

CSE Harmful Elements Analysis Tool

Analysis of *Making Proud Choices* 2020 Updated 5th Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Making Proud Choices 2020 Updated 5th Edition contains [15 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 Proud Choices* is essentially a how-to manual for sexual activity. It implies that many, if not most, teenagers are sexually active and teaches them how to negotiate condom use and obtain consent for sex. This program promotes acceptance of diverse sexual orientations and gender identities and even contains same-sex role play scenarios for teens to act out. *Making Proud Choices* encourages detailed condom demonstrations using penis models and suggests ways to make condom use more pleasurable. This curriculum includes DVDs with sexual discussions among teenagers and lessons on reducing the risk of STIs, not on eliminating the risk by practicing abstinence. One video contains animated steps to condom use including animated figures acting out vaginal, anal and oral sex.

Target Age Group: Ages 12-18

Planned Parenthood Connections: One of the authors, Konstance A. McCaffree, is a long-time member and former secretary of the board for the Sexuality Education and Information Council of the United States (SIECUS), which was founded in 1964 by Planned Parenthood's medical director. Planned Parenthood is a recommended resource throughout this curriculum.

HARMFUL CSE ELEMENTS

EXCERPTED QUOTES FROM CSE MATERIAL

1. SEXUALIZES CHILDREN

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.

“Why do you think some teens your age are having sex? The responses should include the following:

- **For pleasure or sexual release.**
- To keep a partner/because partner expects it.
- To have fun.
- To satisfy curiosity.
- To express feelings of love or affection to a partner.
- To get attention or affection.
- To feel more grown up.
- To be popular.
- To get back a parent.
- To have a baby.
- To fit in with peer group...” (Facilitator Manual, pp. 44-45)

“Have participants brainstorm ways to **prevent possible negative outcomes of unprotected sex.**” (Facilitator Manual, p. 46)

“Risk Behaviors (Note: This guide reflects risk levels for HIV transmission only. There are some STIs ... that can be passed through skin-to-skin contact or genital touching.)

- Kissing – Green Light
- **Having protected sex** with a person who is having sex with other people – Yellow Light
- Vaginal sex with a condom – Yellow Light
- Having sex with multiple partners without using a condom – Red Light
- Having protected sex with multiple partners – Yellow Light
- **Sexual fantasy** – Green Light
- Body rubbing/grinding (with clothes on/no exchange of body fluids) – Green Light
- Having sex with only one partner (monogamous) – Green/Yellow/Red Light” (Facilitator Manual, p. 72)

“My girlfriend and I have been going out for a year. We really love each other, and **both want to have sex.**” (Facilitator Manual, p. 83)

“Morgan really likes Sean. Lately, **Morgan’s friends have been talking a lot about sex and keep asking if Morgan and Sean have ‘done it’ yet.** Morgan figures it’s time and begins to pressure Sean about having sex. When Morgan asks Sean about having sex, Sean feels unsure about what to say. Sean has actually thought a lot about this and doesn’t feel ready for sex yet. Yes, Morgan is sexy, and **Sean feels turned on...** Today Sean and Morgan are hanging out at Morgan’s house. Morgan’s grandparents are out for a few hours. **They’re sitting on the couch, kissing and messing around, they’re both breathing hard, and things are getting hot and heavy.**” (Facilitator Manual, p. 97; Student Workbook, p. 9)

Students watch a video called Nicole’s Choice. The video begins with Nicole (a teenager) and a male partner (Miguel) kissing passionately while lying down. The male unzips her jacket and begins kissing her chest. The video cuts to Nicole at a clinic asking for birth control pills. She reveals that **she had unprotected sex with Miguel** but now has a steady boyfriend with whom she has not yet had intercourse and wants to prevent a pregnancy. The doctor educates Nicole on STDs and does testing which reveals that Nicole has gonorrhea. The doctor treats Nicole and tells her she needs to contact all prior partners and inform them. Nicole then finds out that **her best friend has also had unprotected sex multiple times with Miguel** and is also infected. Nicole chooses abstinence with her new boyfriend and her friend chooses to continue being sexually active but use condoms. This video contains multiple scenes of sexually suggestive content. (Facilitator Manual, p. 100)

“**Name three sexual behaviors** that do not involve any exposure to body fluids that can carry HIV. (Any 3) Hugging, Massage, Touching, **Masturbation, Sexual fantasy, Grinding,** Romantic talking, Cuddling.” (Facilitator Manual, p. 106)

Students play The Transmission Game where they mingle with each other and exchange signatures on cards. Each signature, they are later told, **represented having sexual intercourse with that person**. While mingling, students are asked to work together to finish the following sentences:

- If I have a condom in my pocket or purse, my partners would think...
- I could convince my partner to use a condom if I...
- If I asked whether **my partner was having sex with other people**, the response might be...
- If I **asked my partner to use a condom**, the response would be...
- People do not like to use condoms because... (Facilitator Manual, pp. 121-123)

“Let’s take a closer **look at what can happen when teenagers decide to have sex** without using any protection. We’ll play a game to help you separate what is true and what is false when it comes to the consequences of unprotected sex.” (Facilitator Manual, p. 138)

“True or False: Pregnancy Statements

1. Every time you have unprotected vaginal sex, there is a possibility of getting pregnant, even the first time you have vaginal sex. (True)
2. **Pulling the penis out of the vagina before ejaculation** reduces the risk of pregnancy. (True)
3. You can’t get pregnant if you **have sex standing up**. (False)
4. If you have vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy. (True)
5. Douching (cleaning the vagina) after sex can prevent pregnancy. (False)
6. You can’t get pregnant unless **you have an orgasm** (cum). (False)
7. If a girl misses her period, she is definitely pregnant. (False)
8. Gay and lesbian teens don’t need to know how to avoid pregnancy. (False)
9. There’s no safe time of the month to have sex and avoid pregnancy. (True)
10. You can’t get pregnant **if you swallow semen**. (True)
11. A person cannot **get pregnant from anal sex**. (True)” (Facilitator Manual, pp. 140-141)

“We are going to continue our focus on pregnancy prevention by watching a video called Tanisha & Shay. In this video you will see **sexually active teenagers dealing with issues of pregnancy**.” (Facilitator Manual, p. 143)

Note: *Tanisha and Shay are a heterosexual couple. Both are on the high school track team. Shay has a track scholarship to college. Tanisha has been feeling run down and wonders if she could be pregnant. She faints after a track meet and a doctor confirms that she is pregnant. The next scene shows Tanisha’s mom expressing her disappointment with Tanisha while they are still in the clinic, but then they hug and return home to think about Tanisha’s options. At the end of the video, Tanisha’s mom (who is a single mother who also got pregnant as a*

teenager) states: "Raising a baby wouldn't be my choice, but it's your life and it's your choice. But you owe it to yourself to explore all your options."

"Withdrawal, or pulling out, is done by **removing the penis fully from the vagina/anus before ejaculating** and only ejaculating outside of the vagina/anus." (Facilitator Manual, p. 147)

"Excuse: I do not have a condom with me.

