

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

Our Whole Lives: Sexuality Education for Grades 4-6 ***2nd edition***

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 13 OUT OF 15

Our Whole Lives: Sexuality Education for Grades 4-6, 2nd edition contains **13 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: Divided into ten workshops, this program utilizes the sexually explicit book *It's Perfectly Normal* as a "core text," with students assigned weekly readings from the book. While it strongly encourages parent/caregiver participation and reinforcement – including requiring parent/caregiver attendance at a program orientation meeting with their children and weekly "HomeLink" activities – it must be assumed that parents enrolling their children in this program share the values of the program: approval of youth sexual autonomy and sexual exploration, rejection of modesty, embrace of radical gender theory, and acceptance of all forms of solitary and consensual sexual behavior. It was developed by the Unitarian Universalist Association and the United Church of Christ, which are considered "progressive."

The program heavily promotes transgender ideology, repeatedly delving into explicit discussions about gender fluidity and sexual orientation. It goes so far as to teach children that hormone-blocking medications are "safe" and beneficial for gender-confused youth. Gender-neutral names are deliberately used in stories and scenarios, and same-sex relationships are used in examples nearly as frequently as opposite-sex relationships.

It specifically teaches about pornography, which is defined as "a form of adult entertainment." While the program includes a statement about how pornography "does not represent healthy relationships or sexual interactions," children are encouraged to consider when they might choose to watch pornography, with no information given about its damaging effects or explicit direction to avoid it.

Information about STIs is always accompanied by assurance that STIs can be cured with medicine or that the symptoms can be easily managed. It also recommends that children "avoid unprotected sex" in order to "reduce

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.

risk,” with only one mention of abstinence being the “best protection” against STIs. However, abstinence is narrowly defined as “avoiding sexual intercourse or skin-to-skin genital contact of any kind.” Masturbation is condoned as “perfectly normal.” Other sexual behaviors, such as touching a girl’s breast, showering with someone or “masturbate[ing] with someone,” are discussed in multiple places. The overall message is that healthy sexuality amounts to doing what feels good as long as the other person consents and avoiding sexual intercourse – which children are taught includes anal, oral and vaginal intercourse – until children are “older.”

Target Age Group: Grades 4-6 (9-12 years old)

Planned Parenthood Connections: The “Circles of Sexuality” poster used throughout the program was created by Planned Parenthood partner organization Advocates for Youth. The program refers parents and students to Planned Parenthood websites. Author Kirsten DeFur is on the staff of the Center for Sex Education, which is an education-focused project of Planned Parenthood of Northern, Central and Southern New Jersey. First edition author Elizabeth Casparian volunteered and worked at Planned Parenthood and served as Board Chair for SIECUS, which has ties to Planned Parenthood. First edition author Eva S. Goldfarb was a member of the national advisory board that developed the *National Sexuality Education Standards: Core Content and Skills K-12* and *National Teacher Preparation Standards for Sexuality Education* and co-authored a publication for Advocates for Youth.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>The curriculum utilizes a poster created by Planned Parenthood partner Advocates for Youth, called “Circles of Sexuality,” which is displayed during each workshop and referred to often. The central circle is “Values,” surrounded by five overlapping circles titled “Sensuality,” “Sexualization,” “Sexual health & reproduction,” “Sexual identity,” and “Intimacy.” (p. lxiv)</p> <p>As part of the Program Information Meeting, the children participate in a discussion entitled “Sexuality is Everywhere.” Children read statements and then discuss them. Statements include: “Sex is everywhere,” “Children learn about sexuality every day,” and “Sexuality is evident in the clothes we wear, the way we walk, the way we talk, the ways we show affection, and the ways we participate in every day events.” (pp. xxxvi-xxxvii, xliii)</p> <p>Note: <i>These statements have the overall effect of priming children to see sex everywhere and in everything.</i></p> <p>“Explain that Our Whole Lives focuses on the idea that sexuality is something that people have from the moment they are born, sort of like skin. It is not a thing you get when you reach a certain age, like a present, or like body changes.” (p. 4)</p> <p>“We also have imaginations and feelings. Sensuality describes how we use our senses and imaginations to enjoy our own bodies and other people's bodies.” (p. 10)</p> <p>“Conclude the activity by highlighting that sexuality is part of nearly every part of our lives, even the small details of daily living, like what we choose to wear and whom we spend time with.” (pg. 22)</p> <p>“There is a lot of variation among breasts, vulvas, penises, nipples, and scrotums. Explain that you will show them a set of illustrations from the book <i>It’s Perfectly Normal</i>, and that while some of the information may be familiar to them, some may be new. Show the illustrations on pages 14 and 15.” (p. 29)</p>

