

# CSE Harmful Elements Analysis Tool

## Analysis of *Positive Prevention Plus - Middle School* 2021 Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

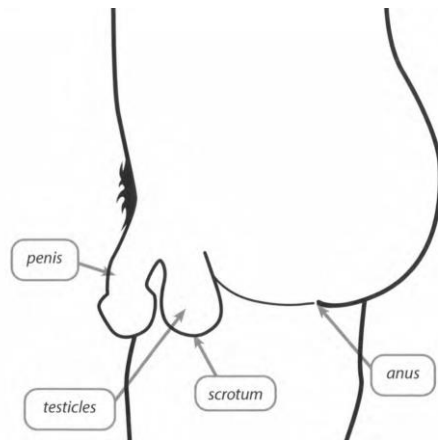
**CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]**

*Positive Prevention Plus - Middle School* 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:** *Positive Prevention Plus – Middle School* contains many elements that are inappropriate for middle school students. PPP normalizes anal, oral, and digital sex, as well as diverse sexual orientations and gender identities. It blurs the definition of abstinence, teaches students how to access STI testing and birth control, and affirms that abortions can be obtained without parental consent.

**Target Age Group:** Ages 11-14

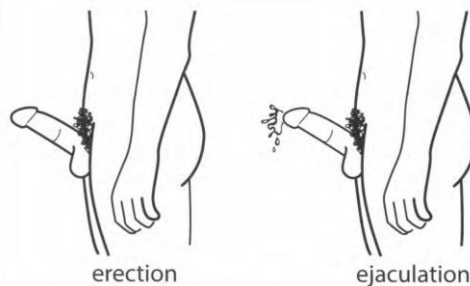
| HARMFUL CSE ELEMENTS                                                                                                                                                                                                                                                                                                                                                        | EXCERPTED QUOTES FROM CSE MATERIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>1. SEXUALIZES CHILDREN</b></p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p> | <p>“First ask students to guess these percentages of each of the student behaviors, then <b>review the actual data related to teen sexual activity, the use of condoms and other birth control methods, teen births, and cases of STIs.</b></p> <ul style="list-style-type: none"><li>● 89.7% – The percent of U.S. teens who <b>report using a condom during their last episode of sexual intercourse.</b></li><li>● 27.4% – The percent of U.S. teens who are <b>currently sexually active.</b></li><li>● 39.5% – The percent of U.S. teens who report <b>ever having sexual intercourse.</b></li><li>● 54.3% – The percent of U.S. teens who <b>report using a condom during their last episode of sexual intercourse.</b></li><li>● 10.7% – The percent of U.S. teens who report using <b>no method of birth control during sexual intercourse.</b></li><li>● 181,607 – The number of U.S. <b>teens who give birth in 2018.</b></li><li>● 12,500,000 – The number of new STI cases each year in the U.S. among young adults ages 15-24.” (Teacher’s Manual, p. 7)</li></ul> <p><b>Note:</b> <i>The highlighted bullets above provide two different statistics for the same data point. How could any of the information in this program be considered credible when such errors are published?</i></p> <p>“An <b>erect penis put into a vagina</b> is called vaginal sex, an erect penis put into an anus is called anal sex, and an erect penis put into a mouth is called oral sex.” (Teacher’s Manual, p. 39)</p> |



(Teacher's Manual, p. 41)

“Explain that at times, **the penis gets long and hard. This is called an erection (because erect means to stand up)**. Many people make jokes about there being a bone in the penis. This is not true. An erection happens because blood flows into the spongy tissue of the penis. When blood flows out, the penis returns to its regular size. This is how an erection comes and goes.” (Teacher's Manual, p. 51)

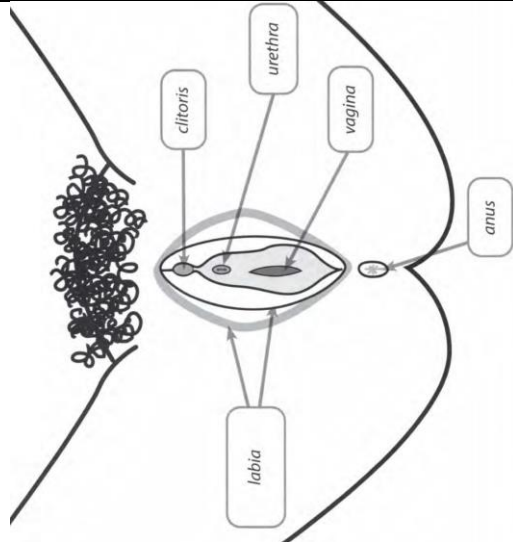
“The body can get an erection at any time of the day or night. They happen at night during sleep or when waking up. **Erections can happen if the penis is touched or rubbed, or from thinking about sex**, and sometimes for no reason at all.” (Teacher's Manual, p. 51)



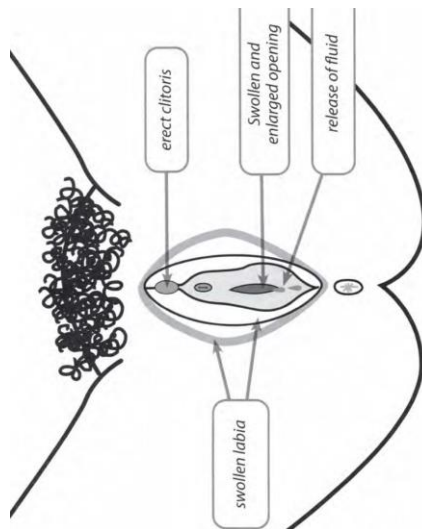
(Teacher's Manual, p. 53)