Response: Let's **satisfy each other without having intercourse** then." (Facilitator Manual, p. 179)

Two students role play a sexual scenario which ends with, "They stop talking and **begin to have sex.**" (Facilitator Manual, p. 190)

"You and your sexual partner (Taylor) are in your partner's living room with the lights down low and **things are starting to get physical.**" (Facilitator Manual, p. 205)

"You know **Angel has had sex with other people**, and you are concerned about pregnancy and STIs, especially HIV, and want to use a condom." (Facilitator Manual, p. 207)

"You feel that Justice does not trust you if Justice is afraid to have sex with you without using a condom. Your older siblings told you that **you don't have to use condoms when you really love someone.**" (Facilitator Manual, p. 208)

"Your partner dated other people **before you and had sex with them.** Your partner **wasn't your first either.**" (Facilitator Manual, p. 209)

"Your girlfriend told you that **if you want to have sex you have to use dental dams.** You've heard others talk about this at basketball practice. They say that rubber is nasty, and **you should feel the 'real thing.'**" (Facilitator Manual, p. 210)

"You know Geoff and his girlfriend are **about to have sex.** You also know Geoff does not use condoms... Your role: Convince Geoff of the importance of condoms." (Facilitator Manual, p. 230)

"You and your girlfriend are **getting really close to having sex. You don't want to get her pregnant,** but you don't like condoms, so you plan to pull out. Mike is coming over to hang out. You can't wait to tell him about your **plans to have sex with your girlfriend.**" (Facilitator Manual, p. 230)

"You have been dating Sam for 6 months. You are in love and **want to have sex without using condoms.**" (Facilitator Manual, p. 231)

"What are some **reasons a teen might send a nude or sexy picture** to someone (or post it on social media)? Expected responses:

- Because the person kept asking for a picture (pressure)

- To have fun/get a laugh from your friends/gain status
- To flirt with people/let you know you like them
- To show off your body or feel attractive
- **To make other people 'horny' or turned on**
- To make someone jealous
- To be sexy with a partner or to keep a partner interested..." (Facilitator Manual, p. 262)

"Explain that there is one final component of Sexual Identity, which is a person's Sexual Behavior. Share the following about Sexual Behavior:

- **Sexual behavior is what you do.** It is different from identity, expression, sex assigned at birth and attraction.
- People choose sexual behaviors based on their attractions, their interests, or other reasons.
- A person's sexual behaviors do not always align with their general romantic or sexual attractions. For example, **someone may usually have sex with people of the same gender but at some point might have sex with someone of another gender.** That doesn't mean their general attractions change and it doesn't mean their identity changes either." (Facilitator Manual, p. 271)

"One reason that **teens have sex is because they are curious.** Sexual curiosity in teenagers is normal. In fact, your curiosity will increase as you get older." (Facilitator Manual, p. 275)

"Ask participants 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.**" (Facilitator Manual, pp. 275-276)

"Think about the movies you see or the music you listen to. What messages do they send about sex? ... Answers many 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.

- The more, the better.
- **Casual sex is fun.**
- Everyone cheats in relationships.” (Facilitator Manual, p. 276)

“Have safer sex that doesn’t put you in contact with a partner’s blood, semen, vaginal fluids. This means using condoms during vaginal or anal intercourse, using condoms or other barriers during oral sex or **having sex play without intercourse.**” (Facilitator Manual, p. 282)

“A person with herpes can infect someone else just by ‘rubbing’ when they have a sore; for example, **rubbing the penis against the vulva without having clothes on.**” (Facilitator Manual, p. 292)

“**Safer sexual activities include:**

- Sex between two mutually monogamous, uninfected partners who do not share needles or syringes with anyone.
- Body rubbing/massaging, **mutual masturbation.**
- Massaging one’s own genitals, **self-masturbation.**
- Kissing and other activities that do not include touching the penis, vagina, or rectum.” (Facilitator Manual, p. 343)

“If I **pick my sexual partner carefully**, am I safe? You can’t tell by looking or asking questions whether or not someone has HIV. The only way to be sure is for a person to be tested. Until you know for sure, **the best way to protect yourself is using protective barriers** such as external condoms (latex, polyurethane or polyisoprene), internal condoms or dental dams every time you have sex.” (Facilitator Manual, p. 343)

“Can you get pregnant by kissing? No, the only way a women can get pregnant is if sperm cells enter her vagina and fertilize one of her egg cells. This usually happens during vaginal sex **but can also happen if a man ejaculates near the entrance to the vagina**, but not inside it, or **if sperm is introduced into the vagina by hand.**” (Facilitator Manual, p. 348)

“Can a boy get someone pregnant if he has not had a wet dream? Yes, a boy can get a girl pregnant **whenever he is able to have an ejaculation.**” (Facilitator Manual, p. 348)

“**Can a girl get pregnant if she has sex standing up?** Yes. Sperm does not care what position you are in. Any time semen comes in contact with the vagina a pregnancy may occur. There are no exceptions to that rule. There are no safe positions or safe times for having sex without risking pregnancy.” (Facilitator Manual, p. 348)

“Sex (Sexual intercourse): A type of sexual contact involving; (1) insertion of a penis into a vagina (**vaginal sex**); (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**).” (Facilitator Manual, p. 356)

	<p>“Vagina: A muscular tunnel that extends from the vulva to the cervix. It provides a way for menstrual fluid to leave the body, receives a penis (or fingers/sex toys) during vaginal intercourse and provides a way for a baby to be born.” (Facilitator Manual, p. 357)</p> <p>“My girlfriend and I are 14 years old, and neither one of us has tattoos and we don’t use drugs. We’ve been thinking about having sex, but only with each other.” (Student Workbook, p. 4)</p> <p>“...[F]ive months ago, when I came out on my 16th birthday, I had sex with someone for the first time. We didn’t use condoms. I didn’t really enjoy it, and he never called me again. Now I have a new boyfriend and he wants me to have sex, too.” (PowerPoint #78)</p> <p>“I had a couple of beers and then someone handed me a joint... The next thing I knew I was in the bedroom with this basketball player I kind of had a thing for. We ended up having sex, and I don’t even know if we used protection, because I was so high that I forgot to ask.” (Student Workbook, p. 8)</p> <p>“Pregnancy Facts: Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.” (PowerPoint #115)</p> <p><i>Note: Encouraging the withdrawal method among teenagers is irresponsible and may give them a false sense of security in an ineffective birth control method.</i></p> <p>“You and your partner (Jamie) are at your place and things are getting very intimate. Jamie is starting to talk about using protection and you are getting angry. Does Jamie think you have been sleeping around? You don’t think using protection feels good and truly believe it will ruin the mood. Your task is to convince Jamie to have sex without protection.” (PowerPoint #168)</p> <p>“You have been having sex with Devon for a while now and have never used protection before. You believe that if Devon suddenly wants to use protection, he must be cheating on you.” (PowerPoint #177)</p> <p>“You and Chase have had sex a couple of times and never used a condom. You think you might lose Chase if you ask to use a condom.” (PowerPoint #180)</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,</i></p>	<p>“How do you negotiate condom use when you have more than one partner? You have a steady partner? You have a new partner?” (Facilitator Manual, p. 79)</p> <p>“No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. When being pressured sexually, we often feel confused or upset and may not think clearly about how to deal with the situation. STOP, THINK, and ACT may be a way to help you practice safer sex. So, we are going to practice using STOP, THINK and ACT... No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be</p>

children of minor age should never be encouraged to “consent” to sex.

