

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 ***Positive Prevention PLUS – High School Sexual Health Education for America’s Youth (2018 Edition)*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [13 OUT OF 15]

Positive Prevention Plus – High School contains [13 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: *Positive Prevention Plus – High School* teaches minors how to consent to sexual activity. *PPP* normalizes anal, oral, and digital sex (using fingers to manually stimulate vagina or anus), as well as diverse sexual orientations and gender identities. It blurs the definition of abstinence and teaches the steps to external and internal condom use in graphic detail. *PPP* also teaches students how to access STI testing and birth control and affirms that abortions can be obtained without parental consent.

Target Age Group: 14-18

Planned Parenthood Connections: *Positive Prevention Plus* references *It’s All One Curriculum*. International Planned Parenthood Federation is one of the authors of that program.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,</i></p>	<p>“You are being pressured to spend the night with a friend who wants to have sex with you. You like that friend, however you do not want to have sex with him/her.” Students then write responses to the following pressure lines:</p> <ul style="list-style-type: none">• “Come with me to this great sleepover. I would really like for us to get closer, if you know what I mean.• I think we are ready to take our relationship to the next level.• Come on, you know how attracted I am to you!• You will be totally safe with me whatever we do.• No one will know.” (Student Workbook, p. 65 and Facilitator Manual, p. 347)

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.

attractions, fantasies or desires.

Students **discuss in pairs** the following types of relationship abuse:

- “Forces unwanted sex acts
- Refuses to wear a condom
- Refuses to use birth control
- Refuses STI testing
- A much older person romances you
- Sending explicit photos
- Possession of child pornography” (Facilitator Manual, pp. 129-147)

“**Clarify for students** that vaginal sex can lead to pregnancy, but **references to ‘sexual contact’ include vaginal, oral, digital, and anal sex as well**, all of which can lead to STIs (sexually transmitted infections.)” (Facilitator Manual, p. 7)

“Remind students that **naked genital-to-genital contact**, while technically abstaining from insertive anal/oral/digital/vaginal sex, can still transmit STIs!” (Facilitator Manual, p. 179)

“Distribute Mismatch cards to students, and ask them to **make a body fluid/body opening pair with someone else**. Ask students to examine the match they have made between body opening and body fluid, and discuss whether this match could transmit HIV.” The Mismatch cards say the following: blood, semen, vaginal fluids, breast milk, rectal fluid, urine, saliva, sweat, mouth, penis, ear, navel, vagina, anus, skin cut or rash, intact skin. (Facilitator Manual, pp. 234, 241-255)

“**Digital sexual contact involves the insertion of the finger(s)** into the vagina or anus.” (Facilitator Manual, p. 258)

“Remind students that **non-insertive sexual activity**, like genital-to-genital rubbing, or digital intercourse (finger insertion) can also transmit STIs, as can the sharing of injection drug needles.” (Facilitator Manual, p. 259)

“Ask students: ‘When should you get tested or examined for STIs?’ Possible responses include: When you have had sexual contact (**anal, oral, digital, or vaginal**) with another person.” (Facilitator Manual, p. 265)

“Many sexually transmitted infections go undetected. A person who is sexually active should: **notify their sex partner(s)** who may be unaware of their infection.” (Facilitator Manual, p. 266)

“Instruct all students to circulate around the room, and **to mix/exchange their fluids by pouring a small portion into other students’ cups** and vice versa. After students return to their seats, comment on the similarity of this activity to a party: music, chatting with friends, **maybe even mixing body fluids.**” (Facilitator Manual, p. 357)

Students determine whether their answer to the following is yes or no:

- “Do you remember **how to locate a teen-friendly health care clinic**?”

