

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, Grades 7-9* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Our Whole Lives, Grades 7-9 contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This nearly 500-page manual seems to have two purposes: redefining gender and teaching tweens and young teens how to have sex. *Our Whole Lives* teaches that humans are sexual beings from birth. They operate under the assumption that sexual behavior is a normal part of life; therefore, children of this impressionable age need to be guided on how to do it safely. The majority of the abstinence instruction in this program encourages ‘outercourse’ as a safe alternative to intercourse. There seems to be no belief by the writers of this program that humans are capable of controlling sexual feelings and urges.

As is typical in most CSE programs, *Our Whole Lives* also teaches about contraception and abortion, promotes sexual pleasure, normalizes anal and oral sex, and teaches children how to apply condoms using penis models. Students role play sexual scenarios (both same- and opposite-gender) and are informed of the sexual health services they can receive without parental consent. Students are taught about a spectrum of gender identities and sexual orientations. *Our Whole Lives* boasts of being aligned to the National Sexuality Education Standards, a radical set of standards developed by Advocates for Youth and SIECUS.

Target Age Group: 12-15 years old

Planned Parenthood Connections: Planned Parenthood of New York (NY) helped support the development of the first edition. (Acknowledgments) Planned Parenthood is frequently recommended as a sexual health resource for students, and Planned Parenthood videos are shown to students.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of</i>	<i>Our Whole Lives</i> is designed to help young adolescents: <ul style="list-style-type: none">• “affirm and respect themselves as sexual persons (including their bodies, sexual orientation, feelings, etc.) and respect the sexuality of others• increase comfort and skills for discussing and negotiating sexuality

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.

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.

issues with peers, romantic partners, and people of other generations

- explore, develop, and articulate values, attitudes, and feelings about their own sexuality and the sexuality of others...
- acquire knowledge and skills for **developing and maintaining romantic and/or sexual relationships that are consensual, mutually pleasurable, nonexploitative, safe, and based on respect, mutual expectations, and caring.**" (p. xii)

"Our Whole Lives is also based on the following assumptions about human sexuality:

- **All persons are sexual.**
- Sexuality is a good part of the human experience.
- Sexuality includes much more than sexual behavior.
- **Human beings are sexual from the time they are born** until they die.
- It is natural to express sexual feelings in a variety of ways.
- People engage in healthy sexual behavior for a variety of reasons, including to express caring and love, to experience intimacy and connection with another, to share pleasure, to bring new life into the world, and to have fun and relax." (pp. xii-xiii)

"**Healthy sexual relationships** are:

- consensual (partners agree about what they will do together sexually)
- nonexploitative (partners have equal power, and neither pressures or forces the other into activities or behaviors)
- **mutually pleasurable**
- safe (sexual activity brings no or low risk of unintended pregnancy, sexually transmitted infections, or emotional pain)
- developmentally appropriate (sexual activity is appropriate to the age and maturity of the persons involved)
- based on mutual expectations and caring
- respectful (partners value honesty and keeping commitments made to others)" (p. xiii)

"Because there is a clear values perspective in the program, participants become a cohesive peer support group, over time, with norms that recognize the **normalcy of adolescent sexual behavior** and expect any partnered sexual behavior to be consensual, nonexploitative, mutually pleasurable, safe, developmentally appropriate, based on mutual expectations and caring, and respectful." (p. xiv)

"An individual's **sexual development begins at birth** and continues until death. As our sexuality emerges, we are sure to have questions, experiences, and concerns related to anatomy, intimacy, relationships, gender, pregnancy, sexual orientation, sexual health, sexual pleasure, or sexual exploitation." (p. xxxiv)

“Our Whole Lives immerses participants in a setting where **sexuality is viewed as a positive, life-affirming** aspect of being human.” (p. xxxiv)

“Our Whole Lives is designed as a **mixed-gender program** to convey the message that youth of all genders can and should be able to **discuss sexuality openly with each other**. Such discussions give youth practice for a lifetime of healthy communication among people of all genders.” (p. xxiii)

“**Sexuality encompasses nearly every aspect of our being**, from attitudes and values to feelings and experiences.” (p. 21)

Our Whole Lives refers often to the following five values which constitute The Circles of Sexuality:

- “**Sensuality** involves our level of awareness, acceptance and enjoyment of your own or others’ bodies. Examples: Skin hunger; aural/visual stimuli; sexual response cycle; body image; fantasy
- **Intimacy** is the experience of mutual closeness with another person. Examples: Caring; sharing; loving/liking; risk taking; vulnerability; trust; reciprocity
- **Sexual identity** is how we perceive ourselves as sexual beings. Examples: Biological sex; gender identity; gender expression; gender role; sexual orientation
- **Sexual health and reproduction** focuses on attitudes and behaviors related to the reproductive systems... Examples: Anatomy & physiology; Intercourse; Contraception/abortion; STIs
- **Sexualization** involves the use of sexuality to influence, control, and/or manipulate others. Examples: Flirting; media messages/images; seduction; withholding sex; sexual harassment; incest; sexual assault/rape” (p. 21)

“For Anatomy and Physiology Cards, prepare one index card per participant with one of the following body parts written on each card: brain, nose, fingers, eyes, **penis, testicles**, nipples, prostate gland, urethra, labia, anus, vagina, **clitoris**, uterus, ovaries, Fallopian tubes, vulva, scrotum, vas deferens, **breasts**, and seminal vesicles. Have an equal number of male and female body parts. Attach small pieces of masking tape to the cards, so you are ready to tape them onto participants' backs.” The students then ask each other yes or no questions to determine which body part is taped to their back. (pp. 41-43)

“What are the benefits of being **knowledgeable and comfortable discussing sexual and reproductive anatomy**? [Knowledge and comfort can make it easier to talk with a future sexual partner, ask questions or have conversations with a parent or caregiver, and discuss concerns with a health care provider.]” (p. 46)

“You'll construct a **three-dimensional model** of the typical male or female reproductive and **sexual system**.” (p. 46)

“The CDC and most pediatricians recommend that young people be vaccinated **before they begin having sexual intercourse, as early as age 9**.” (p. 69)

“The instant he starts putting me in the bed, it flashes through my mind. ‘I don't want to be here.’ I don't say anything. Antoine is good. He doesn't push me. Still, **sex is not wonderful**. Since I can't walk, the hymen never stretches. **His penis inside me really hurts**. Afterward I'm like, that's it?” (p. 164)

“Workshop Goals: introduce masturbation and nonintercourse sexual behaviors as **healthy sexual options** for youth at this age and for people of every age.” (p. 249)

“Learning Objectives: demonstrate **increased comfort** during discussions of masturbation and nonintercourse sexual behaviors; identify at least five safe **nonintercourse sexual behaviors**.” (p. 250)

“Begin by asking the group, ‘**Why do some young teens (7th-9th graders) have sexual intercourse?**’ Expected responses include

- to show love in a relationship
- to feel loved or cared for
- to keep from being lonely
- to give or get affection
- **for pleasure or for sexual release**
- for fun
- because of pressure from peers
- to rebel against adults and authority figures
- to strengthen a relationship
- to seem more grown-up
- to become a parent
- **to satisfy curiosity**” (p. 253)

“A reader asked Alice, ‘**What exactly is outercourse?**’ This was Alice's response:

“Dear Reader, **Outercourse is lovemaking without penetration into a vagina or an anus [or a mouth]**. It allows a couple to be sexual, more intimate, and even orgasmic with one another without having sexual intercourse. With outercourse, no semen, vaginal fluids, or blood is shared between partners. As a result, outercourse protects against pregnancy and some sexually transmitted infections (STIs).

“Some outercourse pleasuring possibilities include **hot talk**, sexy stares, **erotic fantasy**, spicy role-plays, sensual massage, showering or bathing together, strip-tease, **mutual masturbation**, **phone or email sex**, and **dry sex** (a.k.a., dry humping, or frottage).

“Outercourse is useful

- when people choose to abstain from sex or are not ready for intercourse yet
- if one partner doesn't feel like having intercourse
- as another sexual option for partners who have already had intercourse
- if a partner doesn't want to be penetrated (or do something that's penetrating)
- if a partner is sore or has an infection
- if people don't have condoms or any other birth control

- if a woman partner has her period
- just for a change” (p. 256)

“**All of the skin is an erogenous zone** that can be explored during masturbation or with a sexual partner. It’s limiting to focus only on genitals.” (p. 257)

“Males, in particular, have been taught to focus most of their sexual energies on their penis, which does not allow them to become aware of the **sensuousness of the entire body.**” (p. 263)

Students determine **whether the following behaviors constitute intercourse or outercourse:** “French kissing; anal sex; fingering a partner's genitals; mutual masturbation; dry humping; sharing fantasies; penis-vagina intercourse; **phone sex**; foot massage; **grinding**; sex with clothes on; rubbing bodies with clothes on; masturbating a partner; **hand job**; mouth-vulva contact; mouth-penis contact; touching a partner's nipples; cuddling; kissing passionately for hours; **caressing a partner's breasts**; lightly touching a partner's body; kissing a partner's nipples; sexy conversation; body massage; hugging; kissing a partner's neck; kissing a partner's ears; kissing behind a partner's knees; **mouth-anus contact**; romantic conversation; sweet talk; complimenting a partner's body; **strip tease**; caressing a partner's scrotum and testicles.” (pp. 257, 264)

“Distribute the questions to participants and **ask them to take turns reading and answering their questions.** Ask them to remember all that they’ve learned so far about sexuality and healthy relationships.” (p. 272) The questions students are to answer include the following:

- “Does sex hurt girls the first time?
- How old should you be to have sex? When is it acceptable to have sex?
- What is the average age of people having sex for the first time?
- How do two women (or two men) have sex?
- I'm gay and the thought of anal sex disgusts me. Will this be a problem when I have a boyfriend?
- **Is sex better with a big penis?**
- Why is it called a blow job?
- My girlfriend said she'll **never get oral sex done on her** because she might smell bad and be embarrassed. What are vaginas supposed to smell like?
- **What is 69?**
- Can having sex too much make your vagina loose?
- What is foreplay?
- Can other people tell if you've had sex?
- Do women get erections?
- When is the right time to wax or shave down there?
- Do girls think about sex as much as boys do?