Note: “Consent” is often taught under the banner of sexual abuse prevention.

consent and that **consent has to be reaffirmed throughout the sexual intimacy and intercourse.**” (Facilitator Manual, p. 96)

“Get consent. **Make sure you and your partner both agree to have sex.** If either one of you expresses that you do not want to continue, you both must stop.” (Facilitator Manual, p. 131)

“Before we start, can someone tell me **what a couple should do before they have sex?** Answers: **Get consent.** Get condoms, lubricants and/or dental dams. Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.” (Facilitator Manual, p. 167)

“**Affirmative consent is a conscious, voluntary agreement to engage in sexual activity.** This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person’s consent to have sex.” (Facilitator Manual, p. 182)

“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 the other’s limits.” (Facilitator Manual, p. 182)

“Affirmative consent means **agreeing to have sex in a conscious, voluntary and verbal manner.** It is also not enough that someone agrees to have sex or initiates sex. That person must agree to continue to have sex. Otherwise, there is no consent.” (PowerPoint #91)

“If they have sex, each should continue to check how the other person is feeling and **whether that person still wants to continue having sex.** At any point, if either one says stop, they must stop. Consent can be revoked at any time.” (Facilitator Manual, p. 189)

“How do you **negotiate using protection** when: You have more than one partner? You have a steady partner? You have a new partner?” (PowerPoint #72)

Role play scenario: “Your parents are out late. Your partner comes over, hoping to have sex with you. You want to have sex but you want to use condoms. Your partner refuses to use condoms. **You decide to share how to make condoms feel much better.**” (Facilitator Manual, p. 188)

Role play scenario: “It is Valentine’s Day. You and your partner are going out to a movie and dinner. **You know that at some point having sex will be discussed.** You [sic] partner is willing to use condoms, but you’re just not ready for any of it. You decide to tell your partner that you want to wait to have sex.” (Facilitator Manual, pp. 190-191)

Students learn negotiation skills to **convince their partner to use a condom.**

“Give clear reasons to support your choice. Examples:

- I want to protect myself with a condom **every time I have sex.**
- No, I won’t risk my future goals **by having unprotected sex.**
- Condoms help prevent unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).” (Facilitator Manual, p. 198)

Students are taught to provide alternatives if their partner doesn’t want to use a condom. “Suggest another action. Examples:

- Let’s **go buy some condoms right now.**
- Let’s get out of the bedroom. It makes me feel uncomfortable.
- **If you’re willing to use a condom,** then we can have sex.” (Facilitator Manual, p. 199)

Students are taught to share with their partner **why condom use is important** to them. “Discuss your feelings. Examples:

- I’m not ready to have a baby. I would feel better if we use a condom.
- I’m **glad you agreed to use condoms.** I feel like you really care about me.
- You really **turn me on when you touch me,** but I won’t have sexual intercourse without a condom.” (Facilitator Manual, p. 200)

Roleplay scenario: “You and your sexual partner (Taylor) are in your partner’s living room with the lights down low and things are starting to get physical. You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry. Taylor doesn’t think sex will feel as good and does not want to use protection. But you want to use protection because you respect yourself... **Your task is to convince Taylor that sex can be just a pleasurable with condoms/dental dams.**” (Facilitator Manual, p. 205 and Student Workbook, p. 19)

Roleplay scenario: “You have just started your first sexual relationship with Tanya. The two of you have engaged in oral sex and have not used latex barriers... You want to use a latex barrier with Tanya but you are not sure how she will react. Your role: **Convince Tanya to use a latex barrier when you have sex.**” (Facilitator Manual, p. 228)

Roleplay scenario: “You **have slept with Will three times already,** always unprotected. You have goals and dreams for the future and you want to use condoms. Your role: Get Will to agree that condoms need to be used when you are both having sex.” (Facilitator Manual, p. 229)

Roleplay scenario: “You and Charlie have been dating for 6 months and have talked about having sex. Charlie has never used condoms. You don’t want to have sex without condoms... After school you talk to Charlie about using condoms. Your role: **Convince Charlie to use condoms when you have sex.**” (Facilitator Manual, p. 231)

3. PROMOTES ANAL AND ORAL SEX

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.

“Proud and responsible behavior also extends into the area of sex... If you are going to have **vaginal, anal or oral sex**, it means using protections such as an external or internal condom or dental dam.” (Facilitator Manual, p. 42)

“What was the message about condoms in the video? Use condoms every time you have **anal, oral, or vaginal sex**.” (Facilitator Manual, p. 65)

“Risk behaviors (Note: This guide reflects risk levels for HIV transmission only. There are some STIs... that can be passed through skin-to-skin contact or genital touching.)

- **Oral stimulation of the penis** without a condom – Yellow Light
- **Anal sex with a condom** and water-based lubricant – Yellow Light
- **Oral stimulation of the vulva** (female genitals) with a dental dam (latex barrier) – Green/Yellow Light” (Facilitator Manual, p. 72)

“You have just started your first sexual relationship with Tanya. **The two of you have engaged in oral sex** and have not used latex barriers.” (Facilitator Manual, p. 228)

“Remember if you are going to **have oral sex**, you need to use a latex barrier.” (Facilitator Manual, p. 229)

“Oral sex involves putting the mouth to a penis (**fellatio**), vagina (**cunnilingus**) or anus (**anilingus or rimming**). Although there is little to no risk of getting HIV from oral sex, it is theoretically possible if an HIV-positive person were to ejaculate in the partner’s mouth during oral sex.” (Facilitator Manual, p. 340)

“Can I get HIV from **anal sex**? Yes. If either partner is infected with HIV, the other partner can be infected during anal sex. Generally, the **person receiving the semen** is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the **person who inserts the penis** is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis. Using water- or silicone-based lubricants can decrease the risk of rectal tearing, thereby reducing the risk of HIV transmission.” (Facilitator Manual, p. 342)

“Can I get an STI 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**.” (Facilitator Manual, p. 346)

“**Anal Sex (also anal intercourse)**: Inserting the penis into the anus of the sexual partner.” (Facilitator Manual, p. 350)

“**Cunnilingus**: Mouth-to-vagina sex.” (Facilitator Manual, p. 351)

“**Fellatio**: Mouth-to-penis sex.” (Facilitator Manual, p. 352)