Note: *These lessons are taught to mixed-gender groups.*

In Workshop 4, a game called “Product Surprise” includes displaying and discussing a tampon, a sanitary pad, a jock strap, and a **bralette or bra**, among other less personal items related to puberty such as deodorant and shaving cream, and identifying the body part the product goes with. (pp. 37, 40)

Note: *These lessons are taught to mixed-gender groups.*

Workshop 4 includes optional **use of a 3D model of male and female reproductive anatomy**. (p. 37)

Note: *This is not appropriate for mixed-gender groups of this age.*

Workshop 4 includes explicit sexual vocabulary. The activity “Changes of Puberty” brings discussion of this vocabulary front and center. The instructor will “read aloud a change associated with puberty” and children “decide as a group which body part this change affects.” Changes and body parts discussed include: “**May produce lubrication during sexual arousal** (vagina); “External reproductive organs that grow larger (penis, testicles, clitoris, labia, breasts); “**Erections are more common** (penis, clitoris); “Wet dreams and ejaculations begin (penis, testicles); “Start to produce semen and sperm (testicles).” (pp. 39, 43-44) The entire vocabulary list for this lesson is on pages 45-46.

“Remind participants that young people develop at very different rates; some people will **start thinking about their own sexual orientation** and will start being attracted to others over the next several years, and some may already have crushes on other people.” (p. 62)

“Nora **cannot imagine herself ever being in a sexual relationship** with someone else. What should Nora do?” (p. 66)

“Tell participants that **attraction is only one part of a sexual relationship**, and highlight again the Circles of Sexuality. Say that many relationships also involve intimacy, which is the feeling of emotional closeness with someone else. Intimacy is the basis for healthy interactions among family members, close friends, and people in romantic and sexual relationships.” (p. 63)

Note: *Discussing sexual relationships with children in this age group is inappropriate. There is also potential that linking the concept of intimacy with sexual feelings may lead children this age to think that if they feel emotionally close to a friend, it may mean they should pursue a sexual relationship with them.*

“**Write a sentence or a short poem about intimacy, attraction, or feelings you may have for someone**. Or write about how someone else might feel about having a crush. You could also write about what it feels like to not have romantic feelings and yet feel pressure to pair up.” (p. 68)

“Ask participants, ‘When and if **someone wants to have sexual intercourse**, who

	<p>are some people who can help them make decisions about using contraception?’ Note: Possible answers include parents, doctors, religious leaders, and other trusted adults, such as aunts, uncles, and family friends.” (p. 76)</p> <p>“Pornography, which is designed for adult entertainment, includes photos and videos of people engaging in sexual behavior. Even though what it shows is created for entertainment, it sends strong messages about sexuality.” (pp. 91-92)</p> <p>Workshop 8 includes an activity called “When Would I?” in which children discuss engaging in various sexual behaviors. The list of behaviors includes: “Watch pornography,” “Let someone see me nude,” “Bathe or shower with someone,” “Masturbate with someone,” and “Have sexual intercourse with someone.” The children are instructed to consider when they might do these things – “Now,” “When I’m older,” “Never” or “It depends” – and with whom they might do these things. (p. 95)</p> <p>“Avery cannot believe her luck – Harper finally asked her out! They make a date... Harper pulls Avery into an alley and starts kissing her. Then Harper starts touching her breasts.” (p. 98)</p> <p>The activity HomeLink 8, from Workshop 8, instructs children to gather at least three family or friends and pretend they’re going to order pizza. They are to agree upon a process for how to decide which three toppings will go on the pizza. Then the children reflect on how making decisions about what to have on a pizza is similar to making decisions about sexual activity. (p. 99)</p> <p>“Close the circle by thanking your co-facilitator and wishing participants a life full of sexual health.” (p. 118)</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.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p>	<p>“Workshop 9, ‘Consent and Peer Pressure,’ helps participants learn how to communicate about consent, to examine situations in which consent is violated...” (p. xxxix)</p> <p>“It’s important to know what feels good and how to talk to people about what you don't enjoy, which might mean saying that you don't want to give someone a hug or a kiss.” (p. 10)</p> <p>“Ask participants to share some examples of times when giving and receiving consent is important. Write these examples on a sheet of newsprint. Possibilities include watching a movie together, playing a game, borrowing something, sharing food, hugging, kissing, and other sexual activities.” (p. 104)</p> <p>In Workshop 9, an activity called “Situation Stations” includes “Situation Six,” which involves two friends, Kennedy and Riley. It describes how Kennedy asks if he/she can kiss Riley, who says yes, and how “it feels extra good because they both wanted that kiss!” (p. 110)</p> <p>“Watch a movie that has a romantic storyline, and discuss how the characters</p>

