse without using protection.” (p. 131)</p> <p>Role Play 3 Setup: “Lauren excites you and you want to have sex with her.” (p. 224)</p> <p>Role Play 4 Setup: “You are in love and want to have sex to show how you feel. You are tired of foreplay, getting excited and then nothing ... You are ready to have sex and you are going to tell Court what you want.” (p. 225)</p> <p>“Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV: Hugging, masturbation, romantic talking, massage, sexual fantasy, cuddling, touching, grinding.” (p. 229)</p> <p>“Have safer sex that doesn’t put you in contact with a partner’s blood, semen or vaginal or rectal fluids. This means using condoms during vaginal or anal intercourse, using condoms or other barriers during oral sex or having sex play without intercourse.” (p. 264)</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</i></p>	<p>“Masturbation means massaging, rubbing, stroking or ‘playing with’ one’s own genitals or the genitals of another person for sexual stimulation.” (p. 65)</p> <p>“What are some of the ways people express their sexual feelings to themselves or other people? Elicit as many answers as you can. Answers may include: talking, hugging, holding hands, kissing, touching, saying ‘I like you,’ dancing, massage, masturbation, caressing, cuddling, grinding, sexual fantasy, touching each other’s genitals, oral sex, vaginal sex, anal sex.” (p. 64)</p> <p>“If students are hesitant, ask prompting questions: What other words do we use for touching? What kind of sex can people have by themselves? What other things might people do with their mouths? What kinds of things can people do with their hands?”</p>

<p><i>children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>(p. 65)</p> <p>Chart indicates that touching, grinding, and masturbating are safe and cannot spread STDs. (p. 66)</p> <p>“Self-masturbation: Green Light behavior” (p. 87)</p> <p>“Mutual masturbation: Yellow/Green Light behavior” (p. 87)</p> <p>“Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV: Hugging, masturbation, romantic talking, massage, sexual fantasy, cuddling, touching, grinding.” (p. 229)</p> <p>“What are some safe sexual behaviors that won’t transmit HIV or other STDs? Kissing, massage (with clothes on), masturbation, fantasy.” (p. 235)</p> <p>“Masturbation: Massaging one's own genitals for sexual stimulation.” (p. 325)</p> <p>“Mutual Masturbation: Massaging each other's genitals for sexual stimulation. See masturbation.” (p. 326)</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 or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>“How do people get HIV? Through sex. Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV.” (p. 81)</p> <p>“Who is at risk? It is what people do, not who they are, that puts them at risk for HIV. People are at risk of HIV if:</p> <ul style="list-style-type: none"> • They have sex with someone who’s had other partners. • They have sex without using a latex condom or other protection.” (p. 81) <p>“Facilitator’s Note: Some student may correctly assert that condoms can be used to reduce the risk of sexually transmitted diseases, including HIV. Acknowledge the accuracy of this assertion but emphasize the fact that abstinence is the surest and most effective way to eliminate the possibility of sexually transmitted diseases, including HIV. However, don’t discourage condom use or provide exaggerated information on failure rates.” (p. 82)</p> <p>“Who can get an STD? Answer: Anyone who has unprotected sexual intercourse.” (p. 117)</p> <p>Note: <i>It is implied that if the person has “protected” sexual intercourse, they definitely will not get an STD.</i></p> <p>“STDs can be spread through unprotected vaginal, oral and anal sex, and sometimes through skin-to-skin genital contact.” (p. 124)</p> <p>“You can get pregnant if you engage in penis-in-vagina intercourse without using protection.” (p. 131)</p> <p>“Giving in to pressure to have unprotected sex can put you at risk of pregnancy, HIV or other STDs.” (p. 136)</p> <p>“Using the following information, teach and demonstrate the various contraceptive methods. If you have a birth control kit, show the various methods as you discuss them ... Allow students to handle the methods at the end when you’ve finished the demonstration.” Listed contraceptives to be taught and demonstrated include male and</p>

