

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 ***National Sexuality Education Standards, 2nd Edition*** **2020**

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [14 OUT OF 15]

National Sexuality Education Standards, 2nd Edition contains [14 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: *National Sexuality Education Standards, 2nd Edition* were published by The Future of Sex Education (FoSE) Initiative, a partnership between Advocates for Youth, Answer, and the SIECUS: Sex Ed for Social Change. All three organizations are intricately intertwined with Planned Parenthood, and these standards contain the most radical views available on children and sexuality. The second edition has been “infused with principles of reproductive justice, racial justice, social justice, and equity” (p. 8) and calls for significant discussions on race, privilege, power, and systemic racism and homophobia. These updated standards include significant changes like new topics of consent, sexual orientation and gender identity. They also contain more subtle changes like the mention of sex toys used for intercourse.

The national standards were reviewed by officials from GLSEN, Gender Spectrum, Teaching Tolerance (A Project of the Southern Poverty Law Center), Women of Color Sexual Health Network, and American Sexual Health Association. They are endorsed by GLSEN, Gender Spectrum, Sex Education Collaborative, Human Rights Campaign, and Center for Human Sexuality Studies, among others.

Target Age Group: 5-18 years old

Planned Parenthood Connections: There are multiple members of Advocates for Youth, Planned Parenthood Federation of America, and SIECUS on the advisory committee and on the list of additional reviewers for these standards.

HARMFUL CSE ELEMENTS

EXCERPTED QUOTES FROM CSE MATERIAL

1. SEXUALIZES CHILDREN

“By the end of the 2nd grade, students should be able to: List medically accurate

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.

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.

names for body parts, **including the genitals.**" (AP.2.CC.1, p. 18)

"By the end of the 5th grade, students should be able to: Recall the human reproductive systems, including the **external and internal body parts and their functions**, and that there are natural variations in human bodies." (AP.5.CC.1, p. 20)

"By the end of the 8th grade, students should be able to: Describe human reproductive systems, including the **external and internal body parts and their functions**, and that there are naturally occurring variations in human bodies (e.g., intersex, vulvas, circumcised and intact penises)." (AP.8.CC.1, p. 25)

"By the end of the 10th grade, students should be able to: Explain the human reproductive and **sexual response systems**, including differentiating between **internal and external body parts and their functions**, and that there are naturally occurring variations in human bodies (e.g., intersex)." (AP.10.CC.1, p. 30)

Note: *Discussion of genitals and their functions can lead to discussions of erection, arousal, and orgasm with young children.*

"Child Sexual Abuse: A form of child abuse that includes sexual behaviors with a minor; however, child sexual abuse does not need to include physical contact between a perpetrator and a child. Some forms of child sexual abuse include: exhibitionism or exposing oneself to a minor; fondling; intercourse; masturbation in the presence of a minor or forcing the minor to masturbate; obscene phone calls, text messages, or digital interaction; producing, owning, or sharing pornographic images or movies of children; sex of any kind with a minor, including vaginal, oral, or anal; and sex trafficking." (p. 60)

"By the end of the 2nd grade, students should be able to: Define child sexual abuse and **identify behaviors that would be considered child sexual abuse.**" (IV.2.CC.1, p. 19)

"By the end of the 5th grade, students should be able to: **Define child sexual abuse**, sexual harassment, and domestic violence and explain why they are harmful and their potential impacts." (IV.5.CC.1, p. 22)

"By the end of the 5th grade, students should be able to: Identify strategies a person could use to call attention to or leave an uncomfortable or dangerous situation, **including sexual harassment.**" (IV.5.IC.1, p. 22)

"By the end of the 5th grade, students should be able to: Describe steps a person can take when they **are being or have been sexually abused.**" (IV.5.SM.1, p. 22)

"By the end of the 8th grade, students should be able to: **Define interpersonal and sexual violence** (e.g., sexual harassment, sexual assault, incest, rape, domestic violence, coercion, and dating violence) and describe their impacts on sexual health." (IV.8.CC.1, p. 28)

Note: Abuse prevention discussions need to be done in a very sensitive manner. Discussing behaviors that qualify as child abuse with children as young as 5 must be done in an appropriate way.