“Clitoris is a small body of spongy tissue that is highly sensitive located between the top of the labia. The **clitoris can become erect when touched or during sexual arousal.**” (Teacher's Manual, p. 55)

“What are the **changes during sexual arousal**? Swollen labia, erect clitoris, swollen and enlarged opening, and release of fluid.” (Teacher's Manual, p. 55)

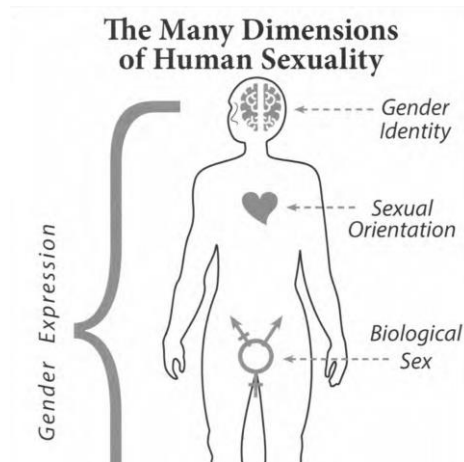


(Teacher's Manual, p. 57)



(Teacher's Manual, p. 61)

“How does puberty affect our emotions? Interest in sex. **Physical and emotional changes result in sexual excitability** and attraction to others.” (Teacher's Manual, p. 73)



(Teacher's Manual, p. 87)

## What Decision Will You Make?



(Teacher's Manual, p. 177)

"Sexually: Related to having sexual contact (**oral, anal, genital, digital**)."

(Teacher's Manual, p. 282)

"Identifying Risky Behaviors: Red light or green light? ...Distribute the HIV Red Light Green Light worksheet to each student, instructing them to complete it during the activity.

- Oral sex – Yellow
- Anal sex – Red
- Vaginal sex – Red
- **Sexual monogamy** (one lifetime partner) – Green
- Sex (using of birth control pills) – Red
- **Naked body-to-body rubbing** – Yellow
- Using a spermicide to prevent pregnancy – Yellow" (Teacher's Manual, pp. 304-309)

**Students work in pairs** to decide the HIV risk level of the following activities:

- "A person has ORAL SEX
- John's mother DONATES BLOOD
- A couple **has ANAL SEX**
- Brian and his girlfriend are TOGETHER AT HOME ALONE
- Someone has VAGINAL SEX
- The boys HOLD HANDS
- Best friends KISS
- A couple is seen DEEP KISSING
- He wants to give his boyfriend a HUG
- Sally and her girlfriend SHARE A STRAW

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|                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• She is <b>sexually active</b> while BEING ON ART</li> <li>• He thinks HAVING AN STI is no big deal</li> <li>• The young couple is committed to SEXUAL MONOGAMY (one lifetime partner)</li> <li>• The girl has SEX using birth control pills only</li> <li>• They are doing <b>NAKED BODY-TO-BODY RUBBING</b>” (Teacher’s Manual, pp. 304-305, 329-365)</li> </ul> <p>“Does SEX sell? Show students how publishers and manufacturers use sex to sell their products. Note: It is important to show students <b>examples from magazines that demonstrate how sex is used to sell</b> various products.” (Teacher’s Manual, p. 370)</p> <p>“<b>Intercourse</b> – Any sexual act that can result in pregnancy or disease.” (Teacher’s Manual, p. 424)</p> <p>“<b>Orgasm</b> – The involuntary neuro-muscular contractions of the genitals during sexual stimulation.” (Teacher’s Manual, p. 426)</p> <p>“Being accepted and liked, displaying affection and receiving affection, feeling that we are worthwhile individuals, doing what we can do to look or feel attractive, having a friend share our thoughts and expressions – these are among the deepest human needs. Thus, <b>our sexuality extends far beyond the physical sensations or drives that our bodies experience.</b>” (Appendix B, p. 10)</p>                                              |
| <p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></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>“Once again remind students that <b>healthy relationships</b> – both sexual and non-sexual – revolve around mutual respect, open communication, and <b>consent.</b>” (Teacher’s Manual, p. 121)</p> <p>“Explain that need to add <b>another important characteristic: consent.</b></p> <ul style="list-style-type: none"> <li>• Whether deciding what to do together or where to go together, shared activities should be negotiated and agreed upon.</li> <li>• Emphasize that no person should be forced to do anything without <b>providing active consent.</b></li> <li>• When someone is the victim of human trafficking (including sex trafficking), sexting, or sexual harassment, their right to consent is violated.” (Teacher’s Manual, p. 122)</li> </ul> <p>“Discuss the phrase <b>Yes Means Yes.</b> Key points include:</p> <ul style="list-style-type: none"> <li>• Affirmative verbal consent must be given by sexual partners <b>before and during the progression of sexual activity.</b></li> <li>• The absence of NO can no longer be interpreted as YES.</li> <li>• Consent given by an impaired (drunk, high, developmentally delayed) partner does not qualify as YES.” (Teacher’s Manual, p 122)</li> </ul> <p>“Yes Means Yes – Requires sexual participants to obtain a <b>verbal declaration of consent</b>, yes, to each sexual act.” (Teacher’s Manual, p. 432)</p> |

### 3. PROMOTES ANAL AND ORAL SEX

*Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.*

“An erect penis put into a vagina is called vaginal sex, **an erect penis put into an anus** is called anal sex, and an **erect penis put into a mouth** is called oral sex.” (Teacher’s Manual, p. 39)

“An erect penis may be put into the anus during sexual intercourse (sex). **Some people choose to put a penis, fingers, or an object into the anus during sex.**” (Teacher’s Manual, p. 55)

“Ask each group to display and discuss whether their combination(s) of cards could or could not transmit HIV.