	<p>female condoms.” (p. 251)</p> <p>The male condom “should be put on the penis as soon as the penis is erect, and removed after ejaculation, away from the partner.” (p. 255)</p> <p>“These are the steps for using the female condom:</p> <ul style="list-style-type: none"> • Rub the outside of the package to spread the lubricant onto the condom. • Note that there are two rings. The thinner outer ring covers the area around the opening of the vagina. The thicker inner ring is used for insertion and to hold the sheath in place during intercourse ... • Insert the inner ring into your vagina and use your index finger to push it up into your vagina as far as it will go ... • You are now ready to guide your partner’s penis into the condom’s opening with your hand to make sure that it enters properly.” (pp. 255-256) <p>“Take care to present the female condom in a nonjudgmental fashion. It is a great option for people who choose to have sexual intercourse and don’t want to depend on a partner to use a male condom. Although the female condom may not look as familiar as the male condom, it’s not too complicated to use. Reassure students that it will simply take a few times to practice and then it will be no problem.” (p. 256)</p> <p>“Note that the female condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous.” (p. 256)</p> <p>“Couples should use a new latex or polyurethane/polyisoprene condom every time they have sex, including oral sex. For oral sex on a woman, dental dams can be used. These are available in many drugstores or can be made by cutting a non-lubricated condom lengthwise and opening it up to cover the vulva.” (p. 314)</p> <p>“How effective are condoms in preventing the transmission of HIV and other STDs? If properly used, latex condoms are highly effective against most STDs, including HIV.” (p. 314)</p>
<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>“At your age, these are some proud and responsible things to remember: It’s OK to think about sex. It’s OK to talk about sex. It’s OK to develop feelings and attitudes about sex. But, it’s not a good idea to have sex until you are prepared to have sex with respect and responsibility. This is why abstinence is a good choice for you right now.” (p. 154)</p> <p>Note: <i>This curriculum follows a similar pattern of most CSE programs. Instead of discouraging sex until marriage or at least until adulthood, it tells children they should just wait until some vague and undetermined time when they feel “prepared” to have sex.</i></p> <p>“Module 11 Goals: Help students identify personal limitations and boundaries regarding sexual physical contact. Increase students’ refusal and negotiation skills regarding abstinence.” (p. 165)</p> <p>“Module 11 Learning Objectives: Identify the specific sexual behaviors that fit within their personal comfort zone.” (p. 165)</p> <p>Activity B Rationale: “Understanding that there are many behaviors that express sexual feelings helps students choose those that do not result in pregnancy or sexually transmitted diseases.” (p. 64)</p>

	<p>“How can people let others know what they are willing and not willing to do? What is the best time to let others know what they are willing and not willing to do?” (p. 67)</p> <p>Role play script: “I want to sleep with you but only when I’m absolutely sure - when I’m not scared or in doubt.” (p. 134)</p> <p>“It’s better if you know who you are and what you want out of life before you get involved with anyone sexually.” (p. 223)</p> <p>“You are tired of foreplay, getting excited and then nothing ... You are ready to have sex and you are going to tell Court what you want.” (p. 225)</p> <p>“How would being in a healthy relationship affect your ability to make proud and responsible choices about sex? Answers should include: You would have open communication and it would be easier to talk about sexual feelings and decisions.” (pp. 247-248)</p> <p>“Reviewing and discussing the various forms of birth control methods will enhance students' knowledge and empower them to make informed choices about the most suitable method to use.” (p. 250)</p> <p>“The bottom line is that most people who decide to have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to make informed decisions about protecting yourselves, so we’re going to learn about all of the options.” (p. 250)</p> <p>“It’s important to have a backup method in case you decide to stop using abstinence in order to be able to protect yourself from pregnancy and STDs, including HIV.” (p. 252)</p> <p>“The safest option is to practice sexual abstinence. If that’s not your choice, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk.” (p. 314)</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 expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>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.</i></p>	<p>“Proud and responsible behavior also extends into the area of sex. It means you understand that the surest way to protect yourself from unplanned pregnancy and STDs, including HIV, is to be abstinent, which means choosing not to do any sexual behavior that could cause pregnancy or spread diseases.” (p. 41)</p> <p>“One proud and responsible thing young people can do is to abstain from any sexual behavior that could cause pregnancy or diseases. People who engage in responsible behavior can feel proud because they help protect themselves and their friends, families and communities.” (p. 42)</p> <p>Note: <i>This definition of abstinence means that sex with a condom is equivalent to abstinence because protected sex usually doesn’t cause pregnancy or diseases.</i></p> <p>“Discuss each item on the poster by asking students whether or not the behavior could result in pregnancy or a sexually transmitted disease. Be sure to identify ALL behaviors that may involve an exchange of blood, semen, vaginal secretions or rectal fluids, as well as skin-to-skin genital contact or touching.” (p. 65)</p> <p>“Facilitator’s Note: In this program, abstinence is defined as avoiding oral, vaginal and anal sex and any other behaviors, such as skin-to-skin genital contact or touching, that can transmit STDs.” (p. 67)</p> <p>Note: <i>The educator is redefining and normalizing “abstinence” to mean “no fluids.”</i></p>

Anything else is considered acceptable.