	<p>“Use condoms every time you have anal, oral, or vaginal sex.” (PowerPoint #31)</p> <p>Note: <i>The FDA has only approved one male condom for anal sex. The chances are miniscule that teenagers will go find that one brand of condom if they choose to engage in anal sex.</i></p> <p>“I am fifteen years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including oral sex. Before, we just wanted to make sure that she didn’t get pregnant.” (Student Workbook, p. 6)</p> <p>“A person cannot get pregnant from anal sex.” (PowerPoint #116)</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>“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.” (Facilitator Manual, p. 40)</p> <p>“Let participants know that they may be doing the roleplays with someone of a different or the same gender.” (Facilitator Manual, p. 202)</p> <p>Roleplay theme: “Two females; STI/HIV concerns in lesbian relationship; safer oral sex.” (Facilitator Manual, p. 228)</p> <p>Roleplay theme: “Two males; HIV and condom use.” (Facilitator Manual, p. 229)</p> <p>“Next, point to the ‘heart’ of the Sexual Identity Person, which represents Attraction. Explain that this is also often referred to as Sexual Orientation. Share the following about attraction: Feelings of attraction show who you want to be close to or are drawn to emotionally, physically, or sexually. Attractions can change over time. Attraction or Sexual Orientation is distinct from gender identity and expression.” (Facilitator Manual, pp. 270-271)</p> <p>“Ask participants to share terms they know for Attraction... Affirming Terms: Lesbian, gay, bisexual, straight, queer, pansexual, demi-sexual, and asexual. Derogatory or Incorrect Terms: Dyke and fag/faggot.” (Facilitator Manual, p. 271)</p> <p>“Can lesbians get HIV? Yes, but cases of woman-to-woman transmission of HIV where unprotected sex was the only risk factor are extremely rare.” (Facilitator Manual, p. 343)</p> <p>“Asexual: Experiencing little or no sexual attraction to others and/or a lack of interest in sexual relationships/behavior. Asexuality exists on a continuum from people who experience no sexual attraction or have no desire for sex, to those who experience low levels, or sexual attraction only under specific conditions.” (Facilitator Manual, p. 350)</p> <p>“Bisexual: Being romantically or sexually attracted to two or more genders. Also having sexual partners of more than one gender.” (Facilitator Manual, p. 350)</p>

	<p>“Butch: A person who identifies themselves as masculine, whether it be physically, mentally or emotionally. ‘Butch’ is sometimes used as a derogatory term for lesbians, but also claimed as an affirmative identity label.” (Facilitator Manual, p. 351)</p> <p>“BOI: A term used within LGBT and butch and femme communities to refer to a person’s sexual and/or gender identities.” (Facilitator Manual, p. 351)</p> <p>“Demi-Sexual: Having little or no capacity to experience sexual attraction until a strong romantic connection is formed with someone, often within a romantic relationship.” (Facilitator Manual, p. 351)</p> <p>“Gay: A term for people who are primarily 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.” (Facilitator Manual, p. 352)</p> <p>“Heterosexual: Being romantically or sexually attracted to people of another gender. Also having sexual partners of a different gender.” (Facilitator Manual, p. 353)</p> <p>“Lesbian: A term for women who are primarily romantically or sexually attracted to other females and whose sexual partners are women.” (Facilitator Manual, p. 353)</p> <p>“LGBTQ+: An umbrella term referring to people who identify as lesbian, gay, bisexual and/or transgender, with the ‘Q’ referring to those who identify as queer and/or questioning. The acronym can also include additional letters, in reference to other identities that do not conform to dominant societal norms around sexual orientation and gender identity and expression.” (Facilitator Manual, p. 353)</p> <p>“Pansexual: A person who experiences sexual, romantic, physical and/or spiritual attraction for members of all gender identities/expressions.” (Facilitator Manual, p. 355)</p> <p>“Queer: An umbrella term to describe individuals who don’t identify as straight and/or cisgender.” (Facilitator Manual, p. 356)</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.” (Facilitator Manual, p. 356)</p> <p>“Straight: A term for people who are primarily romantically and sexually attracted to someone who is not their same sex/gender.” (Facilitator Manual, p. 357)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p>	<p>“Using condoms takes the pleasure out of sex. (Using condoms can be fun and pleasurable if you have the skills to make them that way.)” (Facilitator Manual, p. 160)</p>

May teach 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.

“If a person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do? Answer: This will happen to most people with penises at some point in their lives. **Have partner take off condom, continue playing and stimulating one another, relax, and enjoy the fun.**” (Facilitator Manual, p. 168)

“**Give the following examples of ways to make using condoms more pleasurable:** Try different brands to find one that feels most comfortable and natural. Use extra lubricant inside the tip of the condom and on the outside of the condom to increase wetness.” (Facilitator Manual, p. 170)

“Ask participants to brainstorm some ways to **make using condoms fun and pleasurable.** Record their responses. Add the following ideas if they don’t get mentioned:

- Make putting on the condom a part of foreplay.
- Think up a **sexual fantasy using condoms.**
- Act sexy/sensual while putting on the condom.
- Hide a condom on your body and ask your partner to find it.
- Use extra lubrication inside and outside the condom.
- Experiment with different colors, types and textures of condoms.
- Have a sense of humor and make jokes.
- Tell your partner that **using condoms can make an erection last longer.**” (Facilitator Manual, pp. 170-171)

“You and your sexual partner (Taylor) are in your partner’s living room with the lights down low and **things are starting to get physical.** You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry **Taylor doesn’t think sex will feel as good and does not want you to use protection.** But you want to use protection because you respect yourself... **Your task is to convince Taylor that sex can be just as pleasurable with condoms/dental dams.**” (PowerPoint #167)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

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.

“Risk Behaviors (Note: This guide reflects risk levels for HIV transmission only. There are some STIs ... that can be passed through skin-to-skin contact or genital touching.)

- **Self-masturbation** – Green Light
- **Mutual masturbation** – Green Light” (Facilitator Manual, p. 72)

“Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include **masturbating alone**, petting, kissing, foreplay, or dry humping.” (Facilitator Manual, p. 115)

“What are some safer sexual behaviors (that won’t transmit HIV)? Cuddling, massage, **masturbation**, fantasy.” (Facilitator Manual, p. 237)

“Safer sexual activities include:

	<ul style="list-style-type: none"> • Body rubbing/massaging, mutual masturbation (Caution: safe against HIV and some other STIs only as long as bodily fluids are not exchanged, some STIs [herpes, HPV, syphilis] can be passed by unprotected skin-to-skin contact.) • Massaging one’s own genitals, self-masturbation.” (Facilitator Manual, p. 343) <p>“Masturbation: Massaging one’s own genitals for sexual stimulation.” (Facilitator Manual, p. 354)</p> <p>“Mutual masturbation: Massaging each other’s genitals for sexual stimulation.” (Facilitator Manual, p. 354)</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>“The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.” (Facilitator Manual, p. 62)</p> <p>“For oral sex that involves putting the mouth to a vagina or an anus, use the dental dam. If you don’t have a dental dam, you can cut a condom into a flat sheet.” (Facilitator Manual, p. 85)</p> <p>“Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. You may be able to buy or borrow them from your local reproductive health clinic. Also check out the following sources: www.totalaccessgroup.com/wood_condom_demonstrator.html or www.etr.org/store/format/condom-kit. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.” (Facilitator Manual, p. 111)</p> <p>“Agree or Disagree Statement: Sex can feel good if you use condoms. (Sex can feel very good with condoms. You can buy a brand that feels natural and use extra lubricant. You’ll learn more about this later.)” (Facilitator Manual, p. 128)</p> <p>“The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth, or anus.” (Facilitator Manual, p. 130)</p> <p>“The external condom may also be used on a sex toy or other insertive sexual device that is being shared.” (Facilitator Manual, p. 130)</p> <p>“In the next activity, you’re going to actually practice the steps for using an external condom correctly. Many of you may have never seen or touched a condom. We’re going to practice using external condoms so that you will know what they feel like and how to use them if and when you are ready to use them. Just as a person might need to adjust to wearing a new pair of shoes or glasses, using a condom requires getting used to new sensations.” (Facilitator Manual, p. 130)</p>