	<p>seek and give consent, or how they don't." (p. 113)</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>There are multiple references to "oral, anal or vaginal sex" throughout.</p> <p>"SEXUAL INTERCOURSE: When the genitals of one person envelop or enter the genitals, mouth, or anus of another person for sexual pleasure. Examples include a penis entering a vagina (vaginal intercourse), mouth-to-genital stimulation (oral sex), and a penis entering an anus and rectum (anal sex)." (p. lxii and p. 86)</p> <p>"Abstain from oral, anal, and vaginal sex." (p. 81)</p> <p>Note: <i>This sentence is included as a "precaution" for avoiding STIs. It exposes children to the idea that anal and oral sex exist and suggests that these activities are acceptable in some situations.</i></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>"Facilitators need to understand, appreciate, and celebrate diversity of ethnicity/race, culture, age, ability, gender identification, and sexual orientation." (p. xii)</p> <p>"Workshop 6, Feelings and Attraction, helps participants understand the concept of being romantically attracted to someone else, whether of a different gender or the same gender. Participants learn some of the terms commonly used to talk about sexual orientation..." (p. xxxix)</p> <p>"BISEXUAL: A term for someone who is attracted to people of more than one sex or gender." (p. lxi)</p> <p>The Word Bank for Workshop 6 includes definitions for sexual orientation, gay, homosexual, lesbian, straight, heterosexual, asexual, queer, homophobia, and heterosexism. (p. lxi)</p> <p>"SEXUAL INTERCOURSE: When the genitals of one person envelop or enter the genitals, mouth, or anus of another person for sexual pleasure. Examples include a penis entering a vagina (vaginal intercourse), mouth-to-genital stimulation (oral sex), and a penis entering an anus and rectum (anal sex)." (pp. lxii, 86)</p> <p>Many workshop activities treat homosexual behavior as normal. Some of them are: 'What's it All About?' (pp. 11-13); 'How Often Do You See...' (pp. 22-23); 'Attraction Icebreaker' (p. 61); 'Sexual Messages' (pp. 91-92); 'Decisions, Decisions' (pp. 94, 97-98).</p> <p>"Throughout our lives we encounter different ways that people express their sexuality and live as healthy sexual beings; there is no single 'right' way to experience or express sexuality." (p. 22)</p> <p>From the overview for Workshop 6: "This workshop introduces the concept of being romantically attracted to someone else, whether someone of a different gender or the same gender." (p. 59)</p> <p>"Attraction Icebreaker" is a game in which children are given a magnet (the magnets all look different) and then "see if their magnet sticks to anyone else's." The curriculum then reads: "Is it possible that someone's magnet could have</p>

been attracted to the same and a different magnet? To any other magnet in the room? Or to none of the magnets in the room? (Yes, it is possible. This would be an analogy **for bisexuality, pansexuality** (the sexual attraction to a person of any sex or gender) and **asexuality**, respectively.)” (p. 61)

“Add the term *sexual orientation* and its definition to the Word Bank, and read the definition aloud. Explain that the term *sexual orientation* is used to describe our feelings of emotional, romantic, and/or sexual attraction to other people. **An individual may be attracted to people of the same sex, another sex, or more than one sex**, and some people do not feel sexually attracted to anyone. Emphasize that sexual orientation differs from gender identity, i.e., who we are attracted to differs from who we are as a gendered person.” (p. 61)

“Make sure that the following words are covered: **gay, lesbian, homosexual, bisexual, straight, heterosexual, asexual, and queer**. If not, add them and their definitions to the Word Bank yourself.” (p. 61)

“Say that it doesn't really matter how we get to be what we are. What is important to know is that **a person's sexual orientation is just one part of who we are** and that it is not a choice.” (p. 62)

“...some people **experience their sexual orientation as fluid and changing**, different at different periods of their lives.” (p. 62)