- Low Risk: **Oral sex**, fluid onto skin cut or rash
- Moderate Risk: Vaginal sex, pregnancy and childbirth, breastfeeding, fluid into eyes or urethra
- High Risk: **Anal sex**, sharing injection drug needles” (Teacher’s Manual, p. 252)

“Sexually: Related to having sexual contact (**oral, anal**, genital, digital).” (Teacher’s Manual, p. 282)

Situation card: “A couple has **ANAL SEX**” (Teacher’s Manual, p. 331)

“**Anal Intercourse** – Sexual intercourse in which the penis enters the rectum.” (Teacher’s Manual, p. 417)

“**Oral Sex** – Sexual activity that involves using the mouth to stimulate a partner’s genitals.” (Teacher’s Manual, p. 426)

“Penetrative Sex - Vaginal or **anal intercourse.**” (Teacher’s Manual, p. 427)

### 4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR

*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.*

“**Sexual Orientation.** This term refers to a person’s romantic or sexual attraction to people of another and/or the same gender. Common terms used to describe sexual orientation include:

- **Heterosexual** (straight). Being sexually attracted to the person of the opposite sex.
- **Gay.** Being sexually attracted to persons of the same sex.
- **Lesbian.** A woman who is sexually attracted to other women.
- **Bisexual.** Being sexually attracted to the persons of the same sex and persons of the opposite sex.
- **Pansexual.** Being sexually attracted to others regardless of their biological sex, sexual orientation, or gender identity.
- **Queer.** An umbrella term that describes the sexual orientations and gender identities of persons who do not identify as straight or cisgender.” (Teacher’s Manual, p. 82)

“Note: **Avoid using ‘sexual preference’ as it implies a choice,** or ‘homosexual’ as it is a dated term that focuses only on sex rather than love and relationships.” (Teacher’s Manual, p. 82)

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|                                                                                                                                                                                                                                                                                               | <p>“Partner – Either member of an established couple in a relationship <b>either gay, heterosexual or bisexual.</b>” (Teacher’s Manual, p. 427)</p> <p>“<b>Sexual Orientation</b> – A person’s enduring romantic or sexual attraction to people of the other and/or same gender. Common terms used to describe sexual orientation include, but are not limited to, heterosexual, lesbian, gay, and bisexual.” (Teacher’s Manual, p. 429)</p> <p>“<b>All people have a sexual orientation.</b> You can be attracted to people of the opposite sex (straight) or people of the same sex (gay or lesbian). You can be attracted to people of either sex (bisexual). Orientation does not equal action – you do not need to have a sexual experience to know your orientation.” (Appendix C, p. 16)</p> <p>“Come Out as a Public Ally: <b>Make sure your library has LGBT-friendly, age-appropriate books and resources.</b> Have ‘teachable moments’ – not every language correction, bullying prevention, or calling out of stereotypes needs to be behind closed doors.” (Appendix C, p. 20)</p> <p>“Note: Encourage LGBTQ+ students to <b>seek LGBTQ+ friendly allies on campus,</b> who are often identified by displaying buttons/banners/posters.” (Teacher’s Manual, p. 91)</p> <p>“Note: Encourage the <b>discussion of LGBTQ+ student bias</b> as part of your school’s annual sexual harassment awareness training.” (Teacher’s Manual, p. 91)</p> |
| <p><b>5. PROMOTES SEXUAL PLEASURE</b></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>“Clitoris is a small body of spongy tissue that is highly sensitive located between the top of the labia. The <b>clitoris can become erect when touched or during sexual arousal.</b>” (Teacher’s Manual, p. 55)</p> <p>“What are the <b>changes during sexual arousal?</b> Swollen labia, erect clitoris, swollen and enlarged opening, and release of fluid.” (Teacher’s Manual, p. 55)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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</i></p> | <p>“Digital sexual contact involves the <b>insertion of finger(s) into vagina or anus.</b>” (Teacher’s Manual, p. 39)</p> <p>“Having an <b>erection can lead to the ejaculation</b> (discharge of fluid) of semen (for example in the case of a wet dream or <b>masturbation</b>).” (Teacher’s Manual, p. 51)</p> <p>“Masturbation involves touching, rubbing, or stroking one’s own private parts. <b>Masturbation for people with a penis usually involves rubbing the penis.</b> This is a private behavior.” (Teacher’s Manual, p. 51)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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| <p><i>children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                 | <p>“Masturbation may involve <b>touching and rubbing of the clitoris, labia, and vagina</b>. This is a private behavior.” (Teacher’s Manual, p. 55)</p> <p>“Sexually: Related to having sexual contact (oral, anal, genital, <b>digital</b>).” (Teacher’s Manual, p. 282)</p> <p>“<b>Digital Intercourse</b> – The use of fingers to penetrate the vagina or anus.” (Teacher’s Manual, p. 420)</p> <p>“<b>Masturbation</b> – Rubbing or massaging genitals for sexual pleasure.” (Teacher’s Manual, p. 425)</p> <p>“Masturbation ‘can be a way of <b>becoming more comfortable with and/or enjoying one’s sexuality</b> by getting to know and like one’s body’ (Sex Information and Education Council of the US, 1991, p.3).” (Appendix B, p. 17)</p> <p>Example of how a teacher should handle a question which reflects religious beliefs: “‘Is it a sin to masturbate?’ Response: ‘A number of people may have strong religious beliefs on this topic. From a public health perspective, we know that <b>masturbating</b> (rubbing or massaging genitals for sexual stimulations) <b>is a fairly common practice and causes no physical harm</b> unless done excessively.’” (Appendix D, p. 27)</p> |
| <p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></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>“Show students the latex or polyurethane glove. <b>Draw a comparison between the latex or polyurethane glove and latex or polyurethane condom...</b> Carefully put the glove on your hand, explain the importance of...</p> <ul style="list-style-type: none"> <li>• using a glove that is not old or worn.</li> <li>• not tearing or puncturing the glove with fingernails, jewelry, or teeth.</li> <li>• not exposing the latex to oil-based lotions which deteriorate (destroy) latex.” (Teacher’s Manual, p. 315)</li> </ul> <p>“Demonstrate how to properly remove the latex glove by unrolling it inside-out off the hand, to capture any contaminated fluids inside the glove. Note: <b>This is different than removing a condom which should always be slid off the penis so that the semen is captured inside the condom.</b>” (Teacher’s Manual, p. 315)</p> <p>“Discuss <b>why people may not use condoms consistently</b> and correctly (e.g., awkwardness, inexperience, <b>slippage</b>, discomfort, poor storage, under the influence of alcohol or other drugs, etc.).” (Teacher’s Manual, p. 316)</p>                                                                               |