	<ul style="list-style-type: none"> • Do you find it easy to treat people of another race, gender, or sexual orientation with dignity and respect? • Are you committed to protecting your sexual health, both physically and emotionally? • Can you say "no" to unwanted pressures to have sex? • Do you have a positive attitude about being sexually abstinent? • Do you know how to use a condom consistently and correctly? • Could you choose and use appropriate birth control when needed? • Could you use assertiveness skills to refuse or negotiate a safer sexual situation? • Could you discuss a possible STI infection with your sexual partner?" (Facilitator Manual, pp. 367-368) <p>“Erection – The stiffening and engorgement with blood of the penis or clitoris during sexual arousal.” (Facilitator Manual, p. 388)</p> <p>“Intercourse – Any sexual act that can result in pregnancy or disease.” (Facilitator Manual, p. 390)</p> <p>“Orgasm – The involuntary neuro-muscular contractions of the genitals during sexual stimulation.” (Facilitator Manual, p. 391)</p> <p>“Safer Sex – Sexual practices (anal, oral, or vaginal) that involve no exchange of blood, semen, or vaginal fluid; often characterized by correct and consistent condom use.” (Facilitator Manual, p. 393)</p> <p>“Sex (also sexual activity) – Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male).” (Facilitator Manual, p. 393)</p> <p>Lesson 6 video: Two high school boys talk about having multiple sex partners, one of whom ends up pregnant. (Lesson 6 PowerPoint)</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</i></p>	<p>“True or False: Partners must agree to the sexual behaviors they engage in (‘yes means yes’).” (Student Workbook, p. 14)</p> <p>“Affirmative consent must be given by sexual partners during the progression of sexual activity. The absence of NO can no longer be interpreted as YES.” (Student Workbook, p. 22)</p> <p>“Steps in Condom Negotiation. Before any insertive sexual contact,</p> <ul style="list-style-type: none"> • Let your partner see that you have a condom • Hold it up • Look your partner in the eye • Use their name • State, ‘I want us to be responsible and use a condom.’ • Don’t argue or get side-tracked • Just firmly repeat, ‘I want us to be responsible and use a condom, or else no sex!’” (Student Workbook, p. 61)

<p><i>abuse prevention.</i></p>	<p>“True or False: It is important to have a discussion with your sexual partner about using condoms or other birth control prior to sexual intercourse.” (Student Workbook, p. 62)</p> <p>“Assertiveness and Negotiation Skills: Communicate clearly; Know your limits; Make eye contact; State your limits and expectations; Explore and agree upon a less risky alternative behavior.” (Student Workbook, p. 64)</p> <p>“Yes Means Yes! First ask students to explain what this phrase might mean. Then explain the following key points:</p> <ul style="list-style-type: none"> • Affirmative consent must be given by sexual partners during the progression of sexual activity. • The absence of NO can no longer be interpreted as YES. • Consent given by an impaired (drunk, high) partner does not qualify as a YES.” (Facilitator Manual, p. 93) <p>“Remind students that healthy relationships - both sexual and non-sexual - revolve around mutual respect, open communication, and consent.” (Facilitator Manual, p. 95)</p> <p>“Ask students to brainstorm a list of acceptable friendship and/or dating behaviors. Possible responses include: Asking for consent prior to (and during) any sexual activity.” (Facilitator Manual, p. 99)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“Clarify for students that vaginal sex can lead to pregnancy, but references to ‘sexual contact’ include vaginal, oral, digital, and anal sex as well, all of which can lead to STIs (sexually transmitted infections.)” (Facilitator Manual, p. 7)</p> <p>“Remind students that naked genital-to-genital contact, while technically abstaining from insertive anal/oral/digital/vaginal sex, can still transmit STIs!” (Facilitator Manual, p. 179)</p> <p>“Explain that there are five body fluids which transmit HIV from one person to another: blood, semen, vaginal fluids, rectal fluids, and breast milk. These commonly enter another person's bloodstream through the mouth, genitals, anus, or breaks in the skin (including the use of infected injection drug needles).” (Facilitator Manual, p. 234)</p> <p>“Note: Digital sexual contact involves the insertion of the finger(s) into the vagina or anus.” (Facilitator Manual, p. 258)</p> <p>“Ask students: ‘When should you get tested or examined for STIs?’ Possible responses include: When you have had sexual contact (anal, oral, digital, or vaginal) with another person.” (Facilitator Manual, p. 265)</p> <p>“Anal Intercourse – Sexual intercourse in which the penis enters the rectum.” (Facilitator Manual, p. 385)</p>