- How do girls masturbate?
- How do boys masturbate?
- **What is squirting?**
- **Is porn a good way to learn about sex?**
- Is it more OK to have a lot of partners if you're a guy or if you're a girl?
- Are women with bigger breasts sexier?
- **Is it perverted to get turned on watching porn?**
- Is it harmful **to jack off every day**, or more than once a day?
- What do girls (or guys) like you to do when you have sex?
- Are dental dams really necessary during oral sex?
- My significant other wants to have sex and I do too. Is this wrong?
- Is it OK to be uncircumcised?
- **How does a girl orgasm?**
- How do you know when you have an orgasm?
- Is it possible for a condom to get stuck in the anus?
- Do I have to kiss a girl to know for sure I'm bisexual?" (p. 281)

Students determine whether the following actions are okay or not okay:

- "A 7th-grader **texts a picture of his penis with smiley faces** drawn on it to a group of friends.
- A 12-year-old **texts a partially nude selfie** (a picture of themselves) to a romantic interest.
- A 15-year-old **texts a partially nude selfie** to a romantic partner.
- A 13-year-old **views pornography on free websites** or lies about being 18 to access a pornographic video.
- A 16-year-old **views pornography** on free websites or lies about being 18 to access a pornographic video." (p. 224)

Students evaluate possible risk behaviors. "Write the following behaviors on large index cards, one behavior per card. Do not put the codes on the cards.

Codes: NR = No Risk; LR= Low Risk; HR= High Risk.

- tongue kissing (NR for pregnancy and STIs)
- body massage (NR for pregnancy and STIs)
- **masturbation alone** (NR for pregnancy and STIs)
- oral stimulation of the vulva with a dam (NR for pregnancy; LR for STIs)
- vaginal intercourse without a condom (HR for pregnancy and STIs)
- **anal intercourse** without a condom (NR for pregnancy; HR for STIs)
- **rubbing genitals together** with no latex barrier (NR for pregnancy; HR for STIs, e.g., HPV)
- vaginal intercourse without a condom but with an IUD (NR or LR for pregnancy; HR for STIs)
- vaginal intercourse with a condom most of the time (HR for pregnancy and STIs)
- anal intercourse using a condom some of the time (NR for pregnancy; HR

	<p>for STIs)</p> <ul style="list-style-type: none"> • mutual masturbation (NR for pregnancy and STIs) • oral stimulation of the testicles (NR for pregnancy; HR for STIs) • vaginal intercourse with a condom and birth control pills, but the pills are often forgotten (HR for pregnancy; LR for STIs) • undressing a partner (NR for pregnancy and STIs) • taking a bubble bath with a partner (NR for pregnancy and STIs) • hot tubbing with someone who ejaculates in the tub (NR for pregnancy and STIs) • vaginal intercourse with a condom and a contraceptive implant (NR or LR for pregnancy; LR for STIs) • oral sex on the penis with a condom (NR for pregnancy; LR for STIs) • nibbling a partner's earlobe (NR for pregnancy and STIs) • sharing a favorite fantasy with a partner (NR for pregnancy and STIs) • vaginal intercourse with a condom (LR for pregnancy and STIs) • vaginal intercourse without a condom with someone who tested negative for HIV a month ago (HR for pregnancy and STIs) • drinking or smoking marijuana with a new partner who wants to have vaginal sex with you (HR for pregnancy and STIs; drinking and getting high don't themselves transmit infections or cause pregnancy, but they often lead to high- risk sexual behaviors)" (p. 412) <p>"We were alone in her house on that fall day five years ago. Her parents were at work. Sex wasn't anything new to us – we'd been steady lovers for almost a year." (p. 443)</p> <p>"When you think back to different activities and discussions you've shared, what have you learned about yourself as a sexual person?" (p. 468)</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>"Healthy sexual relationships are: consensual (partners agree about what they will do together sexually)." (p. xiii)</p> <p><i>"Our Whole Lives</i> is designed to help young adolescents: acquire knowledge and skills for developing and maintaining romantic and/or sexual relationships that are consensual, mutually pleasurable, nonexploitative, safe, and based on respect, mutual expectations, and caring." (p. xii)</p> <p>"Couples considering outercourse rather than intercourse must decide which behaviors are acceptable and which are off limits. This requires them to talk intimately, to understand and respect each other's attitudes, and to keep their commitments to avoid certain behaviors." (p. 276)</p> <p>"Sometimes it's clear that a partner is consenting to a given sexual activity; other times, it may be less clear. The best way to avoid violating someone is to ask for consent and permission. For example, you could ask</p> <ul style="list-style-type: none"> • May I kiss you? • Is this okay? • Does this feel okay?

- “Would it be okay if I...?” (p. 289)

“Direct participants' attention to the list of **basic components of consent** on the first page and explain that consent must be

- freely given
- given through mutually understandable words or actions
- in the present
- given for each specific act.” (p. 288)

“Here are some behaviors that people **might assume indicate consent** but don't:

- Being nude with a partner
- Dressing or dancing provocatively
- Meeting someone very late at night in a private place, like their bedroom
- Sending or receiving a nude picture
- Talking online about sexual behavior
- Being someone's boyfriend, girlfriend, committed partner, husband, wife, or spouse.” (pp. 300-301)

“Verbal Signals of Consent – **What can consent sound like?** Yes; I'm sure; I know; I'm excited; Don't stop; Whoohoo! Yippee! Hot damn!!; More!; I want to...; I'm not worried; I want you/it/that; Can you please do [whatever]; I still want to...; That feels good; Mmmmmmm!; Yes; I love you/this; I want to do this right now; I feel good about this; I'm ready; I want to keep doing this; This feels right; Yes.” (p. 299)

“In order to have healthy sexual relationships, partners must be able to **communicate their wants, needs, values, and boundaries.**” (p. 440)

“The youth will also learn **strategies for negotiating with a partner** when there is disagreement about a key issue, such as using protection. Partners might object to using protection for a variety of reasons. Participants will identify these reasons or excuses and **learn to counter or respond** to them.” (p. 440)

Excerpt from scripted role play on communicating boundaries: “I'm definitely not ready for intercourse now ... but **there are some other things we can do that are safe and will feel good** for both of us. I do get turned on when we're together, but I need you to respect my boundaries.” (p. 449)

Excerpt from scripted role play on responding to objections: “...I want to talk and **make sure we're on the same page** about something as serious as sex. I would never consider having sex without using protection. How do you feel about using condoms?” (p. 450)

“Unscripted **Negotiation Scenarios:**

- Partner B pressures Partner A to become ‘friends with benefits.’
- Partner B pressures Partner A to have sex in a casual relationship with no expectations.
- Partner B pressures Partner A to have oral sex without a condom or dam.

	<ul style="list-style-type: none"> • Partner A tries to convince Partner B to always use protection. • Partner A tries to convince Partner B to get an effective method of birth control and insist on using condoms before having intercourse again. • Partner B tries to convince Partner A to keep having intercourse without a condom or dam. • Partner B tries to convince Partner A to have intercourse without condoms. • Partner B tries to convince Partner A to keep having oral sex without a dam. • Partner B, who is a little drunk, pressures Partner A to have sex.” (pp. 451-453)
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<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>“Responsible Sexual Behavior: This unit contains three workshops. The first offers a broad definition of abstinence that excludes risky behavior – oral, anal, and vaginal sexual intercourse – but allows for no- or very low-risk sexual behaviors such as masturbation and outercourse.” (p. xvii)</p> <p>“Oral sex (mouth-to-genital contact) is not considered to be outercourse because it carries a risk of exposure to STIs.” (p. 257)</p> <p>“<i>Intercourse</i> refers to oral, anal, or vaginal intercourse.” (p. 274)</p> <p>“Oral sex, also called <i>oral intercourse</i> and <i>oral-genital sex</i>, refers to two behaviors: mouth contact with the vulva, which is called cunnilingus, and mouth contact with the penis, which is called fellatio.” (p. 275)</p> <p>“Oral sex given simultaneously by partners to each other is commonly called sixty-nine or 69. This is because the body positions of a couple having mutual oral sex can resemble the number 69. Cunnilingus and fellatio are common sexual behaviors for same-sex couples and for couples of different sexes. While there are various body positions for oral sex, it is the mouth that provides the stimulation in all cases.” (p. 275)</p> <p>“Anal intercourse typically refers to the insertion of a penis into the anus, while anal sex includes anal penetration by a penis, finger, dildo, or other object. Individuals of any sex or gender might engage in and enjoy anal sex. The anus is an erogenous zone, meaning that it contains sensory nerve endings. Some people of different sexes and orientations enjoy having the anus caressed, licked, or penetrated. Because the anus is tight and dry, it must be lubricated with a silicone- or water-based lubricant before being entered. (Oil-based lubricants will damage condoms.) The sphincter muscles should be relaxed with finger massage before penetration.” (p. 275)</p> <p>“There are many myths and assumptions about anal sex, including the myth that only gay men enjoy it. In fact, many women enjoy anal sex, and many gay men do not. Anal sex is a high-risk sexual behavior because it is easy for tissue to tear, creating an entry point for viruses and bacteria. Because anal intercourse is such a risky behavior, it should be avoided altogether unless both partners know for sure they don't have any STIs, they are</p>
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monogamous, and they are able to communicate about their concerns and comfort.” (p. 275)

“STIs are almost always passed through **vaginal, oral, or anal sex.**” (p. 314)

“Display the dam and explain how it is used **when having oral contact with the vulva or anal area.** Also demonstrate how to cut a condom into a square in case a dam is not available.” (p. 318)

“Display one of the female condoms. Explain that these condoms are sometimes called internal condoms, because **people of any gender can use them for protection during anal sex.**” (p. 318)

“Note that the [internal] condom has two rings. The thinner outer ring covers the area around the **opening of the vagina or anus.** The thicker inner ring is used for insertion and to help hold the condom in place during intercourse. If using the condom **in the rectum,** remove the inner ring first.” (p. 318)

“Take care to present the female or internal condom in an open and nonjudgmental fashion, as it is a great option for individuals who don't want to depend on a partner to use a male condom. It can also be used by the receptive partner for protection **during anal sex.**” (p. 319)

“‘What protection can someone use if they want to **perform oral sex** on female genitals?’ Display a dam and give the following information:

- It works a lot like a condom because it serves as a barrier between the mouth and the vulva and vaginal secretions.
- It can also be used as a barrier **when engaging in oral-anal contact.**” (p. 319)

“For the greatest protection, if you do have **oral, anal, or vaginal intercourse,** use latex or polyurethane barriers (male or female condoms or dams) correctly and consistently, every time.” (p. 325)

“You should also get STI tests at least annually if you are sexually active, and let health care providers know if you've **engaged in oral or anal sex** so they can test your throat and rectum.” (p. 325)

“Workshop Goals: to reinforce the attitude that using protection correctly and consistently is a responsibility that comes with the decision to engage in sexual intercourse (**vaginal, oral, or anal.**)” (p. 392)

“Female or internal condom: Because this method covers the vulva (**or skin surrounding the anus,** if the insertable portion of the condom is placed in the rectum without the inner ring), it affords more protection against herpes during **vaginal or anal sex** with a male partner with the virus, since the lesions tend to reside at the base of the penis.” (p. 403)

	<p>Script of two girls contemplating sex: “You feel open to all kinds of things with Chris, including commitment and sex. You plan to use a dam (an oral barrier) if you and Chris decide to have oral sex.” (p. 431)</p> <p>“I feel strongly about using condoms. I'm not going to have intercourse or anal or oral sex with you if we don't use them.” (p. 450)</p> <p>“I had oral sex with someone at a party. I knew Pat from school and figured it would be okay. But then I heard a rumor that Pat gave someone chlamydia and I'm like, seriously? So that means I might have it. I need to get tested, but if I go to my family doctor, my parents will find out from the insurance statements. I need to go someplace that won't tell my parents and isn't expensive.” (p. 469)</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>“The program recognizes and respects the diversity of participants with respect to sex, gender identity, gender expression, sexual orientation, and disability status. The activities and language used throughout the program have been carefully chosen to be as inclusive as possible of any human diversity.” (p. xi)</p> <p>“All of the following are natural in the range of human experience: being romantically and sexually attracted to more than one gender (bisexual), the same gender (homosexual), another gender (heterosexual), and/or to those with a more fluid understanding of their own and others' gender (pansexual), and not experiencing sexual attraction (asexual).” (p. xiv)</p> <p>“You, as a Sexual Being: This unit contains eight workshops that help participants explore many aspects of themselves as sexual beings: their bodies, puberty changes, gender identity, the impact of societal gender roles, gender expression, sexual orientation, and disability.” (p. xv)</p> <p>“Note: Always assume that there are participants in your group who are lesbian, gay, bisexual, transgender, gender-nonconforming, gender-questioning, intersex, or asexual.” (p. 1)</p> <p>“Sexual identity also includes sexual orientation, a person's feelings of attraction toward other people.</p> <ul style="list-style-type: none"> • This attraction can be emotional, romantic, and/or sexual. • Some people are attracted to a different gender than their own; others are attracted to the same gender; others are attracted to the same and a different gender. • Some people are attracted to only one gender; others are attracted to two or more genders. Some people aren't sexually attracted to anyone. • People use many different terms and labels to describe their sexual orientation. Such labels include heterosexual or straight; queer, homosexual, gay, lesbian, or bisexual; and asexual. These labels can mean different things to different people. • For some people, sexual orientation feels fixed and stays the same their whole life. For others, sexual orientation is fluid or may shift

over the course of their life.” (p. 9)

“And then I came out of the closet. Suddenly, the rules were different. Everywhere I went, from TV shows to posters for nightclubs, I was inundated with images of gay men who were trim, fit, and tan ... If I wanted to fit in ... I had to have that **classic gay physique**: rippled abs, bulging pees, tanned, trimmed, and waxed ... Isn't it ironic that in the course of my life, the most traumatic factors affecting my self-esteem have been the standards imposed on my body by the gay community?” (p. 79)

“I'm **16 years old and bisexual**. I've had boyfriends in the past, but right now I'm with a girl I really like.” (p. 90)

“Sexual orientation: a person's feelings of emotional, romantic, and/or sexual attraction toward other people. A person's sexual orientation may be heterosexual, **bisexual, homosexual, asexual, pansexual**, or something else.” (p. 94)

“People of any combination of biological sex, gender identity, and gender expression **can have any sexual orientation**.” (p. 97)

“**Asexual**: a person who is not sexually attracted to others. Someone might be asexual for a short time (such as after the end of a relationship) or for their whole life.” (p. 101)

“**Bisexual**: attracted both to people of their own gender and to people of another gender.” (p. 101)

“**Gay**: generally, this word is used to describe a man who is attracted to men. Sometimes it refers to all people attracted to people of one's own sex.” (p. 101)

“**Lesbian**: a woman who is attracted to other women.” (p. 101)

“**Pansexual**: attracted to people regardless of gender. Other words for pansexual include polysexual and omnisexual.” (p. 102)

“**Queer**: a self-identity label for people who feel they do not fit cultural norms for sexual orientation and/or gender identity.” (p. 102)

“Some people experience their sexual orientation as consistent, staying the same throughout their entire lives; other people experience their attractions or even their very **orientation as fluid**, shifting over the course of their lifetime. Some people come to an **early awareness of their sexual orientation**, others come to a much more gradual awareness of it.” (p. 120)

“Make the following points about the first belief, ‘**All sexual orientations are valid and healthy**.’

- Everyone has a sexual orientation.

- **Sexual orientation refers to a person's feelings of attraction toward other people.** This attraction can be emotional, romantic, and/or sexual.
- Some people are attracted to a different gender; others are attracted to the same gender; others are attracted to the same and a different gender.
- Some people are attracted to only one gender; **others are attracted to two or more genders.** Some people aren't sexually attracted to anyone.
- People use many different terms and labels to describe their sexual orientation, such as heterosexual or straight, homosexual or gay or lesbian, bisexual, or asexual. These labels can mean different things to different people.
- For some people, their sexual orientation feels fixed and stays the same their whole lives. For others, their sexual orientation is fluid or may shift over the course of their life.” (pp. 125-126)

“**Heterosexism** is also the belief that heterosexuality is the normal and better way to be. Because of heterosexism, people who are heterosexual have greater privileges in society than those who are not, such as the ability to show affection in public without fear of harassment.” (p. 126)

“**Same gender loving (SGL):** a term coined in the African-American/Black community to describe gay, lesbian, or bisexual orientations in a way that resonates with the uniqueness of Black culture. It has since been embraced more broadly in a variety of ethnic communities.” (p. 136)

“**Coming out:** the experience of self-discovery, self-acceptance, openness, and honesty about one's sexual orientation or gender identity, and the decision to share this with others.” (p. 136)

“**In the closet:** unable or unwilling to disclose one's sex, sexuality, sexual orientation, or gender identity to friends, family, co-workers, or society.” (p. 136)

“If you've had a **pleasurable sexual experience with someone of the same sex**, that means you're gay or bisexual. MYTH. Identity and behavior are very different things; behavior does not dictate identity, and identity is not dependent on behavior.” (p. 138)

“Workshop Goals: to demonstrate the **range of non-heterosexual orientations** and gender nonconforming identities.” (p. 142)

“Let me start out by saying that **I'm a bi crossdressing male.** When I was 20 I met a guy online. After chatting for awhile, and then exchanging a few emails, we decided to meet in person. The meeting went well, and ended with some kissing and touching. We met a few more times, and went a bit further. I was in heaven thinking I'd found a really great guy. Eventually, he invited me to come over to his place the following evening. I eagerly accepted, and started getting ready by going out and **buying some new lingerie, heels**, the whole nine yards. I

	<p>showed up at his place, after a bit of kissing, told him I wanted to change into something sexy for him and needed about a half hour. I went into his bathroom, changed, did my makeup, put on perfume and tried making myself as sexy as possible for him." (p. 286)</p> <p>"Same-sex couples raising adopted children are older, more educated, and have more economic resources than other adoptive parents." (p. 384)</p> <p>"Some will need the information for themselves. Some same-sex-attracted people have penis-vagina intercourse, for a variety of reasons. Anyone of any sexual orientation who has penis-vagina intercourse needs to protect against unintended pregnancy." (p. 399)</p> <p>"Freeze-Frame Scenario: Lee and Pete met several months ago at a party. Lee identifies as queer and is very active in the LGBTQ group at his school. Pete isn't sure whether he's straight or bisexual and has only dated girls. But both Lee and Pete know they are attracted to each other. Plan a role-play in which Lee talks to Pete about what's going on and they make a decision about whether to have sex." (p. 430)</p> <p>"Freeze-Frame Scenario: Chris and Sandy are two girls who just met last weekend at a party. They had fun together, and now they've hooked up again this weekend. They're alone in Sandy's basement. Plan a role-play in which Chris asks Sandy about having sex and they make a decision." (p. 431)</p> <p>"I think I might be gay. I'm not really sure because I'm not really that interested in having a relationship. Is that normal? Everyone around here seems to want to partner up. Suppose I am gay? How would I know for sure?" (p. 469)</p>
<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><i>"Our Whole Lives</i> is designed to help young adolescents: express and enjoy sexuality in healthy and responsible ways at each stage of their development." (p. xii)</p> <p>"Healthy sexual relationships are: mutually pleasurable." (p. xiii)</p> <p><i>"Our Whole Lives</i> is also based on the following assumptions about human sexuality: people engage in healthy sexual behavior for a variety of reasons, including to express caring and love, to experience intimacy and connection with another, to share pleasure, to bring new life into the world, and to have fun and relax." (p. xii-xiii)</p> <p>"The human body is naturally sexually responsive. Infants (and even fetuses inside the womb) have penises that get erect and vaginas that lubricate." (p. 9)</p> <p>"In this workshop, youth learn that everyone is entitled to a positive body image and the benefits it brings, including a sense of sexual agency and, if and when they choose to be sexually active, higher opportunity for sexual pleasure and satisfaction, with lower risk of unwanted pregnancy and STIs." (p. 75)</p>

Influence of positive body image: **“People enjoy sex more** because they are not worrying about what their body looks like.” (p. 88)

“Sexual intercourse **can be fun and pleasurable for young teenagers**. It can be a way to show affection or caring in a relationship.” (p. 253)