In Workshop 6, the game “What to Do?” encourages children to “think about attraction” by considering how they might respond to a number of situations dealing with sexuality. Children listen to a scenario such as “Carlos isn't sure if he likes girls or boys. What should Carlos do?” and then move to a section of the room with the sign they think fits best. The choices are: “Do Nothing,” “Talk to a Friend,” “Talk to a Parent/Caregiver,” “Talk to an Adult,” “Reflect/Journal,” and “Find Out More Information.” **All types of sexual orientations are considered and treated as equally acceptable**. Questions from this activity follow:

- “Juhary does not think he will ever be attracted to a girl or woman. What should Juhary do?”
- “Ronnell and Skylar have been best friends since kindergarten, and now Skylar has a crush on Ronnell. Ronnell doesn't have romantic feelings for Skylar. What should Ronnell do?”
- “Carlos isn't sure if he likes girls or boys. What should Carlos do?”
- “Keiko is very frustrated that everyone thinks she likes boys, because **she is a lesbian**. What should Keiko do?” (p. 66)

“Point out to participants that scenario C (Patrick) is about **homophobia** and **scenario G (Keiko) is about heterosexism**. Add those two words and their definitions (from Handout 5) to the Word Bank and read the definitions aloud.” (p. 63)

“Say that messages can be sent in what isn't said or shown, as well as in what is. For example, ads that only show straight white couples express different messages about sexuality than ads that show **couples of different orientations and races**.” (p. 92)

	<p>Workshop 8 includes an activity called ‘Decisions, Decisions.’ Scenario B involves two boys who “start dating.” (p. 97)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Explain that many people may engage in sexual activity because it feels good, and that activity can have emotional and physical consequences.” (p. 76)</p> <p>“Explain that sexual activity can be very pleasurable when partners are mature and are both emotionally and physically ready. For adolescents, the best way to avoid risk is to avoid sexual activities involving genitals, as well as to avoid exposure to body fluids that might carry viruses and bacteria.” (p. 77)</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>“MASTURBATION: Touching or rubbing one's own genitals for pleasure.” (p. lxiii)</p> <p>“Explain that during puberty, many people take greater interest in touching and stroking their own bodies and genitals. This is a common and healthy way to express sexual curiosity and pleasure. Not everyone enjoys touching their own body, and that is perfectly okay also.” (p. 40)</p> <p>“Explain that there are many sexual behaviors that people who care about each other may choose to do together, and some that people choose to do on their own.” (p. 92)</p> <p>“Some people choose to masturbate, and others never do. It is perfectly normal to masturbate or not to masturbate.” (p. 93)</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>No evidence found.</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.

“Our Whole Lives engages young people in activities that help them **clarify their values**, and it teaches communication and **decision-making** skills.” (p. xxxiv)

“Workshop 8, Decisions and Actions, educates participants about a range of sexual activity, including masturbation and sexually explicit media (pornography). Participants have an opportunity to think about **when they would and would not want to engage** in certain behaviors.” (p. xxxix)

“This workshop focuses on the need for each person to **think about their own values** regarding relationships, roles, and stereotypes.” (p. 1)

“Explain that while some cultures and religions have rules about contraception, **the decision about whether to use it is ultimately a personal choice**. This decision depends on someone's values, their comfort with their body, the type of relationship they may be in, medical conditions that might influence their choice, and whether they want to become pregnant.” (p. 76)

From Workshop 8 Overview: “This workshop explores a range of sexual activity, including masturbation and viewing sexually explicit media or pornography, and gives participants an opportunity to think about **when they would and would not want to engage in certain behaviors**.” (p. 89)

“Share that engaging in any sexual behavior **should always be someone's choice**.” (p. 94)

Workshop 8 includes an activity called “When Would I?” In this activity children fill out Handout 13, which is a chart with a list of activities down the side. The children **consider each activity and mark whether they would engage in this activity** “Now,” “When I’m older,” “Never,” or “It depends.” The activities are:

- “Sleep in the same room with someone
- Sleep in the same bed with someone
- Kiss someone
- Hug someone
- Let someone see me cry
- Watch a movie with someone
- Watch pornography
- Let someone see me nude
- Bathe or shower with someone
- Hold hands with someone
- Masturbate with someone
- Have sexual intercourse with someone” (p. 95)

Then, about those sexual behaviors, **students decide with whom they would do each behavior**. “Think about the questions below. Are there any answers you feel comfortable sharing?

- Which of these activities would you feel comfortable doing by yourself?
- With a friend?
- With a family member?
- With someone you were dating or with whom you were in a committed relationship?
- If you checked ‘It depends,’ what does it depend on?