	<p>“Oral Sex – Sexual activity that involves using the mouth to stimulate a partner's genitals.” (Facilitator Manual, p. 391)</p> <p>“Sex (also sexual activity) – Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male).” (Facilitator Manual, p. 393)</p>
<p>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Sexual Orientation: A person's enduring romantic or sexual attraction to people of another and/or same gender. Common terms used to describe sexual orientation include, but are not limited to: heterosexual, lesbian, gay, and bisexual.” (Student Workbook, p. 8 and Facilitator Manual, p. 9)</p> <p>“Gender role, gender identity, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.” (Student Workbook, p. 8)</p> <p>A gender expression chart shows that gender identity is determined in the brain, sexual orientation in the heart, and sex by the genitals. (Student Workbook, p. 10)</p> <p>“True or <u>False</u>: The terms gender identity and sexual orientation mean the same thing.” (Student Workbook, p. 13)</p> <p>“Explain that human sexuality is composed of four key dimensions, including:</p> <ul style="list-style-type: none"> • Sex (e.g., male, female, intersex) • Gender expression (e.g., masculine, feminine, androgynous, gender non-conforming) • Gender identity (e.g., cisgender, transgender) • Sexual orientation (e.g., straight, gay, bisexual)” (Facilitator Manual, p. 10) <p>“Explain that high-quality human relationships occur in a variety of configurations, such as:</p> <ul style="list-style-type: none"> • husband and wife • husband, wife, child(ren) • parent(s) and son(s)/daughter(s) • extended family units (including aunts, uncles, cousins, etc.) • close friend(s) – same or different sex • same-sex partners (with or without children)” (Facilitator Manual, p. 215) <p>Getting Started lesson video mentions a lesbian relationship. (Lesson 0 PowerPoint)</p> <p>Lesson 2 video has two lesbians discussing their relationship, including making out. (Lesson 2 PowerPoint)</p>

	<p>Lesson 9 video: A lesbian couple discusses STI symptoms one of them has and where to go to have it checked. (Lesson 9 PowerPoint)</p> <p>Lesson 10 video: Ryan asks Mark to go to prom and Mark accepts. (Lesson 10 PowerPoint)</p> <p>Lesson 13 video: Ryan discusses his relationship with Mark and his uncertainties about the future. (Lesson 13 PowerPoint)</p> <p>“Bisexual – Being sexually attracted to persons of the same sex and of the opposite sex. Men and women who have sexual and romantic attraction to both men and women. Depending on the person, his or her attraction may be stronger to women or men, or they may be approximately equal.” (Facilitator Manual, p. 386)</p> <p>“Gay – A man whose primary romantic and sexual attraction is to other males. Gay is also used as an inclusive term encompassing gay men, lesbians, and people who identify as bisexual.” (Facilitator Manual, p. 388)</p> <p>“Homophobia – Hatred or fear of homosexuals.” (Facilitator Manual, p. 389)</p> <p>“Homosexual – Being sexually attracted to persons of the same sex. Generally, the term 'gay' and 'lesbian' are seen as being less laden with negative implications than 'homosexual.'” (Facilitator Manual, p. 389)</p> <p>“Lesbian – A woman who is sexually attracted to other women. However, many women who are attracted to other women may choose to use the terms 'gay' or 'queer' to call themselves.” (Facilitator Manual, p. 390)</p> <p>“LGBTQ+ – A commonly used acronym for the Lesbian, Gay, Bisexual, Transgender and questioning community.” (Facilitator Manual, p. 390)</p> <p>“Men Who Have Sex with Men (MSM) – Men who engage in same-sex behavior, but who may not necessarily self-identify as gay.” (Facilitator Manual, p. 390)</p> <p>“Queer – Some gay, lesbian, bisexual and transgender young people use the word queer as an umbrella term to embrace all the members of the community including the children of LGBTQ+ parents and other allies. There are still plenty of people in the community who find this term offensive or degrading.” (Facilitator Manual, p. 392)</p> <p>“Sex (also sexual activity) – Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male.)” (Facilitator Manual, p. 393)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are</i></p>	<p>No evidence found.</p>

<p><i>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>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>No evidence found.</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>“Unscramble the following steps for using an external (male) condom by placing a number in the space next to each step.</p> <ul style="list-style-type: none"> • Carefully pinch the end of the condom to expel air. • Do not use condoms twice. • Unroll condom over erect penis. • Use water-based lubricants only. • Check the expiration date. • Carefully slide condom off penis to avoid spilling semen. • Wrap condom in tissue and dispose of properly. • Examine the wrapper for wear and tear. • Open wrapper carefully. • Wash hands and body openings. • Purchase (or access) latex condoms. • Read the label. • Hold the condom at the base of penis to prevent slipping off. • Talk with your partner.” (Student Workbook, p. 58 and Facilitator Manual, p. 307) <p>“What are the steps in using a condom?”</p> <ul style="list-style-type: none"> • Distribute the Steps in External Condom Use and Steps in Internal Condom Use worksheets. • Display the activity cards in random order, pinned or taped to the wall or white board. (<i>Alternative: Ask 14 students to come forward to hold the cards in random order.</i>)