“Begin by asking the group, ‘Why do some young teens (7th-9th graders) have sexual intercourse?’ Expected responses include: **for pleasure or for sexual release.**” (p. 253)

“Lovemaking is sexual play or intercourse between two people that emphasizes caring, mutual respect, and **mutual pleasure.**” (p. 255)

“As I feel the orgasm coming I forget about everything else and get lost in this feeling that starts in the tip of my penis and spreads all over my body. It's like my body begins swimming all by itself, like there's something in me reaching out, welcoming the pleasure. As it becomes really intense my body begins shaking with excitement. The sensations take me over, and just at the peak of it **I can feel this pulsing at the base of my penis** and I feel the sperm shooting out of me like I'm sending it off, far away. It's amazing.” (p. 262)

“How does it feel to have an orgasm? Well, for me it's like this buildup of excitement – you know, everything starts feeling better and better and with me, my fantasies get really vivid. Then as I get closer and closer to coming, it's like all my muscles tighten up, especially around my butt, and I feel tingly all over. All my concentration is on my clitoris because that's the place that is responding to every movement. I kind of cheer myself on in my head, Come on, come on, you're getting closer. Then I get to the point where I know it's going to happen and my whole body relaxes, and with that I feel this flood of sensation – don't know how to describe it – it's like these waves of pleasure that just take me over. **When you're having an orgasm, you're just focused on that.** Total involvement in that; nothing else exists. It's the most wonderful feeling of just being alive in your body without your head getting in the way telling you things. For me it's very peaceful.” (p. 262)

Students are to brainstorm the positive aspects of sexual behavior. “Record their responses on the chart. If the following items don't come up, feel free to add them: fun; **orgasms**; excitement and **pleasure.**” (p. 269)

“Learning to **please oneself and a partner** with outercourse behaviors can be wonderful preparation for a healthy, lifetime adult sexual relationship.” (p. 276)

“No one will naturally have the expertise **to make any partner reach orgasm**. Stereotypical gender-role messages promote the idea that boys and men should know everything about sex, including pleasing a partner. Yet nobody really teaches men how to do this. It's impossible for a man (or a person of any gender) to know how to please every partner. Each person is

	<p>different and finds different things arousing. Everyone, regardless of gender, must take responsibility for their own sexual pleasure, learning what feels good and what doesn't. Masturbation is a good way to learn this information. An individual may know how to please one partner, but those techniques may leave another partner cold. Partners should strive to please each other by observing and asking questions, not by making assumptions about what feels good.” (p. 277)</p> <p>“I'm definitely not ready for intercourse now ... but there are some other things we can do that are safe and will feel good for both of us. I do get turned on when we're together, but I need you to respect my boundaries.” (p. 449)</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>“Responsible Sexual Behavior: This unit contains three workshops. The first offers a broad definition of abstinence that excludes risky behavior – oral, anal, and vaginal sexual intercourse – but allows for no- or very low-risk sexual behaviors such as masturbation and outercourse.” (p. xvii)</p> <p>“Masturbation is often excluded from discussions of sexual behavior, even though self-pleasuring is both a common practice and a common concern for youth. Masturbation is a safe, normal, and pleasurable nonintercourse sexual behavior, and it's a way for individuals of all ages to enjoy their body's capacity for sexual pleasure.” (p. 249)</p> <p>“Workshop Goals: dispel myths about masturbation; introduce masturbation and nonintercourse sexual behaviors as healthy sexual options for youth at this age and for people of every age.” (p. 250)</p> <p>“Learning Objectives: demonstrate increased comfort during discussions of masturbation and nonintercourse sexual behaviors; list at least two facts about masturbation; identify at least five safe nonintercourse sexual behaviors.” (p. 250)</p> <p>Benefits of masturbating: “It will make you fully aware of what feels good sexually, and what you might want to do with a future partner. So, when having sex with a partner, you could let them know what's more pleasurable for intense stimulation.” (p. 259)</p> <p>“None of my girlfriends talked about it, and everyone made it seem like girls didn't masturbate. I thought I was the only girl doing it. Boy, was I wrong. A lot of us masturbate. We all know what's down there, and I'm sure a majority of us know what a clitoris looks like. (If you don't, play some good tunes, grab a mirror, and check yourself out. It won't hurt and it's not dirty. We all do this sometime or another.) A lot of us also know that touching ourselves near the clitoris will provoke some great sensations. Some of us have been doing this since our preteen years, while others take longer to get the hang of it.” (pp. 259-260)</p> <p>“Masturbation is a great way to relieve stress and sexual buildup. Plus, it's a private, intimate way to achieve orgasm without risking pregnancy or</p>

sexually transmitted disease. When you are ready for sex, **masturbation can help you learn** what parts of your body are the most responsive, and what moves feel the best.” (p. 260)

“Myth or Fact: **Masturbation can enhance your health. FACT.** Masturbation **has some health benefits**, such as relieving stress. It's also a way for someone to relax, feel pleasure, and learn about their sexual responses.” (p. 261)

“Myth or Fact: You can get an STI from masturbating. **MYTH. Masturbation is a safe way to feel pleasure** and release sexual tension without fear of STIs or pregnancy.” (p. 261)

“Reasons for Masturbating

- **It feels good** and releases sexual tension.
- It can relax you and help you sleep better.
- It's a special, usually private, way people can give themselves pleasure.
- **It's a way to have sexual pleasure in a safe manner**, because there's no risk of pregnancy or STIs.
- It lets you learn about your responses to sexual stimulation.
- Males can learn to recognize impending ejaculation and delay it to prolong their own and their partner's pleasure if or when they eventually engage in sexual intercourse.
- Partners might include masturbation as a part of their sexual relationship. **It's a way to share pleasure** without sexual penetration.
- It can be a lifelong form of sexual expression, enjoyable at any age, and appropriate whether one has a regular sex partner or not.
- It's a healthy option when one partner wants to have sex and the other doesn't.” (pp. 261-262)

“Tell the group that you want to talk about some sexual behaviors that don't include sexual intercourse. The first is masturbation. Ask if anyone can define the word *masturbation*. Share the following definitions as needed:

- ***Masturbation is the stimulation of one's own sex organs for sexual pleasure.***
- This is usually enjoyed in private but can also be explored with a partner. Some youth experiment with masturbation in groups.” (p. 255)

“Masturbation is often excluded from discussions of sexual behavior, even though self-pleasuring is both a common practice and a common concern for youth. **Masturbation is a safe, normal, and pleasurable nonintercourse sexual behavior**, and it's a way for individuals of all ages to enjoy their body's capacity for sexual pleasure.” (p. 256)

“All of the skin is an erogenous zone that can be **explored during masturbation** or with a sexual partner. It's limiting to focus only on

	<p>genitals.” (p. 257)</p> <p>“There are meaningful benefits from masturbating. Top on the list would be it makes you extremely comfortable with your sexuality! Whether you are gay, straight, or, well, if you like the best of both worlds, masturbation will make you comfortable with who you are and who you want to be as a sexual person ... More so, an orgasm is amazing and taking 10 minutes out of your day to get one is a complete bargain.” (p. 259)</p> <p>“Everyone, regardless of gender, must take responsibility for their own sexual pleasure, learning what feels good and what doesn't. Masturbation is a good way to learn this information.” (p. 277)</p> <p>“Chris and Max have talked about having intercourse of some kind and decided to wait until they're older. Neither of them have had intercourse before. They've kissed and hugged, but that's as far as it has gone. They both want to be able to express their sexual feelings even more. One night after a movie, they're alone at Chris's house and start to kiss. When they both get aroused, Chris asks Max if they could stimulate each other until they both have orgasms and stick to their decision about waiting to have intercourse.” (p. 434)</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>“Since oral sex can transmit some infections, partners should avoid ingesting any fluid from the penis, including semen. A condom should be placed on the penis before engaging in fellatio. Likewise, because HIV (the virus that causes AIDS) can be transmitted in vaginal secretions, a partner should use an oral barrier (called a dental dam, or just a dam) when engaging in oral stimulation of the vulva or vagina.” (p. 275)</p> <p>“People who've decided to take the risk of engaging in anal sex should use a condom with additional lubrication, and a male penetrating a partner should withdraw the penis prior to ejaculation.” (p. 275)</p> <p>“Learning Objective: demonstrate the correct usage of condoms and oral barriers (dams).” (p. 308)</p> <p>Materials checklist for Condoms and Dams or Condom Obstacle Course:</p> <ul style="list-style-type: none"> • “a penis model or condom demonstrator • male condoms of different types (including Magnums, which are larger than most, and unlubricated condoms), two or three per participant • water-based personal lubricant • optional: a female pelvic model • female or internal condoms, two or three for demonstration • oral barriers or dams, one or two for demonstration.” (p. 309) <p>“Steps for Using a Condom Correctly</p> <ul style="list-style-type: none"> • Check the expiration date and make sure the condom is latex or polyurethane. • Open the package carefully to avoid tearing the condom. • Make sure the condom is on the proper side so that it will roll down correctly.

- Pinch the tip of the condom to save space for semen.
- Squeeze a few drops of lubricant inside the tip.
- Continuing to squeeze the tip, roll the condom down to the base of the penis.
- Check during intercourse to make sure the condom isn't slipping.
- Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out of the other person's body before it gets soft.
- Wrap the condom in tissue and throw it away. Do not flush it down the toilet or reuse it.” (p. 311)

“Direct participants' attention to the Steps for Using a Condom Correctly chart. **Using the penis model, demonstrate for the group** how to use a condom correctly, being sure to demonstrate each of the steps. Answer any questions.” (p. 318)

“Invite participants to practice. (Allow anyone to pass if they feel uncomfortable or choose not to participate.) **Some will use the penis model and others will use their fingers.** Ask them to pair off with the person sitting next to them.” (p. 318)

“**Display the dam and explain how it is used** when having oral contact with the vulva or anal area. Also **demonstrate how to cut a condom into a square** in case a dam is not available.” (p. 318)

“Display one of the female condoms. Explain that these condoms are sometimes called internal condoms, because **people of any gender can use them for protection during anal sex.**” (p. 318)

“Review **how to use an internal condom in the vagina:**

- Check the expiration date.
- Rub the outside of the package to spread the lubricant onto the condom.
- Open the package carefully by tearing at the notch on the top right corner.
- Note that the condom has two rings. The thinner outer ring covers the area around the opening of the vagina or anus. The thicker inner ring is used for insertion and to help hold the condom in place during intercourse. If using the condom in the rectum, remove the inner ring first.
- You can insert the condom in a variety of positions: squatting, with one leg raised, sitting, or lying down. Choose a position that feels comfortable.
- While holding the condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.
- Insert the inner ring into the vagina and use your index finger to push it up into your vagina as far as it will go. It will fit into place right under your cervix. Be sure the sheath is not twisted. Leave the outer ring on the outside of the vagina; about a half inch of the sheath should remain on

the outside of your vagina.