“HIV Risk Continuum:

High Risk/Red-Light Behaviors involve contact with blood, semen, vaginal secretions or rectal fluids and can transmit HIV.

Some Risk/Yellow-Light Behaviors are those activities that might pose some danger of transmitting HIV, but from which transmission is less likely to occur.

No Risk/Green-Light Behaviors involve no exchange of blood, semen, vaginal secretions or rectal fluids and thus pose no risk of transmitting HIV.” (p. 85)

“Tack or tape a large piece of newsprint to the wall. Write **‘Benefits Of’** at the top ... Draw a line down the middle dividing the newsprint into two columns. **‘Sex’** is one column heading. **‘Abstinence’** is the other column heading. Facilitator’s Note: You may have to help the group by prompting them with some of the answers, especially for the benefits of abstinence.” (p. 69)

***Note:** While this activity does point out the benefits of abstinence, it also points out the benefits of sex.*

“In this program, **abstinence is defined as avoiding oral, vaginal and anal sex and any other behaviors, such as skin-to-skin genital contact or touching, that can transmit STDs ... Behaviors that do not involve any of these risks may be good** ways to express feelings to another person.” (p. 67)

Benefits of Sex/Benefits of Abstinence: Students brainstorm about the benefits of sex. “Answers may include: Sexual release; Revenge; Popularity; Sense of maturity; Trade for favors, money or drugs” (p. 70)

***Note:** In this discussion of the benefits of sex, there is no discussion about risks of early sexual debut.*

“Giving in to pressure to have **unprotected sex** can put you at risk of pregnancy, HIV or other STDs. The proud and responsible thing to do is to **abstain from sex** if you are not ready.” (p. 136)

***Note:** This is a mixed message. Are students to abstain from all sexual activity, or just abstain from unprotected sex?*

Module 11 Goals: “Help students **identify personal limitations** and boundaries regarding sexual physical contact.” (p. 165)

Module 11 Learning Objectives: “Identify the specific sexual behaviors **that fit within their personal comfort zone.**” (p. 165)

“*Expressing Physical Affection signs* include: Give Friendly looks and smiles; Talk to each other; Hold hands; Put arms around each other; Hug and kiss; **Touch above the waist; Touch below the waist; Have sexual intercourse.**” Students are then instructed to write down **how far they think young people should go** when expressing physical affection. (p. 167)

“You and Alonzo have just started dating. You have **never protected yourself during sex** because you think you are too young to get HIV ... You really like Alonzo and **want to have sex with him.**” (p. 223)

	<p>“You are in love and want to have sex to show how you feel. You are tired of foreplay, getting excited and then nothing ... You are ready to have sex and you are going to tell Court what you want.” (p. 225)</p> <p>“What are the most common ways HIV is transmitted? Unprotected sexual intercourse ...” (p. 228)</p> <p>“Name two ways that HIV is transmitted: Unprotected sex ...” (p. 236)</p> <p>“It’s important to have a backup method in case you decide to stop using abstinence in order to be able to protect yourself from pregnancy and STDs, including HIV.” (p. 252)</p> <p>“Note that the female condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous.” (p. 256)</p> <p>“The sponge can be inserted up to 24 hours before intercourse ... This allows for more flexibility and spontaneity with sex.” (p. 256)</p> <p>“To reduce the risk of HIV: Have a monogamous relationship with only one partner who doesn’t have HIV ...” (p. 264)</p> <p>“Have safer sex that doesn’t put you in contact with a partner’s semen, blood, or vaginal or rectal fluids. This means using condoms during vaginal or anal intercourse, using condoms or other barriers during oral sex, or having sex play without intercourse.” (p. 264)</p> <p>What to do if you think you have an STD: “Always use a latex or polyurethane/polyisoprene condom.” (p. 279)</p> <p>“Abstinence, What it is: Not engaging in sexual activities; also called abstinence. Choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.” (p. 280)</p> <p>“Is vaginal sex dangerous? If I have only vaginal sex, can I get infected with HIV? ... Many women have gotten the virus from their infected male partners during vaginal sex. Many men have been infected by their female partners during vaginal sex as well. Couples should use condoms every time they have sex if either partner is infected or unsure of his or her HIV status. Though condoms sometimes break, they greatly lower the changes of HIV transmission from one partner to another.” (p. 315)</p> <p>“If I am HIV positive or am at risk for HIV infection, whom should I tell? Telling someone you have HIV isn’t easy. Consider telling your doctors, dentist and dental hygienist, and be sure to tell your sex partners (past, present, and future). If you share needles and syringes, also tell these partners.” (p. 315)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or</i></p>	<p>Talking Circle activity: “When referring to me, please use the pronouns _____ or _____.” (p. 36)</p> <p>“Facilitator’s Note: Asking students to tell you their preferred pronouns is a way of creating a safe space for any transgender or gender nonconforming youth. Model what you want students to say by giving your own preferred pronouns. Some transgender youth might prefer typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Preferred pronouns don’t always line up with what observers might expect based on a person’s perceived biological sex. The simple act of</p>