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| <p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></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>“In addition, research among gay young men has shown that having a positive relationship with their parents helped them <b>decide to have safer sex</b> (e.g., using a condom, not having sex with high-risk partners).” (Appendix B, p. 21)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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>“Ask students to list reasons why so <b>many teens are experiencing unplanned pregnancies</b>. Possible responses include: Not abstaining from sexual intercourse. Not communicating/not discussing sex with their partner. No access to, or cannot afford, birth control. Not using birth control even if they have it. <b>Not using birth control consistently and correctly</b>. Sexual assault or date rape.” (Teacher’s Manual, pp. 202-203)</p> <p>“If you’ve had unprotected sex within the last 5 days, it’s not too late. You can <b>do something now to prevent a pregnancy</b>.” (Teacher’s Manual, p. 167)</p> <p>“Remind students that sexual abstinence, long-term <b>mutually monogamous</b> (one partner) relationships, <b>and consistent and correct condom</b> use are the best ways to avoid an STI infection.” (Teacher’s Manual, p. 298)</p> <p>“Correct and consistent condom use is strongly encouraged <b>for anyone who is sexually active</b>.” (Teacher’s Manual, p. 316)</p> <p>“<b>Safer Sex</b> – Sexual practices (anal, oral, or vaginal) that involve no exchange of blood, semen, or vaginal fluid; often characterized by correct and consistent condom use.” (Teacher’s Manual, p. 429)</p> |
| <p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></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</i></p>                                                                                               | <p>“Gender. This term refers to the attitudes, feelings, characteristics, and behaviors <b>that a given culture associates with being male or female</b> and that are often labeled as ‘masculine’ or ‘feminine.’</p> <ul style="list-style-type: none"> <li>• <b>Gender Roles.</b> Gender roles are socially expected behaviors, activities, and attributes that a given society considers appropriate for people based on their biological sex or their gender identity.</li> <li>• <b>Gender Non-Conformity.</b> Behavior or appearance that doesn’t conform to an expected gender role.</li> <li>• <b>Gender Identity.</b> A person’s deeply felt sense of being male or female, or something other or in-between (cisgender, transgender).</li> <li>• <b>Gender Expression.</b> Each of us expresses a particular gender every day... Our appearance, speech, behavior, movement, and other factors signal</li> </ul>                                                                                                                                                                                                                                                                                                          |

adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.

that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.

- **Gender Binary.** This term refers to a belief system that represents gender as to two [sic] distinct and opposite categories – male or female.
- **Gender Expansive.** This term refers to wider, more flexible range of gender identities and expressions instead of the binary gender system.” (Teacher’s Manual, pp. 81-82)

“**Intersex** – A general term used for a variety of conditions where a person is born with biological conditions (such as hormones, chromosomes, reproductive or sexual anatomy) that don’t seem to fit the typical definitions of female or male.” (Teacher’s Manual, p. 424)

“Gender is more complex than most of us have been taught. Gender is made up of three parts: (1) gender biology (our bodies or biological sex – our **sex assigned at birth based on appearances of genitals**), (2) gender expression (how we dress and act), and (3) gender identity (how we feel inside). For most kids, these three facets of gender line up and kids are typically gendered boys or girls (**cisgender**). For other kids, however, these three facets of gender align differently; these kids are **gender-expansive, which includes transgender kids.**” (Appendix C, p. 3)

“Although our society teaches us that there are only two genders – male and female – **there are really many genders.** Not all children fit neatly into a male or female gender identity. For some children, the sense of being ‘both’ or ‘neither’ best describes their reality. Some of these kids speak of being more of one some days and more of the other on different days; these children might best be described as **gender fluid.** These are all **normal variations in human gender** and do not mean something is wrong with a child. A child’s gender is not what others tell them, but who they know themselves to be.” (Appendix C, p. 3)