- **A partner's penis can now be guided into the condom's opening with your hand to make sure that it enters properly.** Be sure that the penis is not missing the opening and entering instead between the sheath and the vaginal wall.
- To remove the condom, place your finger under the outer ring. Twist it and pull it out. Wrap it in tissue and throw it away Don't flush it down the toilet or reuse it.” (pp. 318-319)

Condom Obstacle Course: “Ask participants to brainstorm all the reasons why young people don't use condoms every time they have intercourse. List the responses, which may include the following:

- You can't feel anything; it doesn't feel as good.
- No need; you can tell when your partner is ‘clean.’
- The condom won't fit; the penis is too big.
- It's embarrassing or difficult to get condoms.
- I can't get an STI; it won't happen to me.
- They ruin the mood.
- They are too hard or too much trouble to use.” (p. 319)

“Explain that it can be difficult to find dams, so **you can cut an unlubricated condom into a square** and use it as a barrier. Demonstrate how to cut a condom into a square **using scissors or your teeth.**” (p. 320)

Note: *This program is teaching 12-year-olds how to make oral sex dams using their teeth. Nothing could be more irresponsible.*

“Obstacle to overcome: **A condom is too small to fit a penis.**

- Stretch the condom as big as you can without breaking it. You can pull it with your hands or feet or blow it up like a balloon.
- Measure the condom when it is fully stretched.
- How big around did the condom get? How long did it get?
- What happened to the condom when it was stretched?
- Open a Magnum condom, which is **designed for larger penises.** Compare it with the other condoms.” (p. 335)

“Obstacle to overcome: I don't know how to use a condom correctly. They are too hard to use. Set-up: **Place a selection of condoms, personal lubricant, and a penis model at this station.** Post the following instructions:

- Practice using a condom correctly:
- Check the expiration date and make sure the condom is latex or polyurethane.
- Open the package carefully to avoid tearing the condom.
- Make sure the condom is on the proper side so that it will roll down correctly.
- Pinch the tip of the condom to create space for semen.
- Squeeze a few drops of lubricant inside the tip.
- Continuing to squeeze the tip, roll the condom down to the base of the

	<p>penis.” (pp. 335-336)</p> <p>“Condom Excuse: Condoms don’t feel natural. Suggested Response: Having an STI won’t feel natural either.” (p. 446)</p> <p>“Condom Excuse: I don’t have any condoms/dams/birth control on me. Suggested Responses: We can go to the store together and get some; I know how to use a condom to make a dam.” (p. 446)</p> <p>“Condom Excuse: I’m embarrassed to buy condoms/dams. Suggested Responses: You’d be more embarrassed to go into the STI clinic; I’ll buy them.” (p. 446)</p> <p>Role play scenario to encourage a partner to use condoms: “There are a lot of different condoms out there. Why don't we go buy some different types and you can see how they feel? Also, I learned some tricks at this workshop I took. If you put a few drops of lubricant in the tip of the condom, it feels better. And I can put it on for you. We can make it fun.” (p. 450)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“Bill of Rights. <i>Our Whole Lives</i> is based on the belief that youth have the right to: have support in making their own decisions about sexual matters.” (p. xii)</p> <p>“The first focuses on making decisions about sexual behavior, helping youth figure out their bottom-line values when it comes to sexual behavior at this point in their lives.” (p. xvii)</p> <p>“I need some air. Let's go out for a walk and we can talk more about whether we're ready to have sex.” (p. 213)</p> <p>“Youth who get educated about the legitimacy of nonintercourse sexual options can make informed decisions about their sexual boundaries, health, and emotional well-being.” (p. 250)</p> <p>“This workshop reinforces the following values: All persons have the right and obligation to make responsible sexual choices.” (p. 307)</p> <p>“Learning Objectives: practice making decisions about an unintended pregnancy” (p. 371)</p> <p>Questions for case study on unintended pregnancy:</p> <ul style="list-style-type: none"> • What choice would you make if you were in this situation: parenting, adoption, or abortion? • What are your reasons for this decision? • Who would you talk to? Where could you go for support and assistance? • What would be some of the first steps you would take in proceeding with your decision?” (p. 373)

	<p>“Fathers have no legal say in a young woman's decision to have an abortion. Therefore, couples should discuss how they might handle an unintended pregnancy before having penis-vagina sexual intercourse.” (p. 377)</p> <p>“What commitments can you make to move forward on your path to becoming a sexually healthy and responsible person?” (p. 468)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Bill of Rights. <i>Our Whole Lives</i> is based on the belief that youth have the right to: express their sexuality in ways that are healthy and life affirming.” (p. xii)</p> <p>“Sexual intercourse is only one of the many valid ways of expressing sexual feelings with a partner. It is healthier for young adolescents to postpone sexual intercourse.” (p. xiii)</p> <p>“In many different workshops, beginning with the Relationships unit, participants learn and practice skills such as active listening, assertiveness, and refusing to engage in risky behaviors. They practice these skills throughout the program, especially when learning to be an ally, to intervene in bullying, to give a sexual partner a bottom-line message regarding sexual boundaries, to negotiate the use of protection, and to say ‘no’ to unsafe sexual behavior.” (p. xiv)</p> <p>“Responsible Sexual Behavior: This unit contains three workshops. The first offers a broad definition of abstinence that excludes risky behavior – oral, anal, and vaginal sexual intercourse – but allows for no- or very low-risk sexual behaviors such as masturbation and outercourse.” (p. xvii)</p> <p>“The curriculum helps participants understand that STIs, unintended pregnancy, bullying, and other situations <i>could</i> happen to them. There are specific activities that demonstrate concretely how easily unprotected penis-vagina sex can lead to pregnancy or how easily an STI can be transmitted if people engage in unprotected sexual behavior.” (p. xiv)</p> <p>“Multiple activities help dispel misinformation and give participants skill practice to increase their confidence in their ability to avoid risky behaviors, to practice safer sex practices, to advocate for just treatment of all people, and to build positive, equitable loving relationships.” (p. xiv)</p> <p>“Body image has also been shown to influence sexual attitudes and behavior. For example, adolescent females with a negative body image are less likely to negotiate condom use with a male sexual partner, for fear of losing the partner.” (p. 75)</p> <p>“In this workshop, youth learn that everyone is entitled to a positive body image and the benefits it brings, including a sense of sexual agency and, if and when they choose to be sexually active, higher opportunity for sexual pleasure and satisfaction, with lower risk of unwanted pregnancy and STIs.” (p. 75)</p> <p>Influence of positive body image: “People avoid risky sexual behaviors because</p>

they feel confident communicating their sexual boundaries.” (p. 88)

“I don't want to have sex **without a condom** because I don't want to take the chance of getting an STI.” (p. 213)

“**Outercourse** – sexual behaviors, which do not include penetration or oral sex – **can be both intimate and pleasurable**, with little or no risk of sexually transmitted infection or pregnancy.” (p. 249)

“Workshop Goals: to **broaden participants' definition of abstinence**; to introduce masturbation and nonintercourse sexual behaviors as **healthy sexual options** for youth at this age and for people of every age.” (p. 250)

“Learning Objectives: **define abstinence as a healthy sexual option that encompasses sexual behavior** but specifically excludes intercourse (oral, anal, and vaginal) and skin-to-skin genital contact; identify at least five **safe nonintercourse sexual behaviors**.” (p. 250)

“Our Whole Lives **defines abstinence as refraining from sexual intercourse** (oral, anal, and vaginal), as well as from skin-to-skin genital contact. This definition of abstinence excludes higher-risk sexual behaviors but **allows for the possibility of healthy and safe nonintercourse sexual behaviors**, such as masturbation and outercourse.” (p. 249)

“It is **healthiest for young teens to choose outercourse** rather than intercourse as a way to share physical intimacy with a partner.” (p. 257)

Students read the story of Sabrina, a 16-year-old whose relationship turned physical. “After a while, **sex became a reality**. It's a lot harder to abstain when you're actually in the moment, faced with that decision,’ she says. Sabrina's story illustrates one rarely publicized fact – **abstinence can fail**. Even though teens are taught that abstinence is a ‘100-percent effective’ method of preventing unplanned pregnancy and sexually transmitted diseases (STD), **abstinence can fail when teens try to practice it every day**.” (p. 259)

“*Outercourse* refers to sexual activities that exclude vaginal, anal, and oral intercourse, and also exclude nonpenetrative oral sex. **There are many ways that two people can express their sexual feelings outside of these behaviors**. They include kissing, hugging, giving each other massages, rubbing bodies together, mutual masturbation, sharing fantasies, and more. Some of these behaviors **can lead to orgasm** or a release of sexual tension.” (p. 263)

“Anal and vaginal intercourse may involve penetration, and all involve an exchange of fluids that can transmit sexually transmitted infections. Therefore, **individuals engaging in any form of intercourse should use latex or polyurethane protection** to avoid the exchange of fluids.” (p. 274)

“This workshop reinforces the following values: Healthy sexual relationships are safe (**present no or low risk** of unintended pregnancy, sexually

transmitted infections, and emotional pain).” (p. 307)

Students exchange M&M’s with other students in an activity that shows how STIs can spread. Each color M&M represents a different STI status or method of protection. “For the purposes of this activity only, exchanging M&Ms **represents engaging in sexual intercourse or other sexual behavior**. Here's what the different colors of M&Ms represent:

- orange = HPV
- red = chlamydia
- brown = **outercourse (safe sexual behaviors)**
- green = condoms, dams, or other latex or polyurethane barriers.” (p. 313)