“By the end of the 5th grade, students should be able to: Explain common human sexual development and the role of hormones (e.g., **romantic and sexual feelings, masturbation**, mood swings, timing of pubertal onset).” (PD.5.CC.3, p. 20)

“By the end of the 5th grade, students should be able to: Explain the **relationship between sexual intercourse and human reproduction.**” (SH.5.CC.1, p. 22)

Note: This standard opens the door for detailed discussions of vaginal intercourse with children as young as 8-years-old.

“By the end of the 5th grade, students should be able to: Define STDs, including HIV, and **clarify common myths about transmission.**” (SH.5.CC.3, p. 22)

“By the end of the 8th grade, students should be able to: Explain STDs (including HIV), how common STDs are, and **how they are and are not transmitted.**” (SH.8.CC.5, p. 27)

Note: This standard could have children and youth discussing intimate sexual acts that exchange various bodily fluids.

“By the end of the 8th grade, students should be able to: Analyze the similarities and differences between friendships, romantic relationships, and **sexual friendships.**” (CHR.8.CC.3, p. 24)

Note: These standards appear to be promoting the idea of casual “sexual friendships” to children as young as 11.

“By the end of the 8th grade, students should be able to: **Compare and contrast behaviors**, including abstinence, to determine the potential risk of pregnancy and/or STD (including HIV) transmission.” (SH.8.CC.7, p. 27)

“By the end of the 12th grade, students should be able to: **Describe the human sexual response cycle**, including the role of hormones and **pleasure.**” (AP.12.CC.1, p. 35)

“**Sex Positive:** Teaching that recognizes that sexuality and sexual development are natural, normal, and healthy parts of our lives and **refrains from using shame and fear to motivate students to be abstinent.**” (p. 68)

“**Sexual Behavior:** Acts that include, but are not limited to: vaginal sex, oral sex, anal sex, mutual masturbation, genital rubbing, or masturbation.” (p. 68)

“**Sexual Identity:** A person’s self-identity based on their understanding of and/or

	<p>ability to outwardly express their sexual orientation and/or gender identity. Sexual identity evolves through a developmental process that varies depending on the individual. Issues such a religion, culture, one’s family values, etc. may impact a person’s sexual identity. No one else can determine what a person’s sexual identity is; only the individual can decide what identity is right for them.” (p. 69)</p> <p>“Sexual Intercourse: Sexual intercourse may mean different things to different people, but could include behaviors such as vaginal sex, oral sex, or anal sex.” (p. 69)</p> <p>“Sexual Response Cycle: The sexual response cycle refers to the sequence of physical and emotional changes that occur as a person becomes sexually aroused and participates in sexually stimulating activities, including intercourse and masturbation. The Masters and Johnson sexual response cycle has four phases: desire (libido), arousal (excitement), orgasm, and resolution.” (p. 69)</p> <p>“Sexuality: The components of a person that include their biological sex, sexual orientation, gender identity, sexual practices, sexual fantasies, attitudes and values related to sex. Sexuality describes how one experiences and expresses one’s self as a sexual being. It begins to develop at birth and continues over the course of one’s lifetime.” (p. 69)</p> <p>“Vaginal Sex: Sexual behavior involving penetration of the vagina by a penis or sex toy.” (p. 72)</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>“By the end of the 8th grade, students should be able to: Identify factors (e.g., body image, self-esteem, alcohol and other substances) that can affect the ability to give or perceive consent to sexual activity.” (CHR.8.INF.3, p. 24)</p> <p>“By the end of the 8th grade, students should be able to: Define sexual consent and sexual agency.” (CHR.8.CC.4, p. 24)</p> <p>“By the end of the 8th grade, students should be able to: Analyze how alcohol and other substances can influence sexual decision-making.” (SH.8.INF.1, p. 26)</p> <p>“By the end of the 8th grade, students should be able to: Describe the state and federal laws related to age of consent, minors’ ability to consent to health care, confidentiality in a healthcare setting, child pornography, sexting, safe haven, and sex trafficking.” (SH.8.INF.2, p. 26)</p> <p>“By the end of the 8th grade, students should be able to: Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors and how to reduce or eliminate risk for pregnancy and/or STDs (including HIV).” (SH.8.IC.1, p. 26)</p> <p>“By the end of the 10th grade, students should be able to: Describe what constitutes sexual consent, its importance, and legal consequences of sexual behavior without consent.” (CHR.10.CC.2, p. 30)</p>