“If your child has identified as the opposite gender since early childhood, it is unlikely they will change their mind. Most people **have some sense of their gender identity between the ages of two and four years old.** For most, this awareness remains stable over time. For example, a 12-year-old child who was assigned a male gender at birth, but has consistently asserted ‘I am a girl’ since the age of three, will **most likely remain transgender throughout life.**” (Appendix C, p. 5)

**Note:** *The American College of Pediatricians reports that experts on both sides of the pubertal suppression debate agree that 80 percent to 95 percent of children with gender dysphoria accepted their biological sex by late adolescence.*

Citation: Cohen-Kettenis, P. T., Delemarre-van de Waal, H. A., & Gooren, L. J. (2008). The treatment of adolescent transsexuals: changing insights. *The journal of sexual medicine*, 5(8), 1892–1897. <https://doi.org/10.1111/j.1743-6109.2008.00870.x>

“Since adolescence is a time of exploration and change in general, it can be hard for parents to know if this is just a teenage phase, or whether their child is ‘really’ gender expansive or transgender. Again, look to the concept of

insistence, consistence and persistence **to determine if a child is truly gender expansive or transgender.**" (Appendix C, p. 6)

"Current research supports the theory that gender is 'hard-wired' in the brain from birth. **Gender diversity is not an illness or a result of poor parenting.** It is not the result of divorce or an indication of child abuse. Gender diversity is not caused by liberal or permissive parenting, or by a parent who secretly wished their child were the 'opposite' sex. It is normal." (Appendix C, p. 6)

"Gender identity is not always 'one or the other.' We need to recognize that not every child is on the path to choosing a male or female gender identity. Many children (and adults) feel like **they are both genders, neither gender, or go back and forth.**" (Appendix C, p. 6)

"Finding language that works for your child and yourself can be a big help in dealing with uncertainty. With older children, this can mean discussing together how they would like for you to refer to them, both directly as well as when you are speaking with others. Some families take the approach of working around pronouns by just using the child's name. **Others use gender neutral pronouns such as 'they' or 'ze.'** **Developing stock responses that don't include male or female pronouns can also be helpful: 'My kid is just being their true self!'**" (Appendix C, p. 7)

"When a person **changes outwardly from one gender to another and lives in accordance with their gender identity,** it is called going through transition, or transitioning. Transition can occur in two ways: social transition through non-permanent changes in clothing, hairstyle, name and/or pronouns, and medical transition through the use of medicines and/or surgeries to promote gender-based body changes." (Appendix C, p. 9)

"There is no rule of thumb for when a transgender child should be allowed to transition socially and/or medically. There usually comes a time when your child's discomfort or suffering is so obvious that despite your concerns, **it is critical for them to live in the world as they choose.**" (Appendix C, p. 9)

"Depending upon what documentation you need to register your child, you can **think about registering as their preferred gender.** If you don't have documentation, look into obtaining a state I.D. to use instead of a birth certificate, as in some states it is much easier to change a gender marker in the state system than it is on a birth certificate." (Appendix C, pp. 11-12)

"Gender-expansive and transgender kids do not have to change their bodies in order to change their gender expression or identity. Some choose to make no changes to their bodies at all, while **others know that they must change their bodies to feel complete.**" (Appendix C, p. 12)

"Gender identity refers to a person's **internal sense of being male, female, or something in between.** For many people, one's gender identity corresponds with their biological sex (i.e., a person assigned female at birth identifies as a

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|                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>female or a person assigned a male at birth identifies as male), but this is not always the case.” (Appendix C, p. 16)</p> <p>“Transgender: A broad term describing the state of a person’s gender identity which <b>does not necessarily match his/her given gender at birth.</b>” (Appendix C, p. 17)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></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>“The fact that teens don't want to get pregnant is reason enough to ensure that they have <b>access to quality information and birth control.</b>” (Teacher’s Manual, pp. xi)</p> <p>“Yet other sexual behaviors, such as <b>condom use and hormonal birth control use,</b> can protect against STIs, including HIV, and unintended pregnancy.” (Teacher’s Manual, p. xi)</p> <p>“Emphasize that information on <b>contraception is important for LGBTQ+ students.</b> According to the US department of health and human Services LGBTQ+ teens actually have higher than average rates of unintended pregnancy.” (Teacher’s Manual, p. 165)</p> <p>“What are the types of birth control?”</p> <ul style="list-style-type: none"> <li>• <b>Barrier methods</b> prevent the sperm from reaching the egg and include external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide.</li> <li>• <b>Hormonal methods</b> prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, long-acting reversible contraceptives (LARC) and vaginal ring (NuvaRing).</li> <li>• <b>Over-the-counter methods</b> can be purchased without a prescription (condoms, sponges, spermicidal foam or gel, emergency contraception).</li> <li>• <b>Prescription contraceptive methods</b> require a doctor’s prescription.” (Teacher’s Manual, p. 165)</li> </ul> <p>“What is emergency contraception? Emergency contraception prevents pregnancy by stopping the egg from being released. <b>Emergency contraception is often called the ‘morning after pill.’</b> It works best when started right away, but no later than 3-5 days after intercourse.” (Teacher’s Manual, p. 166)</p> <p>“If a young teen is <b>experiencing an unplanned pregnancy,</b> there are several options which include... <b>getting an abortion</b> (terminating the pregnancy).” (Teacher’s Manual, p. 203)</p> <p>“<b>People who are faced with an unplanned pregnancy</b> 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 <b>abortion.</b>” (Teacher’s Manual, p. 211)</p> |