<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<ul style="list-style-type: none"> • What could you do if someone wanted you to do one of these things but you did not want to do it?” (p. 95) <p>“Workshop 8, Decisions and Actions educates participants about a range of sexual activity, including masturbation and sexually explicit media (pornography). Participants have an opportunity to think about when they would and would not want to engage in certain behaviors.” (p. xxxix)</p> <p>Several activities treat sexual activity as a choice that children can make for themselves. Some of these activities are “What’s it All About?” (pp. 11-13); “When Would I?” (pp. 92-94)</p> <p>“Explain that many people may engage in sexual activity because it feels good, and that activity can have emotional and physical consequences. If they have sexual intercourse or other sexual contact in which a penis goes into or very near a vagina, fertilization and pregnancy may occur. Say that the best way to avoid pregnancy is to avoid having any form of sexual contact where sperm can get anywhere in or near the vagina.” (p. 76)</p> <p>Note: <i>This passage implicitly encourages any sexual activity which avoids the potential for pregnancy.</i></p> <p>“Explain that the practice of avoiding sexual intercourse or skin-to-skin genital contact of any kind (even with partners of the same sex) is called <i>abstinence</i>. Add this word and its definition to the Word Bank. Remind participants that one of the Our Whole Lives values is that it is better for adolescents to postpone having intercourse until they are older and more mature.” (p. 76)</p> <p>“Say that another way to prevent pregnancy, if people do want to have this type of sexual intercourse, is to use contraception. Give the definition of contraception and add it and its definition to the Word Bank.” (p. 76)</p> <p>“Explain that sexual activity can be very pleasurable when partners are mature and are both emotionally and physically ready. For adolescents, the best way to avoid risk is to avoid sexual activities involving genitals, as well as to avoid exposure to body fluids that might carry viruses and bacteria.” (p. 77)</p> <p>Facilitator Resource 15 (for Workshop 7) contains information about STIs. For each of three categories of STIs – bacteria, fungi and parasites – the paper notes that they are curable. For the fourth category – viruses – it states that there is no cure, but symptoms are treatable.” (pp. 81-84)</p> <p>Note: <i>This information downplays the risks of STIs and the need for abstinence to remain emotionally and physically healthy.</i></p> <p>“If you have sex, use latex, polyurethane, or another nonpermeable barrier consistently and correctly.” (Facilitator Resource 15, p. 81)</p> <p>“Avoid sexual contact until you have been treated and rechecked.” (Facilitator</p>
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	Resource 15, p. 81)
<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>“The period from age nine to age twelve ... marks the onset of puberty for many youth with predominantly female hormones (who have usually had female gender assigned at birth); youth with predominantly male hormones (who have usually had male gender assigned at birth) tend to enter puberty later.” (p. xiv)</p> <p>“Many stories and scenarios in the Our Whole Lives program use gender-neutral names – names that could be assigned to any gender. This is intentional, as it is a value of the Our Whole Lives program to honor each individual for who they are. In our society, gender is fraught with stereotypes, discrimination, and misunderstanding. As our understanding of gender changes, we realize that not everyone sees themselves reflected in a binary system. Some people identify as something other than male or female.” (p. xviii)</p> <p>“We highly encourage facilitators not to assign a gender to a character in a story or scenario unless its authors assigned one.” (p. xviii)</p> <p>“Participants may also be eager to assign gender to the characters and this tendency can be used as a teachable moment to explore different ways that gender may affect a particular situation.” (p. xix)</p> <p>“For some parents/caregivers and facilitators, affirming diversity in family structure, sexual orientation, and gender identity is challenging.” (p. xix)</p> <p>“Gender identity refers to one's internal sense of gender. Some people, often called transgender or gender-nonconforming, do experience such a conflict or variance.” (p. xx)</p> <p>A story titled “Kindergarten Began the Silence” follows the statement above. The story is told in first person voice about a young person who identifies as transgender. It heavily criticizes the binary view of gender, affirms gender theory as “truth” and encourages the reader to accept the theory that there are more than two genders. (p. xx)</p> <p><i>Note: The emotional tone of the story is calculated to elicit sympathy and thereby acceptance from the young ages targeted by this curriculum. Children at this age usually haven’t learned how to be sympathetic while distinguishing between fact and opinion in a story.</i></p> <p>“Workshop 5, Gender, helps participants examine the messages they receive about gender. They learn what it means to have a gender identity and about some of the many variations in gender identity.” (p. xxxix)</p> <p>“PREGNANCY: The time when a person is carrying an embryo or fetus inside their uterus.” (p. lviii)</p> <p>“GENDER: A person's feeling or sense, in their mind or heart, of whether they are a boy or a girl, a man or a woman, a combination of both, or neither.” (p. lviii)</p> <p>“GENITALS: Reproductive and sex organs, especially the external ones. For most females, the genitals include the labia (inner and outer lips), clitoris, and vagina.</p>