	<p>“By the end of the 10th grade, students should be able to: Analyze factors (e.g., body image, self-esteem, alcohol and other substances) that can affect the ability to give and receive sexual consent.” (CHR.10.INF.3, p. 30)</p> <p>“By the end of the 10th grade, students should be able to: Describe effective ways to communicate consent, personal boundaries, and desires as they relate to intimacy, pleasure, and sexual behavior.” (CHR.10.IC.1, p. 30)</p> <p>“By the end of the 10th grade, students should be able to: Demonstrate ways to show respect for the boundaries of others as they relate to intimacy and sexual behavior.” (CHR.10.SM.1, p. 30)</p> <p>“By the end of the 10th grade, students should be able to: Demonstrate the ability to effectively communicate with a partner about abstaining from sexual behavior, using condoms and/or contraception, and preventing, getting testing, and seeking treatment for STDs (including HIV).” (SH.10.IC.1, p. 31)</p> <p>“By the end of the 12th grade, students should be able to: Analyze the state and federal laws related to minors’ ability to give and receive sexual consent and their association with sexually explicit media.” (SH.12.INF.4, p. 36)</p> <p>“Consent: Informed, voluntary, and mutual agreement between people to engage in an activity. Consent cannot be given when an individual does not have the capacity or legal ability to consent (e.g., legally considered a minor, intoxicated by alcohol or other substances, other conditions that affect one’s ability to understand and/or agree to engage in a behavior). An example of sexual consent is an agreement that occurs between sexual partners about the behaviors they both give permission to engage in during a sexual encounter. Consent can be given by words or actions, as long as those words or actions create clear permission regarding willingness to engage in the sexual behavior. This may also be referred to as affirmative consent.” (p. 61)</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>“By the end of the 8th grade, students should be able to: Define vaginal, oral, and anal sex.” (SH.8.CC.1, p. 26)</p> <p>“By the end of the 10th grade, students should be able to: Identify factors that impact the risk of unintended pregnancy and potential transmission of STDs, including HIV, from a variety of sexual behaviors, including vaginal, oral, and anal sex.” (SH.10.CC.2, p. 32)</p> <p>“Anal Sex: Sexual behavior involving penetration of the anus by a penis or sex toy.” (p. 59)</p> <p>“Internal Condoms: A polyurethane pouch that is inserted into the vagina when one is engaging in sexual behaviors to reduce the risk of pregnancy and/or sexually transmitted diseases (STDs). Some people also use internal condoms in the anus to protect against STDs during anal sex. Internal condoms are also</p>

	<p>called female condoms.” (p. 65)</p> <p>“Oral Sex: Sexual behavior that involves a person using their mouth to sexually stimulate the genitals of another person.” (p. 66)</p> <p>“Sexual Behavior: Acts that include, but are not limited to: vaginal sex, oral sex, anal sex, mutual masturbation, genital rubbing, or masturbation.” (p. 68)</p> <p>“Sexual Intercourse: Sexual intercourse may mean different things to different people, but could include behaviors such as vaginal sex, oral sex, or anal sex.” (p. 69)</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>“By the end of the 2nd grade, students should be able to: Explain why it is important to show respect for different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial).” (CHR.2.IC.2, p. 18)</p> <p>“By the end of the 2nd grade, students should be able to: Identify different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial).” (CHR.2.CC.4, p. 18)</p> <p>“By the end of the 5th grade, students should be able to: Define sexual orientation.” (SO.5.CC.1, p. 22)</p> <p>“By the end of the 5th grade, students should be able to: Differentiate between sexual orientation and gender identity.” (SO.5.CC.2, p. 22)</p> <p>“By the end of the 8th grade, students should be able to: Recall the definition of sexual orientation and explain that most people have a sexual orientation.” (SO.8.CC.1, p. 25)</p> <p>“By the end of the 8th grade, students should be able to: Analyze how peers, media, family, society, culture, and a person’s intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation.” (SO.8.INF.1, p. 25)</p> <p>“By the end of the 8th grade, students should be able to: Define sexual identity and explain a range of identities related to sexual orientation (e.g., heterosexual, bisexual, lesbian, gay, queer, two-spirit, asexual, pansexual).” (SO.8.CC.2, p. 26)</p> <p>“By the end of the 10th grade, students should be able to: Differentiate between sexual orientation, sexual behavior, and sexual identity.” (SO.10.CC.1, p. 31)</p> <p>“By the end of the 10th grade, students should be able to: Analyze how peers, media, family, society, culture, and a person’s intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation and sexual identity.” (SO.10.INF.1, p. 31)</p>