- Ask the students to arrange the cards in a line, or along a continuum, according to the **properly sequenced steps of external condom use**. See answer sheet provided.
- Ask each student to explain or justify each card's position in the line. Move cards as needed.
- Collect the four cards specific to external male condom use (carefully pinch the end of the condom to expel air, unroll the condom over the erect penis, hold the condom at the base of the penis to avoid slipping off, carefully slide condom off penis to avoid spilling semen).
- Distribute the two additional internal female condom cards (insert the condom into the vagina, assure that the rings cover the labia), and **repeat steps 1-4 for internal condom use.**" (Facilitator Manual, pp. 304-305)

"Unscramble the following **steps for using an internal (female) condom** by placing a number in the space next to each step.

- Do not use condoms twice.
- Use water-based lubricants only.
- Check the expiration date.
- Assure that the ring covers the labia.
- Wrap condom in tissue and dispose of properly.
- Examine the wrapper for wear and tear.
- Open wrapper carefully.
- Wash hands and body openings.
- Purchase (or access) latex condoms.
- Read the label.
- Insert the condom into the vagina.
- Talk with your partner." (Student Workbook, p. 59 and Facilitator Manual, p. 311)

"Demonstrate how to carefully **unroll the latex condom down over the shaft of an erect penis** (use your two fingers), being sure to leave an airless space at the tip of the condom for semen." (Facilitator Manual, p. 303)

"Explain that the condom may slip off during intercourse, especially **as the penis becomes soft**, so it is important to hold onto the base of the condom when withdrawing the penis from a body opening." (Facilitator Manual, p. 303)

<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>“Visit your pharmacy or public health clinic to get emergency contraception. In all states, people at any age can purchase some type of emergency contraceptive pills over-the-counter without parental consent and without a prescription.” (Student Workbook, p. 34)</p> <p>“Also point out to the students which forms of birth control are available with a prescription from clinics and which can be purchased over-the-counter without a prescription.” (Facilitator Manual, p. 180)</p> <p>“In all states, people at any age can purchase some type of emergency contraception pills over-the-counter without parental consent and without a prescription.” (Facilitator Manual, p. 181)</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>“<u>True</u> or False: To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.” (Student Workbook, p. 14)</p> <p>“How committed are you to either abstaining from sex or always correctly using birth control? Circle your answer below.” (Student Workbook, p. 35)</p> <p>“Methods to avoid an HIV/STI infection or unplanned pregnancy include abstaining from sexual activity or using condoms consistently and correctly.” (Student Workbook, p. 70)</p> <p>“How strongly are you committed to using reproductive services when needed? Circle your answer below.” (Student Workbook, p. 70)</p> <p>“In each case where the match could lead to HIV transmission or infection, ask students how the risk of transmission could be eliminated or reduced. (<i>Answer: By not engaging in the behavior and/or by using barrier protection</i>)” (Facilitator Manual, p. 234)</p> <p>“Ask students to suggest ways to prevent STI/HIV infection. Possible responses include:</p> <ul style="list-style-type: none"> • abstaining or postponing sex • reducing the number of sexual contacts • using condoms • asking your partner about previous STIs • vaccinating against Hepatitis B and HPV • abstaining from drug and alcohol use which could lead to poor decision-making • using PrEP, PEP, or ART to lower the risk of HIV infection” (Facilitator Manual, p. 267) <p>“Emphasize that condoms must be used consistently and correctly in order to be effective. People who are not absolutely committed to using condoms consistently and correctly should choose sexual abstinence.” (Facilitator Manual, p. 305)</p>