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|                                                                                                                                                                                                                                                                                                                                                     | <p><b>“A third option is to have an abortion, which is also called terminating the pregnancy.</b> Two pieces of information are important for people to know before making a decision about an abortion.</p> <ul style="list-style-type: none"> <li>• How far along is the pregnancy? (This may determine whether an abortion can be performed.)</li> <li>• Has the mother been tested for an STI? (Having an abortion with an untreated STI can cause great risk to a person’s future reproductive health.)” (Teacher’s Manual, p. 212)</li> </ul> <p>“Explain that:</p> <ul style="list-style-type: none"> <li>• <b>Abortion is a very safe procedure if done with proper medical care.</b></li> <li>• 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.</li> <li>• A pregnancy <b>can be terminated through medication up to 10 weeks after the last menstrual period</b>, or through other procedures to empty the uterus up until the fetus is viable (about 23 weeks).</li> <li>• In some states abortions may be performed after 23 weeks if the health or life of the mother is jeopardized.” (Teacher’s Manual, p. 212)</li> </ul> <p>“External condoms cover the penis; internal condoms are inserted into the vagina. <b>Both can be purchased over-the-counter.</b>” (Teacher’s Manual, p. 316)</p> |
| <p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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>“Why would sexuality and HIV/STI prevention education emphasize human rights? To <b>enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights.</b> 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. <b>Promoting sexual and reproductive rights</b> also encourages young people to take responsibility for protecting the well-being and rights of others.” (Teacher’s Manual, p. xix)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>                                                                                                                     | <p>“For those parents who contend that limited, abstinence-only materials should be presented, refer them to the citations regarding research on the <b>scientific and ethical shortcomings of the abstinence-only-until-marriage approach.</b> Please see <a href="https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure">https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure</a>.” (Teacher’s Manual, p. xx)</p> <p>“Explain that when someone is making an important decision with many options or alternatives, it can be very confusing.</p> <ul style="list-style-type: none"> <li>• Some people may not even consider some of the ‘options’ acceptable, <b>based on their family, cultural, or religious beliefs.</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Should someone seek advice from others, and whose opinion should they listen to?” (Teacher’s Manual, p. 215)</li> </ul> <p>“Parenting practices that are based on <b>affirming a child’s own sense of gender strengthen a child’s self-esteem</b> and sense of self-worth. While some of the parenting practices discussed in this section may be challenging for some parents to implement, it is important to take whatever steps you can to demonstrate to your child that you are with them on this journey.” (Appendix C, p. 3)</p> <p>“One topic that many parents find embarrassing to talk about with their children is masturbation. You will probably notice an increase in self-pleasuring behavior at this point in your child’s development (and oftentimes before) and may feel in conflict about what to do because of personal beliefs you hold. However, <b>beliefs about the acceptability of this behavior are changing</b>. The medical community, as well as many religious groups, <b>now recognize masturbation as normal and harmless.</b>” (Appendix B, p. 17)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></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>“In all states, people at any age can <b>purchase some type of emergency contraception pills</b> over-the-counter <b>without parental consent</b> and without a prescription.” (Teacher’s Manual, p. 166)</p> <p>“Inform students that in regard to sexual and reproductive health care, California explicitly permits all younger than 18 [sic] to obtain contraceptive, prenatal and STI services <b>without parental involvement.</b>” (Teacher’s Manual, p. 203)</p> <p>“In California, minors can <b>access abortion without parental notification</b> or consent. (However, these laws vary state-to-state for minors.)” (Teacher’s Manual, p. 213)</p> <p>“Explain that HIV/STI tests are available from private doctors and local health clinics. At doctor’s offices, <b>the tests are usually confidential</b> 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 their files, but not share the information with others, <b>or with parents or guardians.</b>” (Teacher’s Manual, p. 284)</p> <p>“Even though we as parents have great influence over our children, <b>parents can’t change a child’s true gender identity</b> or expressions of their gender. However, we can help our children to have a healthy, positive sense of themselves in relation to their gender.” (Appendix C, p. 3)</p> <p>“When we talk about ‘family,’ we are not referring only to people related by genetics. Families can come in all configurations, including adoptive or foster parents, grandparents, extended family, mentors, or one’s chosen family made up of close friends. Many youth have been rejected by their genetic and adoptive families and need support from other adults. Similarly, <b>‘parenting’ can be done by a variety of adults in a child’s life</b>, not just by legal parents or</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>guardians. Thus, our resources in this section, and in our work in general, are for all types of ‘family’ and <b>all adults who ‘parent’ a child.</b>” (Appendix C, p. 3)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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 <a href="http://www.WaronChildren.org">www.WaronChildren.org</a> and <a href="http://www.InvestigatelPPF.org">www.InvestigatelPPF.org</a>)</i></p> | <p>“Explain that there are many web-based resources for teens that <b>safely and accurately discuss reproductive health</b> to sort fact from fiction, including:</p> <ul style="list-style-type: none"> <li>• The Centers for Disease Control: <a href="http://www.cdc.gov/sexualhealth/">www.cdc.gov/sexualhealth/</a></li> <li>• The National Sexual Assault Online Hotline: <a href="http://www.rainn.org">www.rainn.org</a></li> <li>• Media Wise for Gen Z: <a href="http://www.poynter.org/mediawise-for-gen-Z">www.poynter.org/mediawise-for-gen-Z</a>” (Teacher’s Manual, p. 11)</li> </ul> <p>“Direct students who are seeking additional information, resources and <b>support regarding gender and sexual orientation</b> to go to <a href="https://www.hrc.org/resources/resources-on-gender-expansive-children-and-youth">https://www.hrc.org/resources/resources-on-gender-expansive-children-and-youth</a>.” (Teacher’s Manual, p. 82)</p> <p>“<b>Resources for LGBTQ+ youth</b> and their friends and supporters can be found at:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.cdc.gov/lgbthealth/youth-resources.htm">https://www.cdc.gov/lgbthealth/youth-resources.htm</a></li> <li>• <a href="https://gsanetwork.org">https://gsanetwork.org</a>” (Teacher’s Manual, p. 91)</li> </ul> <p>“Discuss and describe how and <b>where to access contraception and family planning products and services</b> in your community.</p> <ul style="list-style-type: none"> <li>• Students can locate a reproductive health clinic by visiting <a href="http://gettested.cdc.gov">http://gettested.cdc.gov</a>.</li> <li>• They can also go to Teen Source (<a href="http://www.teensource.org">www.teensource.org</a>), click on Find A Clinic, and enter their zip code.</li> <li>• Most local drug stores provide non-prescription birth control (internal or external condom, sponge, foam) and pregnancy test kits.” (Teacher’s Manual, p. 175)</li> </ul> <p>“Ask students: ‘<b>When should you get tested or examined for STIs?</b>’ Possible responses include:</p> <ul style="list-style-type: none"> <li>• when you have had sexual contact (anal, oral, digital, vaginal, including nude genital-to-genital rubbing) with another person.</li> <li>• when you are planning to have sexual contact.</li> <li>• when you have symptoms.</li> <li>• when they have been exposed (e.g., their partner is diagnosed with an STI, or has symptoms).</li> <li>• when you are pregnant (remind students that many STIs can affect newborn babies if the mother has an infection during her pregnancy or when the baby is born).” (Teacher’s Manual, p. 284)</li> </ul> <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. <b>HIV/STI testing at public health clinics is typically free.</b>” (Teacher’s Manual, p. 284)</p> <p>“Students can <b>locate STI testing centers</b> by visiting:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.teensource.org/find-a-clinic">www.teensource.org/find-a-clinic</a></li> </ul> |