“By the end of the 12th grade, students should be able to: Explain how support from peers, families, schools, and communities can improve a person’s health and wellbeing **as it relates to sexual orientation and sexual identity.**”
(SO.12.INF.1, p. 35)

“**Asexual:** A person who does not experience sexual attraction but may experience other forms of attraction (e.g., intellectual and/or emotional).” (p. 59)

“**Bisexual:** A person who is emotionally, romantically, and/or sexually attracted to more than one gender, though not necessarily simultaneously, in the same way, or to the same degree. A bisexual sexual orientation speaks to the potential for, but not requirement of, involvement with more than one gender. This is different from being attracted to only men or only women.” (p. 59)

“**Family Structure:** The manner in which members of a family are interrelated and linked through blood, affinity, or co-residence. Family structures are diverse and can include but are not limited to: biological parents, single parents, **same-gender parents**, adoptive parents, grandparent-headed households, stepparents, and foster parents.” (p. 62)

“**Gay:** An umbrella term used for people who are romantically, emotionally, and/or sexually attracted to people of the same gender, although most commonly associated with a person who identifies as a man who is romantically, emotionally, and/or sexually attracted to other men.” (p. 62)

“**Homophobia:** Prejudice against individuals who are or are perceived to be gay, lesbian, bisexual, pansexual, or queer.” (p. 64)

“**Lesbian:** A person who identifies as a woman who is romantically, emotionally, and/or sexually attracted to other women.” (p. 65)

“**Pansexual:** A person who has the potential to be romantically, emotionally, and/or sexually attracted to people, regardless of their gender or gender identity though not necessarily simultaneously, in the same way, or to the same degree.” (p. 66)

“**Queer:** An umbrella term often used by people who do not conform to dominant societal norms to express fluid sexual orientation, gender identity, or sexual identity.” (p. 67)

“**Questioning:** Refers to people who are exploring what their sexual orientation and/or gender identity and gender expression might be.” (p. 67)

“**Sexual Orientation:** A person’s romantic, emotional and/or sexual attraction to other people. Sexual orientations include, but are not limited to, asexual, bisexual, gay, heterosexual, lesbian, pansexual, and queer.” (p. 69)

<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>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.</i></p>	<p>“By the end of the 12th grade, students should be able to: Analyze how media portrayals of healthy and unhealthy relationships impact societal norms about romantic and/or sexual relationships and pleasure.” (CHR.12.INF.1, p. 34)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“By the end of the 5th grade, students should be able to: Explain common human sexual development and the role of hormones (e.g., romantic and sexual feelings, masturbation, mood swings, timing of pubertal onset).” (PD.5.CC.3, p. 20)</p> <p>“Masturbation: Touching one’s own body for sexual pleasure. This may include stimulation of one’s own genitals and commonly results in orgasm.” (p. 66)</p> <p>“Sexual Behavior: Acts that include, but are not limited to: vaginal sex, oral sex, anal sex, mutual masturbation, genital rubbing, or masturbation.” (p. 68)</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>“By the end of the 8th grade, students should be able to: Describe the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams).” (SH.8.SM.1, p. 26)</p> <p>“By the end of the 10th grade, students should be able to: Demonstrate the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams).” (SH.10.SM.1, p. 31)</p> <p>Note: <i>These standards set up students to practice condom use on penis models in mixed-gender classrooms.</i></p>

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.