<p><i>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.</i></p>	<p>requesting preferred pronouns sends the message that transgender and gender nonconforming youth are welcome and respected in the group.” (p. 36)</p> <p>“Respect diversity: Let’s keep in mind that there’s diversity in society and in this group ... Some may identify as male, female or transgender. All of these differences make us unique. Regardless of how you see yourself, your background, previous relationships or experience, each of you has a place in this group. This will be a safe space for everyone.” (p. 36)</p> <p>“Facilitator’s Note: Throughout the discussion of puberty, be sensitive to students who may be transgendered or gender nonconforming, as these individuals may be experiencing physical changes of puberty in an unwanted gender.” (p. 52)</p> <p>“The case study has been written to be gender neutral. Sean and Morgan might be a boy and a girl, a girl and a boy, two boys, two girls, or transgender youth.” (p. 108)</p> <p>“Recognize that trauma can arise from power differences due to culture, gender and sexual orientation. Use inclusive language that empowers diverse populations.” (p. 308)</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>Note: See section 7 on condom use for ways that contraception with condoms is promoted without presenting failure rates.</p> <p>Students are shown a DVD entitled <i>Tanisha and Shay</i> wherein a high school female gets pregnant by her high school boyfriend. Her mother tells her she owes it to herself to explore all her options. At the end of the DVD, the teacher asks, “Why do you think Tanisha and Shay didn’t use birth control?” (p. 141)</p> <p>“Tanisha’s mom says Tanisha owes it to herself to explore all her options. What are Tanisha’s options? Note: Be sure to understand current federal and state laws regarding adoption, abortion and safe surrender in order to provide accurate information to students.” (p. 142)</p> <p>Note: Making a Difference is sold as an abstinence-based program that does not teach about condoms or other forms of birth control, but here we clearly see that conversations about birth control and abortion will occur.</p> <p>“Reviewing and discussing the various forms of birth control methods will enhance students’ knowledge and empower them to make informed choices about the most suitable method to use.” (p. 250)</p> <p>“Using the following information, teach and demonstrate the various contraceptive methods. If you have a birth control kit, show the various methods as you discuss them ... Allow students to handle the methods at the end when you’ve finished the demonstration.” (p. 251)</p> <p>“Don’t try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let students know they will get a more thorough education whenever they go to a health center to obtain contraception.” (p. 251)</p> <p>“Although these methods are very effective at preventing pregnancy, they do not prevent sexually transmitted diseases. Therefore, if you use one of these hormonal methods for pregnancy prevention, your partner must also use a latex condom so that</p>

you will be protected against STDs.” (p. 252)

The following **contraceptives are explained to students**: abstinence, IUD, implant, Depo-Provera (the shot), birth control pills, birth control patch, vaginal ring, male condom, female condom, sponge, and spermicides. (pp. 252-257)

“Research shows that **when teens use long-acting methods** like the implant and the IUD, the rate of teen pregnancy goes down dramatically.” (p. 254)

“So you see you **have choices** with prescribed methods. Many of the newer methods are **easier to use and effective for long periods of time.**” (p. 254)

“These methods of birth control **can be purchased by anyone of any age**, at drugstores, clinics, supermarkets, convenience stores and online without a prescription.” (p. 255)

“The sponge can be inserted up to 24 hours before intercourse ... This allows for more **flexibility and spontaneity with sex.**” (p. 256)

“Hormonal methods (the pill, patch and ring) are **safe, very effective methods** of birth control. Most young women who use them have minimal side effects.” (p. 257)

“What are some ways that males **can participate in the process of using birth control?** Make sure answers include: Help pay for it; Go to the doctor/clinic with partner; Wear a latex (or polyurethane/polyisoprene) condom; Ask questions; Help decide which method to use in addition to condoms; Be supportive.” (p. 258)