	<p>“Point out that some people did not become infected (either through abstinence or by using protection or by limiting their contact to just one other person).” (Facilitator Manual, p. 357)</p> <p>“They may ask you to repeat the test in three months just to be sure you are negative. During that time and the next visit, they will ask you to refrain from any behaviors that might infect you with HIV, such as sharing injection drug equipment or having unprotected sex.” (Facilitator Manual, p. 360)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Sex: A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve chromosomes and gonads (ovaries or testicles).” (Student Workbook, p. 7 and Facilitator Manual, p. 9)</p> <p>“Gender: Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as ‘masculine’ or ‘feminine.’” (Student Workbook, p. 7 and Facilitator Manual, p. 9)</p> <p>“Gender Role: Socially-constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.” (Student Workbook, p. 7 and Facilitator Manual, p. 9)</p> <p>“Gender Non-Conformity: Behavior or appearance that does not conform to expected gender role.” (Student Workbook, p. 7 and Facilitator Manual, p. 9)</p> <p>“Gender Identity: A person's internal, deeply-felt sense of being male or female, or something other or in-between.” (Student Workbook, p. 7 and Facilitator Manual, p. 9)</p> <p>“Cisgender: People whose gender identity is the same as their assigned or presumed sex at birth.” (Student Workbook, p. 8 and Facilitator Manual, p. 9)</p> <p>“Transgender: People whose gender identity differs from their assigned or presumed sex at birth.” (Student Workbook, p. 8 and Facilitator Manual, p. 9)</p> <p>“Gender Expression: Each of us expresses a particular gender every day - by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel - and wish to be understood - as masculine or feminine, or something other or in-between.” (Student Workbook, p. 8 and Facilitator Manual, p. 9)</p> <p>“Gender Binary: A social system that constructs gender according to two discrete and opposite categories-male or female.” (Student Workbook, p. 8 and Facilitator Manual, p. 9)</p> <p>“Gender Expansive: Refers to wider, more flexible range of gender identities and expressions than those typically associated with the binary gender system.”</p>

	<p>(Student Workbook, p. 8 and Facilitator Manual, p. 10)</p> <p>“Gender role, gender identity, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.” (Student Workbook, p. 8)</p> <p>A gender spectrum chart is given showing feminine, non-conforming, masculine, and androgynous. “People express their gender in a variety of ways. Remember to respect differences and appreciate diversity!” (Student Workbook, p. 9)</p> <p>A gender expression chart shows that gender identity is determined in the brain, sexual orientation in the heart, and sex by the genitals. (Student Workbook, p. 10)</p> <p>“<u>True</u> or False: Gender role, gender identity, and sexual orientation vary with each individual.” (Student Workbook, p. 14)</p> <p>“Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention.” (Facilitator Manual, p. iii)</p> <p>“Explain that human sexuality is composed of four key dimensions, including:</p> <ul style="list-style-type: none"> • Sex (e.g., male, female, intersex) • Gender expression (e.g., masculine, feminine, androgynous, gender non-conforming) • Gender identity (e.g., cisgender, transgender) • Sexual orientation (e.g., straight, gay, bisexual)” (Facilitator Manual, p. 10) <p>“Remind students that many people in our community, and even in our own families or on campus, feel demeaned and excluded from full participation in our society because of not fitting the stereotypical ‘gender binary’ system.” (Facilitator Manual, p. 12)</p> <p>“Transsexual – A person who has undergone surgical and hormonal treatment to change his or her anatomical sex.” (Facilitator Manual, p. 395)</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</i></p>	<p>“True or <u>False</u>: Latex condoms and spermicidal foam can be purchased only with a doctor’s prescription.” (Student Workbook, p. 13)</p> <p>“<u>True</u> or False: Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.” (Student Workbook, p. 13)</p> <p>FDA Approved Birth Control Methods (Student Workbook, pp. 31-33 and Facilitator Manual, pp. 183-187):</p> <ul style="list-style-type: none"> • Sterilization surgery for women

abortion and refer them to abortion providers.

May encourage the use of contraceptives, while failing to present failure rates or side effects.

- Sterilization implant for women
- Sterilization surgery for men
- IUD copper
- IUD with progestin
- Implantable rod
- Shot/injection
- Oral contraceptives
- Patch
- Vaginal contraceptive ring
- Diaphragm with spermicide
- Sponge with spermicide (OTC)
- Cervical cap with spermicide
- Male condom (OTC)
- Female condom (OTC)
- Spermicide alone (OTC)

Note: *There are numerous well-documented harmful side effects to women who use contraceptive shots or implants that are not disclosed in this lesson, including an increased risk of breast cancer and cervical cancer.*

“Just like regular birth control pills, **emergency contraception** can prevent pregnancy by preventing the release of an egg. If you've had unprotected sex within the last 5 days, it's not too late. You can do something NOW to prevent pregnancy. Emergency contraception is often called the ‘morning after pill.’ It works best when started right away, and no later than 3-5 days after sex.” (Student Workbook, p. 34)