“By the end of the 8th grade, students should be able to: Identify factors that are important in **deciding whether and when to engage in sexual behaviors.**” (SH.8.DM.1, p. 26)

“By the end of the 8th grade, students should be able to: **Develop a plan** to eliminate or reduce risk of unintended pregnancy and STDs (including HIV).” (SH.8.GS.1, p. 26)

“By the end of the 10th grade, students should be able to: **Evaluate** a variety of characteristics of romantic and/or sexual relationships **and determine which ones are personally most important.**” (CHR.10.DM.1, p. 30)

“By the end of the 10th grade, students should be able to: **Develop a plan** to eliminate or reduce risk for unintended pregnancy and/or STDs (including HIV) and **identify ways** to overcome potential barriers to prevention.” (SH.10.GS.1, p. 31)

“By the end of the 10th grade, students should be able to: **Apply a decision-making model to choices about contraceptive use**, including abstinence and condoms.” (SH.10.DM.1, p. 31)

“By the end of the 10th grade, students should be able to: Demonstrate the **ability to determine whether a resource or service is medically accurate or credible.**” (SH.10.AI.1, p. 31)

“By the end of the 12th grade, students should be able to: Analyze cultural and social factors (e.g., sexism, homophobia, transphobia, racism, ableism, classism) that can **influence decisions regarding sexual behaviors.**” (CHR.12.INF.2, p. 34)

“By the end of the 12th grade, students should be able to: Assess individuals’ **responsibility to test for and inform partners** about STDs (including HIV) status.” (SH.12.SM.1, p. 35)

“By the end of the 12th grade, students should be able to: Develop a plan to **access local resources and services** related to reducing the risk of pregnancy and/or STDs (including HIV) transmission, including ways to overcome potential barriers to access.” (SH.12.GS.1, p. 35)

“**Sexual Agency:** Sexual agency includes: the ability to give consent to participate in and/or decline sexual behaviors; to choose whether or not to engage in sexual behaviors in a specific way, with a specific person, and/or at a specific time and place; the ability to choose safer sex practices, including contraception; and the right to choose to define one’s sexuality, sexual orientation, and gender.” (p. 68)

9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD

“By the end of the 10th grade, students should be able to: **Apply a decision-making model to choices about contraceptive use**, including abstinence and condoms.” (SH.10.DM.1, p. 31)

<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>Note: <i>In CSE programs, abstinence is not taught as a healthy lifestyle. Instead, it is taught as just another method to avoid pregnancy and STDs.</i></p> <p>“By the end of the 12th grade, students should be able to: Analyze societal factors that might inhibit honest discussion between sexual and/or romantic partners about their sexual histories, including STDs and HIV status, and identify ways to begin such conversations.” (SH.12.IC.1, p. 35)</p> <p>“Sex Positive: Teaching that recognizes that sexuality and sexual development are natural, normal, and healthy parts of our lives and refrains from using shame and fear to motivate students to be abstinent.” (p. 68)</p> <p>“Sexual Agency: Sexual agency includes: the ability to give consent to participate in and/or decline sexual behaviors; to choose whether or not to engage in sexual behaviors in a specific way, with a specific person, and/or at a specific time and place; the ability to choose safer sex practices, including contraception; and the right to choose to define one’s sexuality, sexual orientation, and gender.” (p. 68)</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>“By the end of the 2nd grade, students should be able to: Define gender, gender identity, and gender-role stereotypes.” (GI.2.CC.1, p. 19)</p> <p>“By the end of the 2nd grade, students should be able to: Discuss the range of ways people express their gender and how gender-role stereotypes may limit behavior.” (GI.2.CC.2, p. 19)</p> <p>“By the end of the 5th grade, students should be able to: Describe the role hormones play in the physical, social, cognitive, and emotional changes during adolescence and the potential role of hormone blockers on young people who identify as transgender.” (PD.5.CC.4, p. 21)</p> <p>“By the end of the 5th grade, students should be able to: Distinguish between sex assigned at birth and gender identity and explain how they may or may not differ.” (GI.5.CC.1, p. 21)</p> <p>“By the end of the 5th grade, students should be able to: Define and explain differences between cisgender, transgender, gender nonbinary, gender expansive, and gender identity.” (GI.5.CC.2, p. 21)</p> <p>“By the end of the 5th grade, students should be able to: Explain that gender expression and gender identity exist along a spectrum.” (GI.5.CC.3, p. 21)</p> <p>Note: <i>This is neither medically nor scientifically accurate and is instead a promotion of radical gender ideology.</i></p> <p>“By the end of the 8th grade, students should be able to: Analyze how peers, family, and a person’s intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression.” (GI.8.INF.1, p. 25)</p>