“How does a young person **decide whether to use birth control** and which method to use? Make sure the answers include: Talk to parents, a health care provider, doctor, counselor, caregiver, caseworker or partner.” (p. 258)

“The condom is the only birth control method besides abstinence **that also prevents sexually transmitted diseases**, including HIV.” (p. 259)

“**Have safer sex** that doesn’t put you in contact with a partner’s semen, blood, or vaginal or rectal fluids. This means **using condoms** during vaginal or anal intercourse, using condoms or other barriers during oral sex, or having sex play without intercourse.” (p. 264)

“**Adolescents can obtain two types of contraceptive methods**: prescribed methods that must be obtained from a health care provider, or over-the-counter methods that can be purchased from a store without a prescription.” (p. 280)

“Condoms are only one of many birth control methods that exist. However, they are the only method besides abstinence **that can effectively prevent the transmission of sexually transmitted infections**, including HIV.” (p. 280)

Appendix B contains **detailed information on the following contraceptive methods**, including definitions, usage instructions, where to obtain them, and advantages and disadvantages:

- Abstinence
- IUD
- Implant
- Depo-Provera
- Birth Control Pill

	<ul style="list-style-type: none"> • Birth Control Patch & Vaginal Ring • Male Condom • Female Condom • Diaphragm, Cervical Cap, Sponge • Vaginal Spermicides • Emergency Contraception (pp. 280-290) <p><i>Note: The publisher’s website states, “Making a Difference lessons do not include information on condoms or other forms of birth control.” There is ample evidence to show that this is a false statement. The Appendices contain detailed information on both condoms and birth control. Advertising this to parents as an abstinence-based program is misleading at best.</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 children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>Activity D Rationale: “The emphasis on being proud and responsible provides a motivation for engaging in health-protective behavior and for encouraging others to do the same.” (p. 40)</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>“It’s OK to think about sex. It’s OK to talk about sex. It’s OK to develop feelings and attitudes about sex. But, it’s not a good idea to have sex until you are prepared to have sex with respect and responsibility.” (p. 154)</p> <p>Module 11 Goals: “Help students identify personal limitations and boundaries regarding sexual physical contact.” (p. 165)</p> <p>Module 11 Learning Objectives: “Identify the specific sexual behaviors that fit within their personal comfort zone.” (p. 165)</p> <p><i>Note: Students are encouraged to question their beliefs and to think about and talk with their peers about sex. There is no mention of delaying sex until marriage. In fact, monogamy, marriage and family are not discussed any place in the curriculum.</i></p> <p>“I also understand that personal values about birth control vary. For example, some people don’t believe in using birth control because it goes against their religion; other people have no beliefs against it. The bottom line is that most people who decide to have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to make informed decisions about protecting yourselves, so we’re going to learn about all of the options.” (p. 250)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p>	<p>“Creating Group Agreements: Make sure the list includes the following suggestions. Be sure to cover confidentiality, right to pass and respecting diversity.” (p. 37)</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>“Confidentiality: When people share private information in this group, it should be kept private ... We will not talk about any personal information we hear in this group with people outside this group.” (p. 37)</p> <p>Note: <i>Emphasizing this definition of confidentiality implies to children that they should not talk about class discussions with their parents, when parents are the very people with whom children should be discussing sexual issues.</i></p> <p>“These methods of birth control can be purchased by anyone of any age, at drugstores, clinics, supermarkets, convenience stores and online without a prescription.” (p. 255)</p> <p>“So teens considering getting the shot as a method should talk to their doctors about it.” (p. 257)</p> <p>“Can teens be tested without parent permission? Yes, teens can consent to HIV testing without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.” (p. 266)</p> <p>“Do my parents have to find out if I get tested for STDs and HIV? No, clinics will see you without your parents’ permission. If you are concerned about this, call the clinic before you go. Ask if you need to bring your parent along for permission and what information the clinic will share with them. This way you know what to expect ahead of time.” (p. 320)</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, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see</i></p>	<p>“Don’t try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let students know they will get a more thorough education whenever they go to a health center to obtain contraception.” (p. 251)</p> <p>“These methods of birth control can be purchased by anyone of any age, at drugstores, clinics, supermarkets, convenience stores and online without a prescription.” (p. 255)</p> <p>“Where do I go to get tested? Your local health department, community clinic, private doctor or Planned Parenthood are all good locations to check out for STD testing.” (p. 320)</p>

www.WaronChildren.org and
www.InvestigatePPF.org

For more information about *Making a Difference*, visit <https://www.etr.org/ebi/programs/making-a-difference/>.