- <https://gettested.cdc.gov>” (Teachers Manual, p. 284)

“What STIs are preventable?

1. Hepatitis B and HPV can be **prevented with a vaccine**.
2. Bacterial STIs can be **treated with antibiotics**.
3. Remind students that all STIs are preventable by not engaging in sexual contact (oral, anal, vaginal, digital).” (Teachers Manual, p. 291)

“How does HIV/STI testing work? **The testing experience in most clinics is as follows:**

- Before you go...
  - You can call your local public health department or AIDS service organization for the location and hours of a nearby clinic.
  - You may or may not need to make an appointment – check with the clinic.
- When you arrive...
  - Upon arrival at the clinic, you will notice many people there for a variety of reasons. No one will know why you are there at the clinic.
  - Check in and tell them you are there for an HIV/STI test. They will probably give you a number and ask you to be seated.
  - Someone will call you and take you to a small private room.
  - **A counselor will talk to you about why you think you are at risk for HIV/STIs and give you information on protecting yourself from HIV/STIs.** If you decide to proceed with the testing, the counselor may draw a small amount of blood from your arm using a sterile needle and syringe to test for HIV antibodies. The counselor may also request a urine sample, make a visual examination of your genitals and/or take a sample of cells from the lining of your mouth or genitals to test for other STIs.” (Teacher’s Manual, pp. 390-391)

“Many **public health clinics offer HIV/STI and pregnancy tests** that are free or inexpensive.” (Teacher’s Manual, p. 392)

“Find your local clinic. **Post local clinic information** for your students.

- Clinic name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Locations: \_\_\_\_\_
- Hours: \_\_\_\_\_” (Teacher’s Manual, p. 392)

“More information:

- Advocates for Youth – [www.advocatesforyouth.org/parents-sex-ed-center-home](http://www.advocatesforyouth.org/parents-sex-ed-center-home)
- American Psychological Association – [www.apa.org/topics/sexuality/orientation.aspx](http://www.apa.org/topics/sexuality/orientation.aspx)
- Family Acceptance project – <http://familyproject.sfsu.edu>
- **Gender Spectrum Education and Training** – [www.genderspectrum.org](http://www.genderspectrum.org)



- Parents, Families and Friends of Lesbians and Gays (PFLAG) – [www.pflag.org](http://www.pflag.org)” (Appendix B, p. 22)

“It is important to find a medical professional who understands children and gender, or who is at least willing to educate themselves. **Interview potential medical providers and find out about their experience in working with gender-expansive or transgender children...** If your child is going down the road of physical transition, you don’t have to only work with an endocrinologist. Any physician, including your pediatrician or family practitioner, can help a child with starting their physical transition with hormone ‘blockers’ and/or cross-hormones [sic].” (Appendix C, p. 12)

“Need help finding a mental health professional? **Gender Spectrum has connections to many professionals who are committed to affirmative care and support of gender diverse youth.** If you need referrals for medical, mental health, legal or educational support, contact us and we will connect you to professionals who can help you find appropriate referrals.” (Appendix C, p. 13)

“Showing a film and conducting a discussion after is an **effective way to reach every member of the school** and get every stakeholder – including youth, parents and teachers – involved in the discussions. Groundspark Films offers three highly acclaimed films with associated curriculum guides, available at [www.groundspark.org](http://www.groundspark.org).