“By the end of the 10th grade, students should be able to: **Differentiate between sex assigned at birth, gender identity,** and gender expression.” (GI.10.CC.1, p. 31)

“By the end of the 10th grade, students should be able to: Analyze how media, society, culture, and a person’s intersecting identities can influence **attitudes, beliefs, and expectations about gender, gender identity,** gender roles, and gender expression.” (GI.10.INF.1, p. 31)

“By the end of the 12th grade, students should be able to: Explain how support from peers, families, schools, and communities can improve a person’s health and wellbeing **as it relates to gender identity** and gender expression.” (GI.12.INF.1, p. 35)

“**Agender:** A person who does not identify with any gender.” (p. 58)

“**Androgynous:** A person who identifies and/or presents as neither distinguishably masculine nor feminine.” (p. 59)

“**Biological Sex:** The sex of an individual as determined by chromosomes (such as XX or XY), hormones, internal anatomy (such as gonads) hormone levels, hormone receptors, and genes, and external anatomy (such as genitalia). Typically, **individuals are assigned the sex of male or female at birth.** Biological sex is also known as natal sex or the preferred terminology ‘sex assigned at birth.’ Those who present with ambiguous genitalia at birth and who are generally later confirmed with genetic testing to have chromosomes different from XX or XY at birth are often referred to as intersex.” (p. 59)

“**Cisgender:** A person whose gender identity is aligned with their biological sex or sex assigned at birth.” (p. 60)

“**Gender:** A set of cultural identities, expressions and roles—typically attached to a person’s sex assigned at birth and codified as feminine or masculine—that are assigned to people based upon the interpretation of their bodies and, more specifically, their sexual and reproductive anatomy. **Gender is socially constructed, and it is, therefore, possible to reject or modify the assignment made and develop something that feels truer to oneself.** (See also Gender Identity, Gender Expression, and Gender Role.) Examples of gender include but are not limited to: male, female, transgender woman, transgender man, agender, gender expansive, genderqueer and nonbinary.” (p. 62)

“**Gender Binary:** A socially constructed system of viewing gender as consisting solely of two categories—male and female—in which no other possibilities for gender are believed to exist. The gender binary does not take into account the diversity of gender identities and gender expressions among all people.” (p. 63)

“**Gender Expansive:** Refers to a person who broadens their own culture’s commonly held definitions of gender, including expectations for its expression, identities, roles, and/or other perceived gender norms. Gender-expansive

individuals include those with transgender and nonbinary identities, as well as those whose gender expression is in some way seen to be **stretching society's notions of gender.**" (p. 63)

"Gender Identity: How an individual identifies based on their internal understanding of their gender. Gender identities may include male, female, agender, androgynous, genderqueer, nonbinary, transgender, and many others, or a combination thereof." (p. 63)

"Gender Nonbinary: A person who embraces a gender identity along a continuum or spectrum of gender identities and expressions, often based on the rejection of the gender binary's assumption that gender is strictly an either/or option based on sex assigned at birth." (p. 63)

"Gender Nonconforming: A person whose gender identity and/or gender expression does not conform to the sex they were assigned at birth nor to prevailing cultural and social expectations about what is appropriate for their gender. People who identify as gender nonconforming may or may not also identify as transgender." (p. 63)

"Gender Pronouns: The pronoun or set of pronouns a person uses to refer to themselves when they are not being addressed by name (e.g., she/her/hers; he/him/his; and **they/them/theirs**)." (p. 63)

"Genderqueer: A person whose gender identity is neither male nor female, is between or beyond genders, or is some combination of genders." (p. 63)

"Queer: An umbrella term often used by people who do not conform to dominant societal norms to express fluid sexual orientation, gender identity, or sexual identity." (p. 67)

"Questioning: Refers to people who are exploring what their sexual orientation and/or gender identity and gender expression might be." (p. 67)

"Sex Assigned at Birth: The sex that the medical community labels a person when they are born, which is typically based on their external genitalia. Sex Assigned at Birth is also known as natal sex." (p. 68)

"Transgender: A person whose gender identity and/or expression is not aligned with the sex they were assigned at birth. Transgender is often used as an umbrella term encompassing a large number of identities related to gender nonconformity." (p. 70)

"Transphobia: Prejudice against individuals who are or are perceived to be transgender." (p. 71)