***Note:** Abstinence as traditionally defined is not included in this activity. Our Whole Lives considers outercourse to be abstinence and thereby encourages children to engage in sexual behavior.*

“It's easy to get an STI if you engage in **unprotected** sexual intercourse. You can take action to keep yourself safe: abstain from **unprotected** oral, anal, and vaginal intercourse. Protect yourself and your partner with a condom or dam. You have to always protect yourself **if you decide to have sexual intercourse**, because any partner – including you – might have an STI and not know it.” (p. 314)

“Anyone with a black dot gets to sit back down, because they represent someone who chose not to engage in sexual intercourse of any type. **They chose outercourse instead**, so they did not get an STI. Anyone with a red dot also gets to sit back down, because they represent someone who **chose to protect themselves** by using a condom or dam. So they did not get an STI either.” (p. 315)

***Note:** We again see outercourse and protected intercourse promoted as safe and acceptable behaviors for middle school students.*

“What are some ways to bring up the topic of STIs? Possible answers include the following:

- I want to always be safe so I would never have sex **without using protection**.
- I want to be able to relax and enjoy sex, and I won't **unless I know we're protected**.” (p. 322)

“For the greatest protection [from STIs]:

- abstain from sexual intercourse of any kind (vaginal, anal, or oral)
- avoid skin-to-skin genital contact
- **if you do have oral, anal, or vaginal intercourse**, use latex or polyurethane barriers (male or female condoms or dams) correctly and consistently, every time.” (p. 325)

	<p>“Corey is in high school and has had unprotected sexual intercourse with three different partners. A few months ago, he went to the doctor after noticing a couple bumps on the head of his penis. It turned out they were warts and that he has human papillomavirus (HPV). The doctor removed the warts and now everything looks all right.” (p. 340)</p> <p>“Jordan has had sexual intercourse with two people. After participating in Our Whole Lives last semester, Jordan made a commitment to always use protection for any kind of sexual intercourse. Jordan even got tested for HIV once at a local clinic just to be sure. The test came back negative. That was the only time Jordan has ever gotten any sort of test for STIs.” (p. 341)</p> <p>“There are many no-risk behaviors that can be pleasurable and increase the intimacy between romantic partners.” (p. 401)</p> <p>“If teens decide to have sexual intercourse (vaginal, oral, or anal), they have a responsibility to use protection against unintended pregnancy and STIs.” (p. 401)</p> <p>“Remind participants that outercourse excludes genital-to-genital, oral-to-genital, oral-to-anal, and genital-to-anal contact. By the <i>Our Whole Lives</i> definition, it is a form of abstinence.” (p. 403)</p> <p>“Here are some questions to answer before deciding to have sexual intercourse (oral, vaginal, or anal):</p> <ul style="list-style-type: none"> • How do I feel about sexual intercourse? When do I think it would be right for me? Under what conditions and with what kind of person? • What do I expect sexual intercourse to be like? What if it's bad and I don't enjoy it? How would I feel about myself and my partner? • How would my partner and I feel if others found out about our sexual relationship? • What if this turns into a strictly sexual relationship and that's all we ever do? How would I feel then? • What will I do to prevent sexually transmitted infections? • If we have penis-vagina intercourse, what will I do to prevent pregnancy?” (p. 436) <p><i>Note: Even though the text advises students that they aren't ready for intercourse if they can't answer all of the given questions with confidence, providing this list implies to students that they can choose to have intercourse whenever they are ready.</i></p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children</i></p>	<p>“In an inclusive and developmentally appropriate manner, the <i>Our Whole Lives</i> program addresses sensitive topics that are excluded from many sexuality curricula. The program recognizes and respects the diversity of participants with respect to sex, gender identity, gender expression, sexual orientation, and disability status. The activities and language used throughout the program have been carefully chosen to be as inclusive as possible of any human diversity.” (p.</p>

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.

xi)

“In an effort to make the program relevant and comfortable to participants who **might be intersex, transgender, or gender nonconforming**, this edition of *Our Whole Lives* has removed separate gender discussions and activities.” (p. xxiv)

“Use participants’ **preferred names and pronouns** when you address or refer to them. Ask participants to use each other's preferred names, too. This helps all members feel that they're an important part of the group.” (p. xxv)

“In addition, some transgender youth whose **gender identity is not aligned with their anatomy** in expected ways may not be able to relate if sexual anatomy is presented without any explanation of gender diversity.” (p. 39)

“What's important here is to understand that babies can be born male, female, or intersex. **Not everyone fits neatly into a male or female box.**” (p. 43)

“The workshop will focus specifically on gender identity, **which is a person's internal sense of their gender**. Gender identity can be boy/man, girl/woman, something in between, **transgender**, or something different (such as **genderqueer**).” (pp. 85-86)

“The term transgender is often used as a broad term for individuals whose biological sex and gender identity are not in alignment. For example, **some biological males identify as women**; some biological females identify as men; and some biological males, biological females, and intersex people identify as a gender other than woman or man, or as a mix of the two. Although other identity labels, such as genderqueer, are also used by people who may not identify entirely as women or men, we will use the terms transgender and trans in this curriculum.” (p. 91)

“The term **gender nonconforming** is often used to refer to individuals whose gender expression is perceived as **not ‘matching’ society's expectations** for them. For example, some men have a feminine gender expression and some women have a masculine gender expression; some peoples' gender expression reflects their fluid transgender identity.” (p. 91)

“Note: Always assume that there are participants in your group who are transgender, gender nonconforming, or gender questioning. Once you've created a safe environment, **it's quite possible that one or more participants will come out to you** before, during, or after this workshop.” (p. 92)

“**Biological sex**: a person's physical body, including genitals, reproductive organs, chromosomes, and hormones. People are born biologically male,

female, or intersex.” (p. 93)

“**Gender identity:** a person's internal sense of their own gender. People may identify as a girl/woman, a boy/man, some of each, transgender, or something else entirely. People may or may not see themselves as (or feel like) the biological sex they were assigned at birth.” (p. 94)

“**Gender expression:** the way a person chooses to express their gender identity through clothing, voice, mannerisms, behaviors, likes and dislikes, etc. Gender expression may be perceived as masculine, feminine, neither, or a mix of the two.” (p. 94)

“For some people, biological sex, gender identity; and gender expression do not line up as expected. **These people are often referred to as transgender or as gender nonconforming.** There are many other words and labels that different people use to define and describe themselves, like genderqueer.” (p. 97)

“Sam is fifteen, **was born biologically male, and was raised as a boy but has always felt like a girl.** After seeing a little of a news show about transgender children, Sam told her parents she might be transgender. They just assumed Sam was going through a phase. Sam is often moody because of having to sit through the school day being called he and him, **when Sam would feel more comfortable with she and her.** Now Sam's body is changing in ways that make her feel very uncomfortable. Sam has let her hair grow, paints her toenails, and wears feminine clothing at home when her parents are out. But she's becoming increasingly depressed and has considered taking her life.” (p. 107)

“Workshop Goals: to **demonstrate the range of** non-heterosexual orientations and **gender-nonconforming identities.**” (p. 142)

“If you're doing a combined panel, with some speakers who are LGBTQ and some who are transgender or gender nonconforming, **include more than one speaker who is a transgender or gender nonconforming person.** A lone individual may feel vulnerable, tokenized, or as if they are being asked to speak for all people holding the same identity. Be careful to **clarify the differences between gender identity and sexual orientation** while conducting the panel.” (p. 147)

“**Androgyny:** the mixing of masculine and feminine gender expression, or the lack of gender identification.” (p. 101)

“**Cisgender:** identifying as the gender and sex one was assigned at birth.” (p. 101)

“**Gender binary:** a system of classifying sex and gender into two distinct and disconnected forms, so that bodies, identities, roles, and attributes are seen as all entirely male/masculine or female/feminine.” (p. 101)

“**Genderqueer, gender fluid, gender variant:** identifying as being between or other than man and woman. People who identify as one of these may feel they are neither or that they are a little bit of both, or they may simply feel restricted

by gender labels.” (p. 101)

“**Queer**: a self-identity label for people who feel they do not fit cultural norms for sexual orientation and/or gender identity.” (p. 102)

“**Transgender**: in popular usage, all people who transgress dominant conceptions of gender, or at least all who identify themselves as doing so. The definition continues to evolve.” (p. 102)

“**Transition**: the complex process of authentically living into one's gender identity. It may include changing the physical appearance to be more congruent with the gender or sex a person feels themselves to be, or to be in harmony with their preferred gender expression. Some people who have transitioned no longer consider themselves to be transsexual or transgender and rather identify only as a man or a woman. Others identify as a trans man or a trans woman.” (p. 102)

“**Transsexual**: in historical usage, having medically and legally changed one's sex, or wishing to do so. Most transsexual people feel a conflict between their gender identity and the sex they were assigned at birth.” (p. 102)

“Gender-role stereotypes related to sexual behavior are **harmful to people of all genders.**” (p. 270)

Recommended resource for a pregnancy workshop: “**Journey of a Pregnant Man**: Thomas Beatie,’ a Barbara Walters special available in five parts on YouTube; part 4 (7:27 minutes) offers a broad perspective on **trans men who carry and deliver their babies.**” (p. 345)

“Note: Participants may have heard about men who have become pregnant and delivered children. Explain that while biological males cannot produce eggs or carry a pregnancy, **a transgender man who retained his female sexual and reproductive anatomy could become pregnant with another male's sperm and deliver a child.** Remind the group that sex is biological and gender is psychological. Pregnancy does not turn a trans man into a woman.” (p. 351)

“Freeze-Frame Scenario: **Max is a trans girl who has a big crush on Zee.** Both are free thinkers who don't like labels. Max and Zee have been hanging out together for a few weeks and enjoy a lot of the same things. It's clear that they're attracted to each other, but they've never kissed or touched. Plan a role-play in which **Max talks to Zee about having sex** and they make a decision.” (p. 431)

“Max: You were born biologically male **but have never identified as a boy or man.** You see yourself as a girl, but not a "girly" girl. You really like the fact that Zee is kind of androgynous; **it's a turn-on for you.** You want to kiss Zee and do more, but aren't sure how to get things started. You decide that the two of you should talk about your feelings.” (p. 431)