- *It’s a Family* (for elementary schools)
- *Let’s Get Real* (for middle schools)
- *Straightlaced* (for high school)” (Appendix C, p. 19)

**Note:** *It’s a Family* (which is actually called *That’s a Family* on the website) encourages children to share what it’s like to grow up in different types of families, including those with gay or lesbian parents. *Let’s Get Real* discusses issues that lead to bullying including perceived sexual orientations. *Straightlaced* highlights alleged pressures around gender and sexuality and discusses homophobia.

“Day of Silence ([www.dayofsilence.org](http://www.dayofsilence.org)) The Day of Silence is a student-led day of action when concerned students – from middle school through college – take a **vow of silence in solidarity with their LGBT classmates.**” (Appendix C, p. 20)

“In addition to PFLAG, there are many other organization [sic] and resources available to assist schools as they address issues surrounding harassment, bullying, safe spaces and LGBT youth.

- **Teaching Tolerance** provides free education materials to teachers and other school practitioner’s web-exclusive offerings including curricula, activities and materials for youth, teachers and parents. <http://tolerance.org>
- **The Trevor Project** operates the only nationwide, around-the-clock crisis and suicide prevention helpline for lesbian, gay, bisexual, transgender and questioning youth.

- **Lambda Legal** provides legal counsel and court analysis of legal protections and for students and schools. <http://www.lambdallegal.org/> (Appendix C, p. 21)

“Sex Ed Resources:

- **SIECUS** – the Sexuality Information and Education Council of the United States – provides education and information about sexuality and sexual and reproductive health. <http://www.siecus.org>
- **Comprehensive sexuality education guide** written by the Seattle and King County Public Health Department in Washington State. <http://www.kingcounty.gov/healthservices/health/personal/famplan/educators.aspx>
- **Gender Spectrum** – <http://genderspectrum.org/about>
- **COLAGE** – <http://www.colage.org/>
- **Advocates for Youth** – <http://www.advocatesforyouth.org>” (Appendix C, pp. 21-22)

“For More Information:

- California Safe Schools Coalition – [www.casafeschool.org](http://www.casafeschool.org)
- **National Safe School Coalition** – [www.safeschoolscoalition.org](http://www.safeschoolscoalition.org)
- San Francisco Unified School District – School Health Programs Department, Exercise for Establishing Classroom Rules [www.healthiersf.org/LGBTQ/GetTheFacts/pol-antislur.html](http://www.healthiersf.org/LGBTQ/GetTheFacts/pol-antislur.html)
- Creating a Safe Classroom – [www.healthiersf.org/LGBTQ/InTheClassroom/safeClassroom.html](http://www.healthiersf.org/LGBTQ/InTheClassroom/safeClassroom.html)
- What do you say to ‘That’s So Gay’ – [www.healthiersf.org/LGBTQ/InTheClassroom/safeClassroom-whatsay.html](http://www.healthiersf.org/LGBTQ/InTheClassroom/safeClassroom-whatsay.html)
- **Gay Straight Alliance Network** – [www.gaystraightalliance.org](http://www.gaystraightalliance.org), GSA Network.org
- Parents, Families and Friends of Lesbians and Gays – [www.PFLAG.org](http://www.PFLAG.org)
- Step In Speak Up online teacher training program – [www.koginto.com](http://www.koginto.com)” (Appendix C, p. 23)

“Web-Based Resources - Teen Reproductive Health:

- [advocatesforyouth.org](http://advocatesforyouth.org)
- [afraidtoask.com](http://afraidtoask.com)
- [teensource.org](http://teensource.org)

California Reproductive Health Care Resources:

- [familypact.org](http://familypact.org)

Puberty:

- [healthline.com/health/parenting/stages-of-puberty](http://healthline.com/health/parenting/stages-of-puberty)
- [kidshealth.org/en/teens/puberty](http://kidshealth.org/en/teens/puberty)” (Web-Based Resources, p. 1)

Lesson 2 Resources: “**Information on Gender**

- [cdc.gov/lgbthealth](http://cdc.gov/lgbthealth)
- [getthefacts.health.wa.gov.au/our-bodies/sex-and-gender](http://getthefacts.health.wa.gov.au/our-bodies/sex-and-gender)

Support for LGBTQ+ Youth:

- [cdc.gov/lgbthealth/youth-resources](http://cdc.gov/lgbthealth/youth-resources)
- [gsanetwork.org](http://gsanetwork.org)
- Know your rights template (adopted from <https://www.ashwg.org/resources/>)” (Web-Based Resources, p. 2)

Lesson 9 Resources: “Teens and STIs:

- [teensource.org/std](http://teensource.org/std)

**Types of STI Testing:**

- [mayoclinic.org/diseases-conditions/sexually-transmitted-diseases-stds/indepth/std-testing/art-20046019](http://mayoclinic.org/diseases-conditions/sexually-transmitted-diseases-stds/indepth/std-testing/art-20046019)” (Web-Based Resources, p. 6)

Lesson 10 Resources: “How to Handle Risk-Taking:

- [parents.au.reachout.com/common-concerns/everday-issues/risk-taking-and-teenagers](http://parents.au.reachout.com/common-concerns/everday-issues/risk-taking-and-teenagers)

**Correct Condom Usage:**

- [cdc.gov/condomeffectiveness/index](http://cdc.gov/condomeffectiveness/index)

Risk of Spreading HIV:

- [cdc.gov/hiv/risk/estimates/riskbehaviors](http://cdc.gov/hiv/risk/estimates/riskbehaviors)” (Web-Based Resources, p. 6)