"Two-Spirit: A contemporary umbrella term used by Native, Indigenous, and/or First Nations people whose gender identity encompasses both male and female energies. Often recognized as a third gender since it falls outside of the two-

	<p>gender binary, two-spirit people may or may not identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming. Please note that most Indigenous communities have their own unique words for describing people who defy gender norms and in many Nations, being Two-Spirit carries both great respect and additional commitments and responsibilities to one’s community.” (p. 71)</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>“By the end of the 8th grade, students should be able to: Explain there are many methods of short- and long-term contraception that are safe and effective and describe how to access them.” (SH.8.CC.2, p. 26)</p> <p>“By the end of the 8th grade, students should be able to: List at least four methods of contraception that are available without a prescription (e.g., abstinence, condoms, emergency contraception, withdrawal).” (SH.8.CC.3, p. 26)</p> <p>“By the end of the 8th grade, students should be able to: Describe pregnancy testing, the signs of pregnancy, and pregnancy options, including parenting, abortion, and adoption.” (SH.8.CC.4, p. 27)</p> <p>“By the end of the 10th grade, students should be able to: Compare and contrast the advantages and disadvantages of contraceptive and disease prevention methods (e.g., abstinence, condoms, emergency contraception).” (SH.10.CC.1, p. 31)</p> <p>“By the end of the 12th grade, students should be able to: Analyze personal and societal factors that can influence decisions about pregnancy options, including parenting, abortion, and adoption.” (SH.12.INF.1, p. 35)</p> <p>“By the end of the 12th grade, students should be able to: Access medically accurate and credible information about pregnancy options, including parenting, abortion, and adoption.” (SH.12.AI.1, p. 35)</p> <p>“By the end of the 12th grade, students should be able to: Analyze factors that can influence condom use and other safer sex decisions (e.g., availability, affordability, perception of risk, pleasure).” (SH.12.INF.2, p. 36)</p> <p>“Contraception: Any means used to reduce the risk of pregnancy, including, but not limited to, abstinence, barrier methods (e.g., external condoms and internal condoms), hormonal methods (e.g., pill, patch, injection, implant, IUD, and ring), and other nonhormonal methods (e.g., sterilization and nonhormonal IUDs). Contraceptive methods may also be known as birth control methods, though the former is the preferred term.” (p. 61)</p> <p>Note: <i>In CSE programs, abstinence is not taught as a healthy lifestyle. Instead, it is taught as just another method to avoid pregnancy and STDs.</i></p> <p>“Emergency Contraception: A safe, legal, and effective way to reduce the risk of pregnancy up to five days (120 hours) after unprotected sex and/or failed contraception. Commonly referred to as ‘the morning-after pill,’ some brands of</p>

emergency contraception can be sold over the counter in pharmacies. Emergency contraception may be less effective for individuals with a higher body mass index.” (p. 62)

“**External Condoms:** A sheath of latex or polyurethane that is worn on the penis to reduce the risk of pregnancy, and/or sexually transmitted diseases (STDs) when one is engaging in sexual behavior. External condoms are also called male condoms.” (p. 62)

“**Induced Abortion:** A medicinal or surgical procedure that ends a pregnancy. Medicinal abortion, also called medication abortion, most often involves the use of a prescription medication called Mifepristone, which is also known as RU-486, and is used in combination with misoprostol. These medications are often called ‘the abortion pill.’ Abortion medication should not be confused with Emergency Contraception, a medication that reduces the risk of pregnancy when taken shortly after unprotected sex. Surgical and medication abortion are legal, but subject to various federal and state laws in the United States.” (p. 64)

“**Internal Condoms:** A polyurethane pouch that is inserted into the vagina when one is engaging in sexual behaviors to reduce the risk of pregnancy and/or sexually transmitted diseases (STDs). Some people also **use internal condoms in the anus to protect against STDs during anal sex**. Internal condoms are also called female condoms.” (p. 65)

“**Long Acting Reversible Contraception (LARC):** Contraceptive methods that can remain in place for several years. They are the most effective forms of reversible contraception and include, but are not limited to, IUDs and implants.” (p. 65)

***Note:** There are serious documented side effects of chemical methods of birth control that are often never disclosed in CSE curricula.*