	<p>“Zee: Biologically, you were born female. You hate all of the boxes that society puts people in and work hard to have a gender-nonconforming appearance and style. You buy most of your clothes in the young men's department and enjoy bending gender rules. You feel like Max is a true soulmate who really ‘gets you.’” (p. 432)</p> <p>“I am a trans guy and I plan to have a gender confirmation surgery when I'm older. For now, I have to deal with female genitals. I've read online about people who take drugs to keep puberty from happening. I don't know how I would deal with having breasts and periods. My parents are pretty supportive. Who can help us?” (p. 469)</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>“Healthy sexual relationships are: safe (sexual activity brings no or low risk of unintended pregnancy, sexually transmitted infections, or emotional pain)” (p. xiii)</p> <p>“Sexually Transmitted Infections, Pregnancy, and Parenting: This unit contains four workshops. The first presents facts about the transmission and prevention of sexually transmitted infections (STIs). The second provides information about conception, pregnancy, and birth, as well as the realities of teen parenting. The third explores options for resolving an unintended pregnancy, and the fourth covers contraception and safer sex practices.” (p. xvii)</p> <p>“Antoine and I started planning how we could be together. We decided, first things first: What are the different kinds of contraception, and which ones are best for us?” (p. 164)</p> <p>“There are three options for coping with an unintended pregnancy:</p> <ul style="list-style-type: none"> • having the baby and raising it with a partner and/or with the help of one or more other adults • having the baby and placing it for adoption • terminating the pregnancy with an abortion.” (p. 370) <p>“Abortion is a medically safe procedure for young females, with fewer health risks than pregnancy. While abortion is legal in the United States, political pressure in many states has reduced access to safe, affordable abortion services, especially for low-income, uninsured females, and, in some states, particularly for minors. Restrictions may include the requirement that a parent or guardian be notified and mandatory counseling and waiting periods.” (p. 370)</p> <p>Before reading case studies of pregnant teens, students are reminded of the following: “When a young woman becomes pregnant, she has three options. She can have the baby and raise it – alone, with her partner, or with the help of other adults; she can have the baby and place it for adoption; or she can terminate the pregnancy with an abortion.” (p. 373)</p> <p>“Erin says the abortion hurt physically a little, like huge cramps. Emotionally,</p>

she felt knocked out. Afterward, her friends just held her as she cried for her baby. Erin still feels she made the best choice for the situation she was in at the time. She still hasn't told her mom. But she has learned to be careful. She has had sex with one guy since the abortion. And she **always uses birth control.**" (p. 374)

"Beware of organizations that call themselves 'crisis pregnancy centers.' Some are actually **antiabortion organizations** that don't provide accurate or objective information." (p. 376)

"Abortion is a very safe procedure, for adults and youth. The chance of significant complications after a first-trimester abortion (during the first three months of pregnancy) is less than one-twentieth of 1 percent." (p. 377)

"Medical abortions are performed up to the seventh week of pregnancy. The woman takes a prescription medication that causes the uterus to empty itself (**much like a very heavy menstrual period**)." (p. 377)

"To explore participants' **existing ideas about abortion**, have them post on newsprint the facts they believe to be true and any questions they have about abortion." (p. 379)

"Safety of Abortion

- A first-trimester **abortion is one of the safest medical procedures**, with minimal risk – less than 0.05 percent – of major complications that might need hospital care.
- Abortions performed in the first trimester **pose virtually no long-term risk** of such problems as infertility, ectopic pregnancy, spontaneous abortion (miscarriage), or birth defect, and little or no risk of preterm or low-birth-weight deliveries.
- Exhaustive reviews by panels convened by the U.S. and British governments have concluded that there is **no association between abortion and breast cancer**. There is also no indication that abortion is a risk factor for other cancers.
- Leading experts have concluded that, among women who have an unplanned pregnancy, the **risk of mental health problems is no greater if they have a single first-trimester abortion than if they carry the pregnancy to term.**" (p. 388)

"Workshop Goals: to reinforce the attitude that **using protection correctly and consistently** is a responsibility that comes with the decision to engage in sexual intercourse (vaginal, oral, or anal); to **increase knowledge of contraceptive options**, with an emphasis on very effective and long-acting methods." (p. 392)

"After completing this workshop, participants will be able to: **rank birth control methods by their effectiveness**; identify birth control methods that also protect against STIs." (p. 393)

“Materials Checklist: a **chart of methods of contraception**; samples of IUDs, condoms, and contraceptive implants, patches, and pills.” (p. 393)

“Bedsider, an online birth control support network operated by the National Campaign to Prevent Teen and Unplanned Pregnancy, offers a chart comparing not just the effectiveness of **different birth control methods** but nearly a dozen other features, including their cost, whether they help prevent STIs, and **how ‘party ready’ they are** at <http://bedsider.org/methods/matrix>.” (p. 394)

“Gather materials to help teach this activity effectively: contraceptive charts, charts of the female reproductive organs, **female pelvic models**, and a **birth control kit**. Many local health departments and **Planned Parenthood affiliates** will loan or sell demonstration kits.” (p. 395)

“Pregnancy and STIs are both possible consequences of penis-vagina intercourse. There are a **range of methods to prevent pregnancy**. They each have different advantages and disadvantages. Today we'll be reading a series of comments about **what it's like to use different methods of birth control**.” (p. 396)

“When you've completed your presentation, **pass around samples of the methods for participants to see and touch**. Don't pass around methods during your presentation because the group will get distracted.” (p. 400)

“**Using protection during sexual intercourse** is low-risk behavior. We call protected intercourse safer sex.” (p. 401)

Facts and instructions are given for the following contraceptive methods: implant, IUD, birth control pill, hormonal injection, the patch, the ring, emergency contraception, female condom, male condom, birth control sponge, abstinence, sterilization, natural family planning, withdrawal. (pp. 405-409)

Regarding the implant and IUD: “Both methods are **extremely effective** at preventing pregnancy but offer no protection against STI/HIV infection. Therefore, when using these birth control methods, it is very **important to also use condoms** to prevent STIs.” (p. 405)

Regarding the implant and IUD: “These methods have some minor side effects, which are generally **outweighed by their effectiveness and convenience**.” (p. 405)

“You have to put on the condom just before having sex. If you are using spermicides, you must apply them just before having sex. So using these methods can interrupt the flow of sex. However, there are **ways of making condom and spermicide use sexy, and they can become a part of lovemaking**.” (p. 408)

“Myth/Fact: Birth control pills reduce the chances of getting certain types of cancer. **FACT. Birth control pills help prevent two types of cancer**, cancer of the ovaries and cancer of the lining of the uterus (endometrial cancer).” (p. 414)

	<p>“Myth/Fact: If a condom breaks, it’s too late to worry about preventing pregnancy. MYTH. You can use emergency contraception (EC) in this kind of situation.” (p. 415)</p> <p>The following statements are given as advice from high school seniors:</p> <ul style="list-style-type: none"> • "Be aware of all the different sexualities and be understanding. Wrap it up!" • "Safer sex is great sex. Better wear a latex because you don't want a late text, saying, 'I think I'm late.'" (p. 439)
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Bill of Rights. OWL is based on the belief that youth have the right to:</p> <ul style="list-style-type: none"> • ask any questions they have about sexuality • receive complete (and medically accurate) information about sexuality • explore any issues of sexuality that interest them • have support in making their own decisions about sexual matters • express their sexuality in ways that are healthy and life affirming.” (p. xii) <p>“Workshop Goals: to introduce the sexual nature and rights of people with disabilities as a social justice issue.” (p. 150)</p> <p>“We all have feelings, a need for education, a need for relationships, and the right to feel desire and pleasure.” (p. 156)</p> <p>“This workshop reinforces the following values: All persons have the right and obligation to make responsible sexual choices.” (p. 307)</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>“Bill of Rights. OWL is based on the belief that youth have the right to:</p> <ul style="list-style-type: none"> • ask any questions they have about sexuality • receive complete (and medically accurate) information about sexuality • explore any issues of sexuality that interest them • have support in making their own decisions about sexual matters • express their sexuality in ways that are healthy and life affirming.” (p. xii) <p>“Gender identity: a person's internal sense of their own gender. People may identify as a girl/woman, a boy/man, some of each, transgender, or something else entirely. People may or may not see themselves as (or feel like) the biological sex they were assigned at birth.” (p. 94)</p> <p>“Gender expression: the way a person chooses to express their gender identity through clothing, voice, mannerisms, behaviors, likes and dislikes, etc. Gender expression may be perceived as masculine, feminine, neither, or a mix of the two.” (p. 94)</p> <p>“Sexual orientation: a person's feelings of emotional, romantic, and/or sexual attraction toward other people. A person's sexual orientation may be</p>

	<p>heterosexual, bisexual, homosexual, asexual, pansexual, or something else.” (p. 94)</p> <p>“Keep in mind that values and beliefs are different from facts. It's important for everyone to be fully informed and have factual information about sexuality and sexual orientation. People often have negative views that are based on misinformation. Individuals who don't accept LGBTQ persons because of personal or religious values do not have the right to oppress or discriminate against them because of their sexual orientation.” (p. 128)</p> <p>“Workshop Goals: to identify all options for resolving an unintended pregnancy; to explore personal attitudes regarding unintended pregnancy options.” (p. 371)</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>“My parents wanted to check my computer, so I stopped using that computer. I use the computers at school. There are things that they don't need to know... -Morgan, age 17” (p. 220)</p> <p>“Give an index card to each participant. Ask them to write down what they or their friends have seen or done online that they would not tell a parent. Collect the cards, shuffle them, and read them aloud to the group.” (p. 221)</p> <p>OK or Not OK Discussion Points: “Your parents or caregivers ask for your password to monitor what you're doing online. Most youth would feel that this was a violation of their privacy.” (p. 229)</p> <p>“Which side do teens hear more about from parents and schools? How much do parents and teachers talk about the positives? Why do you think adults are so reluctant to talk with teens about sexual pleasure? What are some things you want to know about sexual behavior and sexual pleasure?” (p. 271)</p> <p>“Next, Erin found out that Richard had been sentenced to prison. So she decided to have an abortion. ‘I just couldn't tell my mom,’ says Erin. ‘She's Catholic and doesn't believe in abortion. I was afraid she wouldn't accept me anymore as her daughter and that she'd say I told you so.’” (p. 374)</p> <p>“Take the group on a field trip to a local reproductive health clinic that provides specialized services for teens. Make arrangements in advance with an educator or practitioner who can explain the clinic's services and speak about topics such as pelvic, breast, and testicular exams; STI testing and treatment; and local parental notification policies. This kind of field trip can make the reproductive health clinic a less threatening place in case any participant ever needs these services.” (p. 404)</p> <p>“In most states, teens can get contraception without their parents' permission or consent.” (p. 407)</p> <p>“Myth/Fact: Teenagers can get birth control information and services without</p>