“Post the Steps for Using a Condom poster. **Using a condom demonstrator, follow the steps listed on the chart** to model what the youth will be doing. Read the instructions and add additional details as you demonstrate the procedure.” (Facilitator Manual, p. 131)

“The ideal way to demonstrate proper condom use is to **use a plastic or wooden model of a penis**. If the model is not available, demonstrate by using your fingers.” (Facilitator Manual, p. 131)

“Steps for using a condom:

- Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
- Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
- Open the package carefully to avoid tearing.
- Make sure condom is on the proper side to roll down correctly.
- Pinch the tip of the condom to create space (1/2 inch) for semen.
- Squeeze a few drops of water-based lubricant inside the tip.
- **Make sure the penis is erect** and both partners are ready to engage in sexual activity before putting on the condom.
- Continuing to squeeze the tip, place the condom on the head of the penis. **Unroll the condom down to the base of the penis**. Apply water-based lubricant to the outside of the condom, if desired.
- Check during sex to make sure the condom isn't slipping.
- Immediately after ejaculation, hold the condom firmly at the base of the penis and **pull the penis out before it gets soft**.
- Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.” (Facilitator Manual, p. 131)

“There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants don't want to practice, allow them to pass. For some youth, especially **those who have been sexually abused, it could be overwhelming to have to handle a penis model**. Never push a young person to participate. Show empathy and check back in with them later to see how they're feeling. Not very many youth ask to pass. Most that do change their minds and decide to practice using a condom before the activity ends.” (Facilitator Manual, p. 132)

“Can condoms fit any size penis? Yes, though condom sizes vary slightly from brand to brand, **most can fit any size penis comfortably**. Try several brands and type [sic] to find the best fit.” (Facilitator Manual, p. 132)

“Ask participants if they've ever heard of or seen a dental dam. Hold up a dental dam and say, ‘A dental dam is a square of latex that **can serve as a barrier between the mouth and a partner's vulva or anal area** to prevent the transmissions of STIs. It can be difficult to find dental dams, so you can cut a non-lubricated condom into a square and use it as a barrier.” (Facilitator Manual, p. 133)

“Explain how a dental dam can be used **when having oral contact with the vulva or anal area**. Also demonstrate how to cut a condom into a square in case a dental dam is not available. (Note: Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.)” (Facilitator Manual, p. 133)

“The external condom is a latex sheath that covers the penis and keeps semen from entering a partner’s body. **It should be put on the penis as soon as the penis is erect**, and removed after ejaculation, away from the partner.” (Facilitator Manual, p. 151)

“Note that the internal condom can be inserted well in advance of being with a partner so that **sexual intercourse can be spontaneous**. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight.” (Facilitator Manual, p. 153)

Students watch a video entitled Condom Use Animation. This animated video starts by encouraging the viewer to use a condom every time they have sex, either oral, anal or vaginal. Cartoon shapes simulate these three acts. The video then goes through the **steps to proper male condom use as an animated penis demonstrates the steps on itself**. (Facilitator Manual, p. 164)

“Which steps in this process [of using a condom] can **involve a partner**?
Answers: Consent, **sexual arousal**, rolling condom on, intercourse, **orgasm**, holding onto rim, removing condom, and relaxation.” (Facilitator Manual, p. 168)

“Ask participants to brainstorm **ways to make using condoms fun and pleasurable**. Record their responses. Add the following ideas if they don’t get mentioned:

- Make putting on the condom a part of foreplay.
- Think up a sexual fantasy using condoms.
- Act sexy/sensual while putting on the condom.
- **Hide a condom on your body** and ask your partner to find it.
- Use extra lubrication inside and outside the condom.
- Experiment with different colors, types, and textures of condoms.
- Have a sense of humor and make jokes.
- Tell your partner that using a condom can **make an erection last longer**.” (Facilitator Manual, pp. 170-171)

“Now ask participants to think of some ways to make using condoms easy – to **keep them from interrupting sex**. Give the following examples:

- You can talk about using condoms/dental dams in advance.
- **Always have condoms on you**.
- Learn to put the condom on in advance so you can do it more smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.

- Have the condom open and **ready to use before sex.**
- If using an internal condom, have it inserted before sex.” (Facilitator Manual, p. 171)

“You could ask, ‘What do you think some people do to **make condom use easier and more fun?**’ or ‘Imagine an advertisement for condoms and dental dams, what might it say that would make people think **using condoms is easier and more fun?**’” (Facilitator Manual, p. 171)

“There are **glow in the dark condoms** that are latex and safe for STI/HIV protection, as well as **flavored, ribbed and other options.**” (Facilitator Manual, p. 172)

“Once you and your partner both agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. **Plan a special day when you can experiment. Just talking about how you’ll use all of those condoms can be a turn-on.**” (Facilitator Manual, p. 172)

“Let’s brainstorm **excuses sexual partners give for not wanting to use condoms**... Now let’s see if we can change each excuse for not wanting to use a condom into a good reason to use a condom... Demonstrate by reading one excuse that is listed on the chart paper and by giving a positive response to that excuse.

- Excuse: I don’t like the way condoms feel.
- Response: I can show you **how to make them feel much better.**” (Facilitator Manual, pp. 176-177)

“Breaking the mood statements:

- Excuse: Condoms **ruin the mood for sex.**
- Response: Only if you let them. With a little imagination, **condoms can actually enhance sexual feeling.** Or, let me show you that it doesn’t have to ruin the mood.” (Facilitator Manual, p. 177)

“Sexual enjoyment statements:

- Excuse: Sex doesn’t feel as good with a condom on.
- Response: There is **plenty of feeling left**, and I would feel unsafe without it.
- Excuse: Dental dams are messy and smell funny.
- Response: Dental dams aren’t any messier or smellier than sex...
- Excuse: Condoms are unnatural and turn me off.
- Response: Worrying about unintended pregnancy and STIs turns me off. **Condoms will make me feel safer and sexier.** Or, I know how to turn you back on.” (Facilitator Manual, pp. 177-178)

Roleplay scenario: “Your parents are out late. Your partner comes over, **hoping to have sex with you. You want to have sex**, but you want to use condoms. You decide to **share how to make condoms feel much better.**

- Person 1: Why are you stopping now?
- Person 2: Wait. Do you have a condom?

- Person 1: No, I told you, I don't like the way those things feel.
- Person 2: Yeah, I know.
- Person 1: I don't have a condom. **I want to be able to feel you, and it doesn't feel as good.** Let's just do it without a condom this time.
- Person 2: I think there are ways using one can feel good. I don't want to get infected with an STI like HIV.
- Person 1: You won't. And I don't need you to show me anything. I know how condoms are used.
- Person 2: I know you know how to use them. And you would never give me an STI. Sorry, I freaked out for a minute.
- Person 1: Yeah, I mean I love you. Nothing bad is going to happen.
- Person 2: You're right.