For most males, the genitals include the penis, scrotum, and testicles.” (p. lix)

Note: *Definitions for specific sex organs in the same section, included in the “Word Bank,” include the caveat that those organs belong to “most males” or “most females.”*

The Word Bank for Workshop 5 includes definitions for biological sex, gender identity, **cisgender, transgender, gender-fluid, gender-nonconforming, gender expression, and transphobia.** (pp. lx-lxi)

“Be careful to not assign genders during the discussion. If someone does assign gender by using masculine or feminine pronouns, use it as a teachable moment ... Still, we examine our gender assumptions as a step toward **eliminating** gender bias and **expectations of conforming to a gender binary system.**” (p. 1)

Multiple activities emphasize gender theory and undermine the idea that gender is binary and fixed. Some such activities include “What’s it All About?” (pp. 11-13); “Amari and Devin” (pp. 15-16); “How Often Do You See...” (pp. 22-23); “How Real is This?” (p. 25); “Gender Boxes” (p. 50-51); and “Walk a Mile” (p. 51).

”For **gender-nonconforming, gender-fluid, or transgender** youth, puberty can be challenging for a number of reasons...” (p. 35)

“...we will use language such as ‘changes experienced by most girls’ and ‘changes experienced by most boys’ in discussing puberty, because it is important to acknowledge that **not all youth who identify as girls or boys have similar genitals, chromosomes, or hormones.**” (p. 35)

“Questions about **pubertal blockers**, medications that delay the onset of puberty, may also arise during or after the workshop. A simple answer is that **these medications are considered safe** and have been used for years for cisgender youth who experience precocious (very early) puberty. For transgender youth, the medication prevents unwanted changes of puberty from happening so the youth, their family, and their physician have time to decide what is best for them.” (pp. 35-36)

“In this workshop, we are going to refer to changes experienced by ‘most females’ and ‘most males,’ **because not every female or male has the same type of body or the same feelings about their bodies.** And when we say ‘female,’ we are talking only about biological sex, which typically means people who have a vulva, vagina, ovaries, and a specific balance of hormones. When we say ‘male,’ we are talking about people who typically have a penis, testicles, a scrotum, and a specific balance of hormones. We are not talking about **gender, people’s inner sense of self.** We want to be as inclusive as possible. If you have another term you would prefer us to use that includes your type of body, you can let us know privately, and we will use it in future conversations.” (p. 38)

“There are two common ways – male and female – that people’s reproductive and sexual body parts, their anatomy, chromosomes, and hormones, are laid out ... Some people have a different layout, or **a gender identity that’s different** from what others expect on the basis of their body parts; **nothing is wrong or abnormal, it is just less common.**” (p. 39)