About adoption this program states, “The decision to place a child for adoption **is not an easy one to make.**” However, the same statement is not made about having an abortion. (Student Workbook, pp. 39-40)

“When someone is faced with an unintended pregnancy, they have the option of terminating the pregnancy **through an abortion.**” (Student Workbook, p. 40)

“A pregnant person, including minors, **can access abortion legally for any reason** until approximately 24 weeks after their last menstrual period. After that, if the pregnancy puts the person's health or life at risk, the person still can legally access abortion.” (Student Workbook, p. 40)

“**A pregnancy can be terminated** through medication up to 10 weeks after the last menstrual period, or through a procedure to empty the uterus starting from early in pregnancy.” (Student Workbook, p. 40)

“**Abortion is a very safe procedure**, with a major complication occurring less than one-quarter of 1% of the time.” (Student Workbook, p. 40)

Note: *Abortion, even when performed in the safest conditions, still carries serious health risks that are not disclosed to students.*

“As with any other medical care, it is every patient's right to receive accurate information so they can provide **informed consent prior to an abortion.**” (Student Workbook, p. 40)

“True or False: Three alternatives to raising an infant include surrender, adoption, and **abortion.**” (Student Workbook, p. 42)

“**Condoms help prevent pregnancy** and the spread of HIV and other STIs.” (Student Workbook, p. 60)

“Emphasize that sexual abstinence is the most effective method for preventing both an unplanned pregnancy and an STI. **Latex condoms are the only other birth control method** that can prevent both pregnancy and STIs.” (Facilitator Manual, p. 180)

“Display and/or discuss sample contraceptives:

- **Barrier methods** prevent the sperm from reaching the egg and include male condoms, female (internal) condoms, diaphragms, cervical caps, sponge, and spermicides.
- **Hormonal methods** prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, and vaginal ring (NuvaRing).
- **Over-the-counter methods** can be purchased without a prescription. (condoms, sponges, spermicidal foam or gel, emergency contraception)
- **Prescription contraceptive methods** require a doctor's prescription.” (Facilitator Manual, pp. 180-181)

“Emergency contraception is often called the ‘morning after pill.’ Emergency contraception prevents pregnancy by stopping the egg from being released. It works best when started right away, and no later than 3-5 days after unprotected sex.” (Facilitator Manual, p. 181)

“If a young woman or young couple experiences an unplanned pregnancy, she has/they have several options including: getting an abortion (terminating the pregnancy).” (Facilitator Manual, p. 197)

“People who are faced with an unplanned pregnancy and who feel they are not emotionally, economically; or physically able to raise a child at this time in their life have three alternatives: surrender, adoption, and abortion.” (Facilitator Manual, p. 199)

“Key points regarding terminating a pregnancy include:

- A pregnant person, including minors, can access abortion legally for any reason until 24 weeks after her last menstrual period. After that, if the pregnancy puts the person's health or life at risk, the person still can legally access abortion.
- A pregnancy can be terminated through medication or through a

	<p>procedure to empty the uterus early in pregnancy.</p> <ul style="list-style-type: none"> • Two-thirds of abortions take place during 8 weeks of pregnancy. 89% of abortions take place in the first 12 weeks of pregnancy. • Abortion is a very safe procedure when done under medical supervision, with a major complication occurring less than one-quarter of 1 % of the time.” (Facilitator Manual, pp. 200-201) <p>Students discuss the pluses and minuses of abortion vs. adoption vs. raising the baby.</p> <ul style="list-style-type: none"> • “Getting an abortion: She is no longer pregnant; however, others may question the decision. • Giving birth to the infant which is raised by its mother and/or father: The parent(s) raise the infant; however, others may question the decision, plus it's difficult and expensive to care for a [sic] infant, it’s hard to stay in school, and the parent(s) may face embarrassment due to beliefs and attitudes of friends and family members. • Giving birth to the infant which is raised by family: Parent(s) will have some involvement in raising the infant; however, others may question the decision, plus raising an infant takes a lot of energy. This can be a burden on the family's time and finances. • Giving birth to the infant and surrendering/placing it with an adoption agency: The infant is raised by willing adults who want a [sic] infant, and the parents may meet the adopting family; however, others may question the decision, plus neither parent will be raising the infant.” (Facilitator Manual, p. 202) <p>Note: <i>The option to abort the baby of an unplanned pregnancy has only one negative, while all other options have two negatives. This implies to students that abortion is the most positive decision. The negative that is listed is that “others may question the decision.” No mention is made of the fact that a human life has been ended.</i></p> <p>“Emergency Contraception (Plan B) – Contraceptive measures, that if taken after sex, may prevent pregnancy.” (Facilitator Manual, p. 387)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote</i></p>	<p>This program is based on the following principle: “Youth have a right to access sexual and reproductive health services.” (Facilitator Manual, p. xii)</p> <p>“Why would sexuality and HIV education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the wellbeing and rights of others. (ref: <i>It's All One</i>, p. 18)” (Facilitator Manual, p. xviii)</p>