They keep kissing.” (Facilitator Manual, pp. 186-187, Student Workbook, p. 11)

“Condoms don't have to ruin sex. There are different **techniques that can make condom use pleasurable** and fun.” (Facilitator Manual, p. 206)

HIV/STI Jeopardy question: “What should you **put on a condom during vaginal or anal intercourse?** Water – or silicone – based lubricants.” (Facilitator Manual, p. 239)

HIV/STI Jeopardy question: “When should you remove a used external condom? **After ejaculation, but before the penis gets soft.**” (Facilitator Manual, p. 239)

“Lubricant: Something wet and slippery, used to reduce friction during sex. A person can **put it on the outside of a condom or inside the vagina or anus during sex to keep a condom from getting dry and breaking.** There are different kinds of lubricants, including water-based, silicone-based and oil-based. Only water- and silicone-based lubricants are recommended when used with latex condoms because oil-based lubricants can weaken latex and cause a condom to tear or break. Household products such as Vaseline, lotion, or cooking oils are not safe for use inside the vagina or anus and should not be used as a lubricant.” (Facilitator Manual, p. 354)

“Non-lubricated condoms: A condom that is packaged without a lubricant. It is very dry and seems like it has chalk on it. However, it is safe for people to put in their mouths during oral sex to prevent HIV and other STIs. A person can cut it along the side and then cut off the tip to make a square of latex. **This square is then a barrier to be used on the anus or vagina during oral sex.**” (Facilitator Manual, p. 354)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

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.

“What were the messages discussed between the young people in the library? **Don’t have sex before you are ready.** Don’t let anyone pressure you into sex. If you have sex, you must use a latex (or polyurethane/polyisoprene) condom.” (Facilitator Manual, p. 65)

“The choice is yours. I want you to make proud and responsible choices, so **if you choose to have sex,** choose to use protection.” (Facilitator Manual, p. 66)

“As you can see, becoming pregnant or getting someone pregnant can dramatically change your life. Therefore, it is important to avoid unintended pregnancy by practicing abstinence or safer sex. Be prepared. **If you’re going to engage in sexual activity,** make sure you use effective birth control and a latex (or polyurethane/polyisoprene) condom every time!” (Facilitator Manual, p. 144)

“Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. There is **no age limit for purchasing them.**” (Facilitator Manual, p. 309)

“The foundation of love and **responsible sex** is good communication.” (Facilitator Manual, p. 340)

“You can always decide to wait to have sex. Your best combination strategy is safer sex and time. Take the time to really get to know your potential partner. **When you decide to have sex, be sure to use protection every time.**” (PowerPoint #83)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

Fails to establish abstinence (or a return to abstinence) as the 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.

“This curriculum is intended to **reduce the incidence of unprotected sexual behavior among adolescents** and help them make a difference in their lives by making proud and safer choices about their sexual behavior.” (Facilitator Manual, p. 2)

“The curriculum acknowledges that abstinence is the most effective way to eliminate these risks. However, realizing that **abstinence is not the path that many young people will choose,** the curriculum spends a great deal of time encouraging the practice of **safer sex and condom use.**” (Facilitator Manual, p. 3)

“At the completion of the *Making Proud Choices!* curriculum, youth will have:

- Increased knowledge about prevention of HIV, other STIs and pregnancy.
- More **positive attitudes/beliefs about birth control and condom use.**
- Increased confidence in their ability to negotiate safer sex and to use condoms correctly.
- Increased negotiation skills.
- **Improved condom use skills.**
- Stronger intentions to use birth control and condoms if they have sex.
- A **lower incidence of HIV/STI risk-associated sexual behavior.**
- A stronger sense of pride and responsibility in making a difference in their lives.” (Facilitator Manual, pp. 3-4)

“The goals and dreams activity encourages the adolescents to consider their goals for the future and to think about how **participating in unsafe sex** might affect the attainment of these goals.” (Facilitator Manual, p. 5)

“As we can see by your list there are **many reasons teens may have sex**. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for **preventing those negative outcomes**.” (Facilitator Manual, p. 46)

“If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky or reducing your risk by **using protection and effective birth control** or engaging in less risky behaviors.” (Facilitator Manual, p. 52)

“As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. **If you choose to have sex**, it’s important to use condoms correctly and consistency every time.” (Facilitator Manual, p. 79)

“It’s OK if you want to choose not to have sex right now. Abstinence is the surest way to protect yourself from HIV and other STIs. **If you do decide to have sex**, be proud and responsible and talk to your boyfriend about protection.” (Facilitator Manual, p. 84)

“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 STIs, including HIV.” (Facilitator Manual, p. 147)

“You and your partner, Jadon, **have been sexually active for a while**... And now you begin to worry because you and your partner have been sexually active without using protection. **Now you want to use protection**.” (Facilitator Manual, p. 211)

“It is important to talk about your decisions to **have safer sex or abstain** before the moment arrives. Be confident in your decision. Remember, the only way to be 100 percent sure that you have not contracted HIV through sexual contact is to **abstain from sex or get tested regularly**. However, if you choose to have sex, you must make proud choices and use condoms.” (Facilitator Manual, p. 232)

Jeopardy question: “What are two ways to prevent HIV transmission?”
Acceptable answers: “**Abstinence, using condoms**, not sharing needles, PrEP, PEP” (Facilitator Manual, p. 237)

Note: *Only abstinence prevents HIV transmission. Condoms don’t prevent HIV transmission; they can only reduce the risk of HIV transmission. Equating condom use with abstinence is inaccurate and gives youth a false sense of security when practicing “safer sex.”*

	<p>Jeopardy question: “What is the only birth control method besides abstinence that also offers protection against HIV?” Acceptable answer: “A latex or polyurethane/ polyisoprene condom (male or female)” (Facilitator Manual, p. 237)</p> <p><i>Note: Again, condom use is being equated with abstinence as an effective way to protect against STIs and pregnancy.</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.” (Facilitator Manual, p. 278)</p> <p>“Responsible sexual precautions include: (1) sexual abstinence, (2) sexual fidelity, (3) avoiding exchange of body fluids by using a condom, and (4) avoiding sexual partners who have engaged in risky behaviors.” (Facilitator Manual, p. 339)</p> <p>“The surest way NOT to get HIV (the virus that causes AIDS) is to practice abstinence – choosing not to have sex. If you do decide to have vaginal, oral, or anal sex, the best way to reduce the risk of HIV is to use protection.” (PowerPoint #75)</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 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>“Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth... Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don’t always line up with what observers might expect based on a person’s perceived biological sex. The simple act of requesting pronouns sends the message that transgender and gender nonconforming youth are welcomed and respected in the group.” (Facilitator Manual, p. 36)</p> <p>“Young people may express themselves in ways that don’t conform with their biological sex. There are many ways that youth can express their gender identity.” (Facilitator Manual, p. 39)</p> <p>“Gender identity is peoples’ inner understanding of what gender they identify with. It may be man, women, something in between, or something that doesn’t fit these labels. It may be the same as (cisgender) or different from (transgender) the sex they were assigned at birth. Gender identity is unique for each person.” (Facilitator Manual, p. 40)</p> <p>“You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.” (Facilitator Manual, p. 96)</p>

“What are the physical changes of puberty for **people with vulvas and vaginas?**
... What are the physical changes of puberty for **people with a penis?**”
(Facilitator Manual, p. 251)

***Note:** This program uses the terms “person/people with a vagina/penis,” implying that gender is unrelated to biology and that you can choose and/or change your gender. These terms are used throughout the curriculum.*

“Share the following about Gender Identity:

- Gender Identity is a person’s internal understanding of who they are in relation to their gender. It is developed in the brain, not the genitals or the reproductive organs.
- Someone’s Gender Identity could be man/boy, women/girl, somewhere in between, both or neither.
- It may be the same or different from the sex a person was assigned at birth (this also applies to Intersex individuals).
- We refer to a person’s gender identity as Cisgender if it is the same as the sex they were assigned at birth.
- We refer to a person’s identity as Transgender if it is different than the sex they were assigned at birth.
- We refer to a person’s identity as Gender Non-Binary if that person doesn’t identify as a man/boy or as a women/girl.
- It’s important to remember that Gender Identity is an ‘inside out’ process. This means that a person chooses their own identity – nobody else chooses it for them.” (Facilitator Manual, pp. 267-268)

“Ask participants to raise a hand if they know some terms used to describe Gender Identity. Record affirming responses on chart paper or board and add them with the terms below... Affirming Terms:

- Transgender or trans
- Transgender man/Trans man
- Transgender woman/Trans woman
- Gender non-binary
- Gender nonconforming
- Genderqueer
- Gender fluid
- Two spirit
- Agender” (Facilitator Manual, p. 268)

“Explain that in order to honor everyone’s Gender Identity, **it is important to use the pronouns that correspond to each person’s identity.** Explain that pronouns are words we use when describing someone in the third person, such as she, he, they... There are also possessive pronouns such as his, her/hers, and their/theirs. **Other pronouns include ze/zie/zir/zirs and xe/xem/xyr/xyrs.**”
(Facilitator Manual, p. 269)

“Note that some people who **identify as gender non-binary or gender fluid** may choose to express themselves differently on different days.” (Facilitator Manual, p. 269)

“Remind participants that we can think of Sex Assigned at Birth as **how you appeared at birth**. Sexual identities are complex and therefore many of the aspects of a person’s sexual identity are not apparent at birth.” (Facilitator Manual, p. 270)

“**Agender**: A person with no (or very little) connection to the traditional system of gender; no personal alignment with the concepts of either man or woman, and/or someone who sees themselves as existing without gender. Sometimes called gender neutrois, gender neutral, or genderless.” (Facilitator Manual, p. 350)

“**Cisgender**: A term for people who identify as or feel themselves to be the gender that matches the sex they were assigned at birth.” (Facilitator Manual, p. 351)

“**Gender**: Refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.” (Facilitator Manual, p. 352)

“**Gender binary**: The idea that there are only two genders and that every person is one of those two genders.” (Facilitator Manual, p. 352)

“**Gender expression**: How a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.” (Facilitator Manual, p. 352)

“**Gender fluid**: Gender identity best described as a dynamic mix of boy and girl. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more man some days, and more woman other days.” (Facilitator Manual, p. 352)

“**Gender identity**: People’s inner understanding of what gender they identify with. It may be female, male, something in between, or something that doesn’t fit these labels. It may be the same as (cisgender) or different from (transgender) the sex they were assigned at birth. Gender identity is unique for each person.” (Facilitator Manual, p. 353)

“**Intersex**: Term for combination of chromosomes, gonads, hormones, internal sex organs and genitals that differs from the two expected patterns of male or female.” (Facilitator Manual, p. 353)

	<p>“Transgender: A term for people who identify as or feel themselves to be a different gender than the sex they were assigned at birth.” (Facilitator Manual, p. 357)</p> <p>“Two Spirit: An umbrella term traditionally used within Native American communities to recognize individuals who possess qualities or fulfill roles of two or more genders.” (Facilitator Manual, p. 357)</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’re going to have sexual intercourse, it’s critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let’s clarify the terms we will be using. When we speak of protection, we will be referring to condoms and dental dams. When we say condoms, we will be referring to external condoms and internal condoms. External condoms are also known as male condoms. Internal condoms are also called female condoms.” (Facilitator Manual, p. 34)</p> <p>“Always use protection and effective birth control. By acting responsibly, you can feel proud because you’re protecting yourself, your sexual partners and the families and communities you’ve formed. You can play a big role in preventing unintended pregnancy and STIs in your community.” (Facilitator Manual, p. 43)</p> <p>“How can you reduce your risk of HIV? Use a latex condom each and every time for vaginal or anal sex. Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse.” (Facilitator Manual, p. 59)</p> <p>“The choice is yours. I want you to make proud and responsible choices, so if you choose to have sex, choose to use protection.” (Facilitator Manual, p. 66)</p> <p>“Deciding to have sex with someone is a big decision and it involves thinking and talking to your partner about using condoms... You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.” (Facilitator Manual, p. 83)</p> <p>“You know that unprotected sexual intercourse can lead to pregnancy, HIV and other STIs, which can all make it harder to reach your goals. Using STOP, THINK and ACT can help you stay calm and think clearly so you can make the wise decision to always use protection if you have sexual intercourse.” (Facilitator Manual, p. 99)</p> <p>“Gather materials to help teach the birth control information effectively: contraceptive charts, charts of the female reproductive organs, female pelvic models and a birth control kit. Many local health departments and Planned Parenthood affiliates will loan or sell demonstration kits. A local health care provider may also be able to provide samples of prescribed methods, such as oral contraceptives. Free or low-cost condoms may be available from your local department of public health or a clinic.” (Facilitator Manual, p. 137)</p>

“Regardless of your background and experience, it’s important for all teens to **receive factual information about birth control**. Being informed about birth control puts you in the driver’s seat so you can be in control of when you have children in the future and how close together you have them.” (Facilitator Manual, p. 145)

“Unfold the pre-labeled chart paper titled Contraceptives and ask the participants to **brainstorm all the methods of birth control or contraception that they can think of**... Answers should include: Abstinence; IUD; Implant; Depo-Provera (the shot); Birth control pills, patch and ring; Male condom (external condom); Female condom (internal condom); Sponge; Spermicides; Diaphragm; Cervical cap; Withdrawal” (Facilitator Manual, pp. 145-146)

“**Contraceptive methods fall into three different categories:** behavioral methods, over-the-counter methods that can be purchased by anyone at any stores, clinics, supermarkets, convenience stores or online, and prescribed methods, which you have to see a health provider to get.” (Facilitator Manual, p. 146)

“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. Don’t pass the methods around while you’re educating as it gets the group distracted. **Allow participants to handle the methods at the end** when you’ve finished the demonstration.” (Facilitator Manual, p. 146)

“Withdrawal is most effective when used with another contraceptive method. Using **withdrawal in addition to condoms** or another form of birth control further reduces the risk of unintended pregnancy.” (Facilitator Manual, p. 147)

“Facilitator’s Note: Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method and offer it as one of many options. **Withdrawal is a behavioral skill that can be developed** and can be combined with other methods for increased effectiveness.” (Facilitator Manual, p. 148)

Students are given **detailed information about the following birth control methods**, though no discussion of failure rates is included:

- Abstinence
- Withdrawal
- IUD
- Implant
- The shot
- Birth control pills
- Birth control patch
- Vaginal ring
- Diaphragm and cervical cap
- External (male) condom
- Internal (female) condom