	<p>Workshop 5 teaches gender theory explicitly. The entire lesson is a discussion of how gender is fluid and what a person feels about themselves is what is actually real. Terms such as “cisgender,” “biological sex,” and “gender-fluid” are taught. The ideas are reinforced by games. Explicit descriptions are used, such as “person with a vulva and vagina who identifies as a boy.” (p. 47)</p> <p>“...Our Whole Lives teaches inclusion of all gender identities and expressions.” (p. 47)</p> <p>“Tell the group that most males have a penis, testicles, and a scrotum, and most females have a vulva, clitoris, and vagina. However, there is variation among bodies – just as people have different sizes and shapes of noses and ears and hands, they may have genitals that differ from what other people have, and that's okay.” (p. 49)</p> <p>From the game “Walk a Mile” in Workshop 5 - The instructor says, “I want each of you to imagine for a few minutes that when you woke up this morning, you had a body and gender identity different from your own ...’ Explain that if the card actually matches their body and gender identity, they can either request a new card or just imagine themselves with a different combination of body and gender identity.” Then one side of the room is designated “agree” and the other “disagree” and students move there as statements are read exploring how things would be the same or different if their gender identity or body matched what is on the card they drew. (pp. 51-52)</p> <p>“Let the youth know that all gender identities and gender expressions are normal...” (p. 52)</p> <p>“...pregnancy is the period during which a person is carrying an embryo or fetus inside their uterus (womb).” (p. 74)</p> <p>“Herpes ... Risk reduction: If you have a vulva, vagina, and uterus, have regular pelvic exams.” (p. 82)</p> <p>“Decisions, Decisions” in Workshop 8 includes a few scenarios children are asked to consider. Scenario C involves a 7th grade girl transitioning to a male identity, including the use of hormones. (p. 97)</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</i></p>	<p>“This workshop covers conception, pregnancy, contraception, and sexually transmitted infections (STIs) ... They learn about sexually transmitted infections and options to prevent both pregnancy and sexually transmitted infections.” (p. 71)</p> <p>“For these reasons, plus the very important element of developmental maturity, it is important to provide early education about conception, protection against unplanned pregnancy, protection against sexually transmitted infection, and living with chronic sexually transmitted infections and with HIV/AIDS.” (p. 71)</p> <p>Note: <i>This sentence follows a short list of statistics on the occurrence of HIV, STD infection and pregnancy in teens.</i></p> <p>“GOALS – To help participants: understand how conception happens and the role of contraceptives in preventing unintended pregnancy; understand the</p>

<p><i>contraceptives, while failing to present failure rates or side effects.</i></p>	<p>basics of common sexually transmitted infections and how to protect against them." (p. 71)</p> <p>"Say that another way to prevent pregnancy, if people do want to have this type of sexual intercourse, is to use contraception. Give the definition of contraception and add it and its definition to the Word Bank." (p. 76)</p> <p>Facilitator Resource 15 includes information on STIs and recommendations for how to avoid them. All STIs in the list include "take universal precautions" as a "risk reduction" measure. Those precautions are listed at the top of the resource. They include "If you have sex, use latex, polyurethane, or another nonpermeable barrier consistently and correctly. Get treated early if you are infected. Take all medications as prescribed. Have regular health exams and STI tests." (pp. 81-84)</p> <p>Note: <i>These recommendations downplay the dangers of STIs, suggesting that dealing with an STI is like dealing with an ear infection.</i></p> <p>"Chlamydia – Transmission: Unprotected oral, anal, or vaginal sex; from mother to infant during vaginal birth ... Cure? Yes, with antibiotics." (pg. 81-82)</p> <p>"What are some ways people can get HIV? (Note: Answers should include exposure to the body fluids of someone with HIV or AIDS, shared needles, and unprotected anal, vaginal, or oral sex.)" (p. 85)</p> <p>"EMBRYO: The collection of cells that have developed from a fertilized egg, from implantation in the uterus through the eighth week of development." (p. 86)</p> <p>Note: <i>While this definition doesn't actively promote abortion, it communicates the unscientific idea that an embryo is a "collection of cells," dehumanizing the embryo and promoting the mindset that abortion is acceptable.</i></p> <p>"FETUS: The name of an embryo from the eighth week of development until birth." (p. 86)</p> <p><i>Note: This definition is both scientifically inaccurate and serves to continue the dehumanization of the pre-born child. A fetus is not an embryo and after calling the embryo "a collection of cells," the idea is communicated that a fetus is also just a collection of cells. It seems the choice was made to use this wording in order to avoid calling a fetus a "baby" or "developing person" from eight weeks of development until birth.</i></p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial</i></p>	<p>No evidence found.</p>