	<p>their parents’ permission in most states. FACT... This means youth can go to such a provider and get contraception, or get tested and treated for STIs, without their parents’ or guardians’ knowledge or permission.” (p. 415)</p> <p>“Freeze-Frame Scenario: Marina and Graham have been going out for four months. Marina's family immigrated from Russia five years ago. Marina speaks English well, thinks of herself as American, and argues constantly with her parents about many of their beliefs, which she finds old-fashioned. Graham and Marina are crazy about each other. Plan a role-play in which Graham talks to Marina about having sex and they make a decision.” (p. 431)</p> <p>“Note: If you or your participants have any concerns about writing things down (for example, fears that other participants or parents/guardians might see their goals), ask them to simply think of a goal. They can identify a goal in their heads without writing anything down.” (p. 466)</p> <p>"I had oral sex with someone at a party. I knew Pat from school and figured it would be okay. But then I heard a rumor that Pat gave someone chlamydia and I'm like, seriously? So that means I might have it. I need to get tested, but if I go to my family doctor, my parents will find out from the insurance statements. I need to go someplace that won't tell my parents and isn't expensive." (p. 469)</p> <p>“Reproductive health center (such as Planned Parenthood) usually keeps its services confidential; parents don't need to be informed or to give consent.” (pp. 470-471)</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>“Refer to the diagram of the male genitals from Workshop 4 or to a diagram in a book, such as <i>It's Perfectly Normal</i>.” (p. 70)</p> <p>Advice for young men relating to preventive care: “See a health care provider who works with adolescents or visit a reproductive health clinic like Planned Parenthood that provides health care for young men.” (p. 74)</p> <p>“Because young teens typically have a clear understanding of the experiences of boys and girls whose biological sex and gender identity are in alignment, the video options have been chosen to educate viewers about transgender or gender-nonconforming individuals. Preview the following videos and select one.” A number of recommended videos are provided. (p. 94)</p> <p>“Rated R – Most films involving LGBTQ issues are rated R, often simply because they portray non-heterosexual relationships, not necessarily because of an inappropriate level of sexuality, language, or violence. Preview these movies for appropriateness before deciding to show them and get permission from parents/guardians.</p> <ul style="list-style-type: none"> ● <i>Love, Actually</i> ● <i>Mississippi Masala</i> ● <i>Get Real</i> (gay teens) ● <i>The Incredibly True Adventure of Two Girls in Love</i> (lesbian teens)

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

- *Beautiful Thing* (gay coming of age).” (p. 187)

The following **LGBTQ websites are recommended** (pp. 106, 140-141):

- Lesbian, Gay, Bisexual, Transgender, and Queer Welcome & Equality, www.uua.org/lgbtq
- UCC Coalition for LGBT Concerns, www.ucc.org/lgbt/resources.html
- The Intersex Society of North America, www.isna.org
- YouthResource, www.youthresource.org
- Gender Spectrum, www.genderspectrum.org
- Trans Youth Family Allies, www.imatyfa.org
- The Trevor Project, www.thetrevorproject.org
- Trans Lifeline, www.translifeline.org
- Human Rights Campaign, www.hrc.org/youth
- Gay, Lesbian, and Straight Education Network (GLSEN), www.glsen.org
- Parents, Families, and Friends of Lesbians and Gays (PFLAG), www.pflag.org
- The Gay-Straight Alliance Network, www.gsanetwork.org
- Safe Schools Coalition, www.safeschoolscoalition.org
- Teaching Tolerance, www.tolerance.org
- The Family Acceptance Project, www.familyproject.sfsu.edu

“**Safe and reliable sex education websites:**

- www.sexetc.org
- www.scarleteen.com” (p. 232)

“Preview sexuality educator **Al Vernacchio's TED Talk** video at www.ted.com/. Decide if you feel it would be appropriate for your group of teens.” (p. 252)

Note: *It's not clear which Al Vernacchio Ted Talk is being recommended, but his topics include sexual justice and heterosexual and cisgender privilege.*

Online **resources about consent** (p. 301):

- That's Not Cool, www.thatsnotcool.com
- A Thin Line, www.athinline.org
- Loveisrespect, www.loveisrespect.org
- Sex, Etc., www.sexetc.org
- Scarleteen, www.scarleteen.com

“Obtain STI informational brochures or fact sheets. You may gather materials from a local health department, **Planned Parenthood office**, or STI clinic, or order low-cost brochures and pamphlets from ETR Associates (www.etr.org or 1-800-321-4407). Fact sheets can be downloaded and printed from various websites, for example, www.advocatesforyouth.org/storage/advfy/documents/std-brochure.pdf and www.cdc.gov/std/healthcomm/fact_sheets.htm.” (p. 310)

“**STI Resources** for Facilitators:

- Advocates for Youth, www.advocatesforyouth.org

- American Sexual Health Association, www.ashastd.org
- Centers for Disease Control and Prevention, www.cdc.gov/std; www.cdc.gov/hiv
- **Planned Parenthood**, www.plannedparenthood.org
- American Sexual Health Association, Teen Website, www.iwannaknow.org
- SIECUS Sex Ed Library, www.sexedlibrary.org
- Sex, Etc., www.sexetc.org
- Scarleteen, www.scarleteen.com
- Herpes Resource Center, www.ashasexualhealth.org/std-sti/Herpes.html
- HPV Resource Center, www.ashasexualhealth.org/std-sti/hpv.html
- **Planned Parenthood** Facts of Life Hotline, 1-800-967-PLAN” (p. 323)

“**These resources about** the options of parenting, adoption, and **abortion** can help youth facing an unintended pregnancy to make an informed decision about their situation.

- Pregnancy Options, www.pregnancyoptions.info, provides accurate, unbiased information on pregnancy options, including medical and surgical abortion, adoption, childbirth, parenting, and more.
- Abortion: Which Method Is Right for Me? www.pregnancyoptions.info/whichmethod.htm
- A Guide to Emotional and Spiritual Resolution after an Abortion, www.pregnancyoptions.info/emotional&spiritual.htm
- Advocates for Youth, www.advocatesforyouth.org, champions efforts that help young people make informed and responsible decisions about their reproductive and sexual health. The organization focuses its work on youth ages 14 to 25 in the United States and around the globe.
- The Religious Coalition for Reproductive Choice, www.rcrc.org, is a national community of religious organizations and faithful individuals dedicated to achieving reproductive justice.” (p. 381)

“Faith Aloud, www.faithaloud.org, is a national spiritual counseling agency for women **considering or choosing abortion**. It also provides **religious resources to abortion clinics**.” (p. 382)

“The Abortion Care Network, www.abortioncarenetwork.org, is a network of **independent abortion providers**, allies, and individuals who provide quality care for women. It also offers ‘Mom, Dad, I’m Pregnant,’ with resources to help young people and their parents communicate effectively.” (p. 382)

“The National Abortion Federation, www.prochoice.org, provides information on **abortion procedures and laws**, as well as a toll-free hotline that offers funding assistance and referrals to abortion providers that are NAP members.” (p. 382)

“Exhale, www.exhaleprovoice.org, creates a social climate where each person’s unique experience with abortion is supported, respected, and free from stigma. Exhale provides services, training, and education to empower individuals,

families, and communities to **achieve post-abortion health** and well-being.” (p. 382)

“This workshop creates an atmosphere of affirmation and acceptance while promoting personal responsibility and planning for the consequences of sexual behavior. Facilitating it does not require in-depth knowledge of contraceptives or reproduction. However, if you feel more comfortable bringing in a guest speaker, **invite an educator from a Planned Parenthood** affiliate or a local reproductive health clinic, or a private health care provider such as a gynecologist or an adolescent medicine specialist. This topic also affords an excellent opportunity for a field trip to a reproductive health center.” (p. 392)

“Much of the information about **over-the-counter methods** will be a review. Consider showing one or two of the following videos to reinforce knowledge about male condoms:

- ‘Condoms: Birth Control and Protection Against STDs – Planned Parenthood’ (1:25 minutes), www.youtube.com
- ‘How to Put on a Condom-Planned Parenthood’ (2:29 minutes), www.youtube.com
- ‘Female Condom as a Form of Birth Control-Planned Parenthood’ (1:23 minutes), www.youtube.com” (p. 400)

“You don't need to present information on sterilization, withdrawal, or natural family planning unless you get questions about them. You can **find information on Planned Parenthood's website** at www.plannedparenthood.org.” (p. 400)

“Add information as it occurs to you. For example, when discussing the role of a physician, you might say, ‘General physicians address general health care needs. When someone needs specialized reproductive or sexual health care, females can visit a gynecologist, while males can visit a urologist. Youth and adults of all genders can get **affordable sexual health care without insurance at clinics like Planned Parenthood.**’” (p. 465)

“Reproductive health center (such as Planned Parenthood)

- provides reproductive health care to all sexes
- provides contraceptive information and services
- offers STI testing and treatment
- offers counseling regarding unintended pregnancy
- usually offers free or low-cost services for teens
- usually keeps its services confidential; parents don't need to be informed or to give consent.” (pp. 470-471)

“Teen reproductive health websites/forums (like <http://sexetc.org/forum>)

- offer answers from adult and teen educators to questions about sex, reproduction, pregnancy, contraception, and more
- provide lists of frequently asked questions and their answers
- provide anonymous and confidential answers to questions submitted by users

- include comments and insights from other youth readers
- may provide forums where all readers can discuss topics and offer ideas.” (p. 471)

“Selected Resources: **Sexual Orientation**, www.plannedparenthood.org/info-for-teens/lgbtq--33812.htm.” (p. 474)

“Selected Resources: **Transgender**, www.youthresource.org.” (p. 474)

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