	<ul style="list-style-type: none"> • Sponge • Spermicides • Emergency contraception (Facilitator Manual, pp. 147-154, pp. 299-311) <p>“How does a teenager decide whether to use birth control and which method to use? Make sure answers include:</p> <ul style="list-style-type: none"> • Talk to parents, a health care provider, doctor, counselor, caregiver, caseworker or partner. • Ask questions. • Do lots of thinking.” (Facilitator Manual, p. 155) <p>“What are some ways partners can participate in the process of using birth control? Make sure answers include:</p> <ul style="list-style-type: none"> • Help pay for it. • Go to doctor/clinic with partner. • Wear a latex (or polyurethane/polyisoprene) condom. • Ask questions. • Remind partner to use the method correctly. • Help decide which method to use in addition to condoms. • Be supportive.” (Facilitator Manual, p. 155) <p>“You must use a latex or polyurethane/polyisoprene condom in addition to any other form of contraceptive you choose to use. The condom is the only birth control method that also helps prevent sexually transmitted infections, including HIV.” (Facilitator Manual, p. 156)</p> <p>“Girls who carry condoms are easy. (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)” (Facilitator Manual, p. 158)</p> <p>“People are at risk for HIV infections regardless of whether they are straight, gay or bisexual, young or old. Remember that, if you are going to have sex, using a condom or getting on PrEP are effective ways to reduce the risk of contracting STIs, including HIV.” (Facilitator Manual, p. 230)</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</i></p>	<p>“It's recommended that facilitators work with a small group of youth to review the roleplays and other activities and suggest minor changes to increase relevance before implementation.” (Facilitator Manual, p. 6)</p> <p>“The adult and peer facilitators were equally effective. There were no differences in intervention effects on behavior with adult facilitators as compared with peer co-facilitators.” (Facilitator Manual, p. 14)</p> <p>“Summarize Roleplay C by saying, ‘Once you make the decision to protect yourself, convince a friend to do the same. That way, you can both be protected and have some answers for the next friend who needs to know how to stay safer.’” (Facilitator Manual, p. 211)</p>

<p><i>CSE itself) or to promote abortion.</i></p>	<p>“Summarize Roleplay E by saying: ‘If you value and care about your best friend, you should help your friend make safer decisions. You can even teach your friend how to make condoms pleasurable.” (Facilitator Manual, p. 215)</p> <p>“It is important that you teach your friends information about HIV and other STIs, pregnancy prevention and condoms. Talk to your friends about using condoms and being safer. Show your friends that protecting yourself is important and that they should do the same.” (Facilitator Manual, p. 231)</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>“For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I’m giving you this information because we want you to be able to make informed decisions about protecting yourselves.” (Facilitator Manual, p. 129)</p> <p>Note: <i>This statement implies that people with religious beliefs against condom use have not been fully informed.</i></p> <p>“I also understand that personal values about birth control vary. For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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.” (Facilitator Manual, p. 145)</p> <p>Note: <i>It is not the job of the school to override the religious beliefs parents pass on to their children in the name of teaching students about “all of the options.” Again, this suggests that decisions based on religious beliefs are not fully informed.</i></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>“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.” (Facilitator Manual, p. 285)</p> <p>“Most testing sites offer confidential testing. This means that the result is told only to the person taking the test, and it is also put in his or her medical file. Some test sites offer anonymous testing. This means the person doesn’t give a name, and the test result is reported only to him or her. Home testing kit results are anonymous.” (Facilitator Manual, p. 285)</p> <p>“Do my parents have to find out if I get tested for STIs 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.” (Facilitator Manual, p. 347)</p>

15. REFERS CHILDREN TO HARMFUL RESOURCES

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.)

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.InvestigateIPPF.org)

“How can you reduce your risk of HIV?”

- Discuss HIV with a partner. Ask about past or present risk behaviors. **Be sure any sex partner has been tested before having sex.** Discuss ways that you can reduce your risk together such as using condoms, taking PrEP, or regular testing.
- Get tested for HIV. **The only way to know your HIV status is to get tested.** The only way for your partner to know their HIV status is for them to get tested.
- Take medication, if needed. If you are having sex or sharing needles with someone who is living with HIV, **talk to a medical provider about taking pre-exposure prophylaxis (PrEP).** If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).” (Facilitator Manual, p. 59)

“Why is early treatment so important? There is no cure for HIV, **but anti-retroviral treatment (ART) can be started while the person still feels healthy.** If people with HIV remain in medical care and continue to take the medicines to keep low viral loads, they can live long, healthy lives.” (Facilitator Manual, p. 62)

“If someone is at very high risk for HIV, PrEP might be right for them. **PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner.** PrEP also should be considered for people who are not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and if they are:

- A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months.
- A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk for HIV infection.” (Facilitator Manual, pp. 62-63)

“If you’ve had unprotected sexual intercourse in the past, **you can get tested and then use protection correctly in the future.** It’s the proud and responsible thing to do!” (Facilitator Manual, p. 79)

“Yes, it is possible that you have been exposed to HIV. There is no way of knowing for sure without being tested. **Test kits are available over the counter at most drug stores.** You can also **go to the local HIV testing site** such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person’s body. Make an appointment to get tested and use condoms until you get the test results.” (Facilitator Manual, p. 84)

“People who think they may have been exposed to HIV should get treatment immediately. **Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor’s offices and HIV clinics.** PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.” (Facilitator Manual, p. 86)

“Review how to use an internal condom. There are several YouTube videos that clearly explain the steps, **such as this one from the Female Health Company** that manufactures a female condom: www.youtube.com/watch?v=LRZH5ASO-eM.” (Facilitator Manual, p. 137)

“Do you need to use condoms even if you are involved with only one person? Yes, even if you believe that neither of you has ever had sex with anyone else, shared needles, or had any other possible exposure to HIV. If any of these things aren’t true, **either one of you could have an STI and not know it. Make a plan to get tested together to know for sure.**” (Facilitator Manual, p. 180)

“Make sure you have referral resources for the youth completing your program. It should include **reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV hotlines.** Also include:

- LYRIC Youth Talk line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946” (Facilitator Manual, p. 219)

“There are numerous reputable websites online **that define terms related to sexual identity and distinguish affirming terms from derogatory terms.** The websites <https://thesafezoneproject.com/resources/vocabulary> and <https://www.glaad.org/reference/lgbtq> are resources.” (Facilitator Manual, p. 266)

“One of the easiest ways to find a convenient HIV testing site is to use the **online HIV Testing and Care Services Locator** (<http://aids.gov/locator>). Users can type in a ZIP code to see a list of HIV testing sites (including free HIV testing).” (Facilitator Manual, p. 285)

“If I pick my sexual partner carefully, am I safe? You can’t tell by looking or asking questions whether or not someone has HIV. **The only way to be sure is for a person to be tested.** Until you know for sure, the best way to protect yourself is using protective barriers such as external condoms (latex, polyurethane or polyisoprene), internal condoms or dental dams every time you have sex.” (Facilitator Manual, p. 343)

“Your local health department, community clinic, private doctor or **Planned Parenthood** are all good locations to check out for STI testing. The CDC National HIV STI Testing website lets you **look up free or low-cost clinics** in your area that do STI testing: gettested.cdc.gov.” (Facilitator Manual, p. 347)

“The **OraQuick In-Home HIV Test** provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit.” (PowerPoint #26)