<p><i>abortion.</i></p>	
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>Message to parents: "There is very little consensus in this culture about many controversial issues in sexuality-and the more controversial the issue, the more uncomfortable we are and the more likely we are to state our opinions as though they were fact. Talk about the range of values, and basing safe and healthy decisions on these values." (Student Workbook, p. 2)</p> <p>"Pressures to conform to media messages regarding relationships, love, and sex may at minimum confuse teens, if not actually endanger them. However, confining or judgmental views may also confuse, alienate, or discourage adolescents from forming healthy self-images and healthy lifelong relationships with others." (Facilitator Manual, p. iii)</p> <p>"What is a family? Possible responses include:</p> <ul style="list-style-type: none"> • a same-sex couple raising their child/ren • any combination of adults or child/ren who live together in a caring, supportive relationship" (Facilitator Manual, p. 178)
<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>"It is not the purpose of this curriculum to supplant parental instruction or cultural expectations regarding sexual relationships and behavior, but rather to complement these values and expectations with the knowledge and skills necessary to choose healthy relationships and self-protective behaviors." (Facilitator Manual, p. iii)</p> <p>"For those parents who contend that limited, abstinence-only materials should be presented, note that abstinence-only materials are not permitted in CA public schools." (Facilitator Manual, p. xix)</p> <p>"...emphasize that in California, minors of any age can access free and confidential reproductive services without parental consent (including pregnancy, contraception, and abortion-related services); minors age 12 and over can also access STI diagnosis and treatment services without parental consent." (Facilitator Manual, p. 8)</p> <p>"In California, minors of any age can access abortion without parental notification or consent." (Facilitator Manual, p. 200)</p> <p>"Explain that HIV/STI tests are available from private doctors and local health clinics. At doctor's offices, the tests are usually confidential, and may have a cost. HIV/STI testing at public health clinics is typically free. Confidential means that the doctor will write down your name in his/her files, but not share the information with others, or with parents or guardians." (Facilitator Manual, p. 265)</p> <p>"Explain that at many public health departments (community clinics) the pregnancy and HIV/STI tests are free or less expensive. These tests are confidential. Anyone aged 12 or older in the state of California can receive confidential HIV/STI services without parent notification." (Facilitator Manual, p.</p>

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<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>Students are referred to the following resources (Student Workbook, p. 6):</p> <ul style="list-style-type: none"> • Advocates for Youth – www.advocatesforyouth.org • PFLAG – www.pflag.org • Gay Straight Alliance – www.gaystraightalliance.org • Sex, Etc. – www.sexetc.org • Afraid to Ask – www.afraidtoask.com • Teen Source – www.teensource.org • Stay Teen – www.stayteen.org • American Sexual Health Association – www.iwannaknow.org • Family Pact – www.familypact.org <p>“Act quickly. Don’t wait. Visit your pharmacy or public health clinic to get emergency contraception. In all states, people at any age can purchase some type of emergency contraceptive pills over-the-counter without parental consent and without a prescription.” (Student Workbook, p. 34)</p> <p>“There are clinics in the community where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.” (Student Workbook, p. 70)</p> <p>“Using the slide, discuss/describe how and where to access contraception and family planning products and services in your community.” (Facilitator Manual, p. 182)</p> <p>“Explain that HIV/STI tests are available from private doctors and local health clinics. At doctor's offices, the tests are usually confidential, and may have a cost. HIV/STI testing at public health clinics is typically free. Confidential means that the doctor will write down your name in his/her files, but not share the information with others, or with parents or guardians.” (Facilitator Manual, p. 265)</p> <p>“Provide local resources and clinic information for STI testing.” (Facilitator Manual, p. 265)</p>
<p>For more information on <i>Positive Prevention Plus</i>, see https://www.positivepreventionplus.com/.</p>	