<p><i>sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Sexuality education is not just about sex – it is also about the roles, behaviors, and values that people associate with being male, female, both, or neither.” (pp. xxxvi-xxxvii)</p> <p>“Explain that while some cultures and religions have rules about contraception, the decision about whether to use it is ultimately a personal choice.” (p. 76)</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>“Let parents/caregivers know that you are available to answer any of their questions or address any concerns about the curriculum... However, keep in mind that you should never reveal what individual participants do or say during a workshop, unless someone's safety is at risk.” (p. xxi)</p> <p>“If you do not have an adult with whom you feel comfortable discussing the changes you are going through, you may want to look online for a support group or educational site like Scarleteen (scarleteen.com), the Genderqueer and Non-Binary Identities website (genderqueerid.com), or Mermaids (mermaidsuk.org.uk).” (p. 40)</p> <p>“Ask participants, ‘When and if someone wants to have sexual intercourse, who are some people who can help them make decisions about using contraception?’ Note: Possible answers include parents, doctors, religious leaders, and other trusted adults, such as aunts, uncles, and family friends.” (p. 76)</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</i></p>	<p>The suggested reading list on pages xxvi – xxxi, includes:</p> <p><i>It’s Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health</i> by Robie H. Harris, illustrated by Michael Emberley.</p> <p>Note: <i>This text includes pornographic illustrations and explicit discussions of sexual practices including masturbation. See examples at https://www.comprehensivesexualityeducation.org/cse-materials-index/its-perfectly-normal/</i></p> <p><i>Sex Is a Funny Word: A Book about Bodies, Feelings, and YOU</i> by Cory Silverberg, illustrated by Fiona Smyth.</p> <p>Note: <i>From a description of the book: “This book is written in comic-book style and includes children and families of a variety of configurations, orientations, and gender identities.”</i></p> <p><i>What Makes a Baby</i> by Cory Silverberg, illustrated by Fiona Smyth.</p> <p>Note: <i>From a description of the book: “Babies come into families in many ways and to many types of parents. Silverberg's caring text includes all kinds of kids, all kinds of adults, and all kinds of families, regardless of how many people were involved; what the orientation, gender identity, or other makeup of the family is;</i></p>

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)

or how the family formed. Silverberg sees his text as taking a social justice approach to sex education. Written for preschoolers but enjoyable by older children as well.”

Rainbow Rumpus, an online literary magazine, rainbowrumpus.org.

Note: This resource normalizes LGBT parenting.

Gracefully Grayson by Ami Polonsky.

Note: Story about a transgender boy coming out as a girl. Emotionally told in first person.

This program refers “parents and caregivers” to videos provided by Planned Parenthood. (p. xxx)

Refers “parents and caregivers” to the following websites (p. xxx):

- Families Are Talking: siecus.org
- Talking with Kids about Tough Issues: childrennow.org/parenting-resources
- Parents' Sex Ed Center: advocatesforyouth.org/parents/ (website link doesn't work)
- Love Is Respect: loveisrespect.org – Note: When a person lands on the homepage for this website, a pop-up box encourages children to avoid their parents' supervision by advising the user: “Safety Alert: Computer use can be monitored and is impossible to completely clear. If you are afraid your internet usage might be monitored, call loveisrespect at 1-866-331-9474 or TTY 1-866-331-8453. If you need to exit this website in a hurry, hit the ESCAPE key twice or click the icon in the bottom right. Users of web browser Microsoft Edge will be redirected to Google if they hit the “X” or “Escape” button.”
- Tools for Parents (Planned Parenthood): plannedparenthood.org/parents
- PFLAG: pflag.org
- Gender Spectrum: genderspectrum.org
- Kids Health: Cyberbullying: kidshealth.org/parent/positive/talk/cyberbullying.html
- Parent's Guide to Internet Safety: whoishostingthis.com/resources/esafety/#page-1
- Resources for Parents and Young People: plannedparenthood.org/planned-parenthood-southwestern-oregon/local-training-education/your-education-resource

“If you do not have an adult with whom you feel comfortable discussing the changes you are going through, you may want to **look online for a support group** or educational site like Scarleteen (scarleteen.com), the Genderqueer and Non-Binary Identities website (genderqueerid.com), or Mermaids (mermaidsuk.org.uk).” (p. 40)

“Handout 12, Workshop 7 – STI Resources” (p. 79) includes the following:

Websites

- Advocates for Youth: advocatesforyouth.org

- American Sexual Health Association: ashastd.org
- Centers for Disease Control and Prevention: cdc.gov, and especially cdc.gov/std and cdc.gov/hiv
- AIDS.gov: aids.gov
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: cdc.gov/nchhstp
- Planned Parenthood: plannedparenthood.org
- American Sexual Health Association's website for teens: iwannaknow.org
- SIECUS's Sex Ed Library: sexedlibrary.org
- Sex, Etc.: sexetc.org
- Scarleteen: scarleteen.com
- Herpes Resource Center: ashasexualhealth.org/stdsstis/herpes/
- HPV Resource Center: ashasexualhealth.org/stdsstis/hpv/

Phone Numbers

- National STD Hotline: 800-227-8927
- AIDSinfo: 800-HIV-0440 (800-448-0440)
- Planned Parenthood Online Chat: plannedparenthood.org/all-access/chat
- National Herpes/HPV Hotline: 919-361-8488

For more information on *Our Whole Lives*, see <https://www.uua.org/re/owl>.