“**Pregnancy Options:** The alternatives a person who is pregnant may select: parenting (giving birth and raising a child), **abortion** (taking medication or having a medical procedure that ends the pregnancy), or adoption (giving birth and placing your child with another person or family permanently).” (p. 66)

“**Spontaneous Abortion:** A naturally occurring termination of pregnancy before the 20th week of pregnancy. (Naturally occurring pregnancy loss after the 20th week is often called a stillbirth). Spontaneous abortion, which may also be called a miscarriage, is a naturally occurring event, unlike induced abortion, which is also know [sic] as medicinal or surgical abortions.” (p. 70)

***Note:** Using the term ‘spontaneous abortion’ when speaking of a miscarriage desensitizes students to the term ‘abortion’ and makes it seem like a natural event in the course of a pregnancy.*

**12. PROMOTES PEER-TO-PEER
SEX ED OR SEXUAL RIGHTS**

“By the end of the 5th grade, students should be able to: **Demonstrate ways to promote** dignity and respect for people of all genders, gender expressions, and gender identities, including other students, their family members, and members

<p>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>of the school community.” (GI.5.ADV.1, p. 21)</p> <p>“By the end of the 5th grade, students should be able to: Demonstrate ways to promote dignity and respect for people of all sexual orientations, including other students, their family members, and members of the school community.” (SO.5.ADV.1, p. 22)</p> <p>“By the end of the 8th grade, students should be able to: Develop a plan for the school to promote dignity and respect for people of all genders, gender identities, and gender expressions in the school community.” (GI.8.ADV.1, p. 25)</p> <p>“By the end of the 8th grade, students should be able to: Develop a plan for the school to promote dignity and respect for people of all sexual orientations in the school community.” (SO.8.ADV.1, p. 25)</p> <p>“By the end of the 12th grade, students should be able to: Advocate for school and community policies and programs that promote dignity and respect for people of all genders, gender expressions, and gender identities.” (GI.12.ADV.1, p. 35)</p> <p>“By the end of the 12th grade, students should be able to: Advocate for school and community policies and programs that promote dignity and respect for people of all sexual orientations.” (SO.12.ADV.1, p. 35)</p> <p><i>Note: Were these efforts solely about promoting dignity and respect, there would be no issue; however, these efforts often lead to advocacy for a wide array of sexual orientations and gender identities.</i></p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“By the end of the 10th grade, students should be able to: Define reproductive justice and explain its history and how it relates to sexual health.” (SH.10.CC.6, p. 32)</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</i></p>	<p>No evidence found.</p>

<p><i>what they are being taught about sex in school.</i></p>	
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, 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 www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>“By the end of the 8th grade, students should be able to: Define medical accuracy and analyze medically accurate sources of information about puberty, adolescent development, and sexual health.” (PD.8.AI.1, p. 25)</p> <p>“By the end of the 8th grade, students should be able to: Access medically accurate sources of information about gender, gender identity, and gender expression.” (GI.8.AI.1, p. 25)</p> <p>“By the end of the 8th grade, students should be able to: Access credible sources of information about sexual orientation.” (SO.8.AI.1, p. 25)</p> <p>“By the end of the 10th grade, students should be able to: Access credible sources of information about sexual orientation.” (SO.10.AI.1, p. 31)</p> <p>“By the end of the 10th grade, students should be able to: Identify medically accurate sources of information about and local services that provide contraceptive methods (including emergency contraception and condoms) and pregnancy options (including parenting, abortion, adoption, and prenatal care).” (SH.10.AI.2, p. 32)</p> <p>“By the end of the 10th grade, students should be able to: Identify medically accurate sources of information about and local services that provide prevention, testing, care, and treatment of STDs, including HIV, including the steps to obtain PrEP and PEP.” (SH.10.AI.3, p. 32)</p> <p>Note: <i>Given the authors and supporters of these standards, the terms “medically accurate” and “credible” are purely subjective. Students are likely to be directed to Planned Parenthood, GLSEN, Answer, Advocates for Youth, and other radical organizations that promote an agenda of sexualizing children.</i></p>
<p>For the complete text of 2020 National Sexuality Education Standards, see https://advocatesforyouth.org/wp-content/uploads/2020/03/NSES-2020-web.pdf.</p>	