

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

CSE HARMFUL ELEMENTS SCORE = [12 OUT OF 15]

Positive Prevention Plus – Middle School contains [12 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* contains many elements that are inappropriate for middle school students. *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, teaches students how to access STI testing and birth control, and affirms that abortions can be obtained without parental consent.

Target Age Group: 11-14

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, attractions, fantasies or desires.</i></p>	<p>“Ask students to list reasons why so many teens are experiencing unplanned pregnancies. Possible responses include:</p> <ul style="list-style-type: none"> • 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 • Not using birth control consistently and correctly • Sexual assault or date rape” (Facilitator Manual, p. 138)

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.

“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: *It's All One, p. 18*)” (Facilitator Manual, p. xviii)

“Organize the class into **cooperative learning groups of four students per group.** Distribute four cards to each group (2 body fluids and 2 body openings). Ask the students to make, if they can, one combination of cards that transmits HIV and/or one combination that will not transmit HIV. Ask each group to display and discuss whether their combination(s) of cards could or could not transmit HIV.” (Facilitator Manual, p. 170)

- Body fluid cards: blood, **semen, vaginal fluids,** breast milk, **rectal fluid,** urine, saliva, sweat
- Body opening cards: mouth, **penis,** ear, navel, **vagina, anus,** skin cut or rash, intact skin

***Note:** The above activity can result in students’ imaginations expanding on possible sexual behaviors.*

“Ask students to **identify all of the sexually transmitted infections (STIs) they can name.** Possible responses include: chlamydia, syphilis, gonorrhea, herpes, HIV or AIDS, human papillomavirus (HPV) or genital warts, hepatitis B, pubic lice (‘crabs’), Trichomoniasis, Zika” (Facilitator Manual, p. 195)

***Note:** Is it necessary for children as young as 11 to have a detailed discussion on all of these diseases?*

“**Ask students to pair up.** Distribute one risk card to each pair of students. Ask students to discuss whether this **behavior or situation could put someone at risk for transmitting HIV ...** Ask each team to explain or justify their choice.” (Facilitator Manual, p. 217)

***Note:** The above activity has children as young as 11 discussing sexual behaviors and assessing risk in partnerships.*

“Emphasize that there are many no-risk (GREEN) activities in which young people can engage as they form social relationships with one another.” **One of the green light activities is sexual monogamy** (one lifetime partner). (Facilitator Manual, pp. 217, 221)

***Note:** It is not appropriate to promote sexual monogamy as a safe activity to middle school students when the purpose of this assignment is to identify behaviors that are safe for them to engage in as they form social relationships*

	<p><i>with each other.</i></p> <p>Green Light (No Risk) Behaviors: “Sexual monogamy (one lifetime partner)” (Facilitator Manual, p. 221)</p> <p>Yellow Light (Caution) Behaviors: “Oral sex, deep kissing, being on ART (Antiretroviral Therapy), using spermicide to prevent pregnancy.” (Facilitator Manual, p. 221)</p> <p>Students discuss the following activities and assess risk of STI transmission: “Oral sex, anal sex, vaginal sex, kiss, deep kissing, being on ART (antiretroviral therapy), sexual monogamy, sex (using of birth control pills), using a spermicide to prevent pregnancy.” (Facilitator Manual, p. 221)</p> <p>“Erection – The stiffening and engorgement with blood of the penis or clitoris during sexual arousal.” (Facilitator Manual, p. 328)</p> <p>“Intercourse – Any sexual act that can result in pregnancy or disease.” (Facilitator Manual, p. 330)</p> <p>“Orgasm – The involuntary neuro-muscular contractions of the genitals during sexual stimulation.” (Facilitator Manual, p. 331)</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. 333)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“True or False: Partners must agree to the sexual behaviors they engage in (‘yes means yes’).” (Student Workbook, p. 9)</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. 21)</p> <p>“Display and discuss the phrase Yes Means Yes. Key points include:</p> <ul style="list-style-type: none"> • Affirmative verbal 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. 69)

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.

“Think of abstinence as a verb. It’s how you handle relationships without having sexual contact (**anal, oral**, vaginal, or digital).” (Student Workbook, p. 32)

“Have the students follow the directions on the worksheet, discuss each question and agree on a group answer for how to handle relationships without having sexual contact (**anal, oral**, vaginal, or digital).” (Facilitator Manual, p. 114)

“Note: Digital contact is the insertion of finger(s) into **vagina or anus**.” (Facilitator Manual, p. 114)

“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. 170)

“In order for a person to avoid contact with HIV, they must keep infected blood, semen, vaginal fluids, **rectal fluids**, or breast milk out of their own or another person's **mouth, genitals, anus**, or broken skin.” (Facilitator Manual, p. 170)

“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. 201)

Yellow Light (Caution) Behaviors: “**Oral sex**” (Facilitator Manual, p. 221)

“**Anal Intercourse** – Sexual intercourse in which the penis enters the rectum.” (Facilitator Manual, p. 325)

“**Oral Sex** – Sexual activity that involves using the mouth to stimulate a partner's genitals.” (Facilitator Manual, p. 331)

“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. 333)

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**: 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. 13)

“Gender role, gender identity, and **sexual orientation vary with each individual**. It is important to respect differences and appreciate diversity.” (Student Workbook, p. 13)

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. 14)

Lesson 2 video: Dulce (a female middle school student) **begins having feelings for Eva** that may be more than a friendship.

	<p>Lesson 11 video: Two boys are holding hands and the conversation about resisting peer pressure strongly implies they are a couple.</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. 326)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>No evidence found.</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</i></p>	<p>Lesson 10 Objective: “Identify things that weaken a latex condom’s ability to prevent HIV/STI transmission.” (Facilitator Manual, p. 215)</p> <p>Note: <i>The steps to proper condom use are taught by the teacher using a latex glove to explain universal precautions. Notice the similarities to a condom demonstration in the following glove demonstration.</i></p> <p>“Carefully put the glove on your hand, explaining the importance of...</p> <ul style="list-style-type: none"> • using a glove that is not old or worn • not tearing or puncturing the glove with fingernails, jewelry, or teeth • not exposing the latex to oil-based lotions which deteriorate (destroy) latex

<p><i>condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<ul style="list-style-type: none"> • unrolling the latex glove all the way over the hand to the wrist before coming into contact with anyone's body fluids (blood, vomit, other body fluids)” (Facilitator Manual, p. 224) <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: This is different than removing a condom which should always be slid off the penis so that the semen is captured inside the condom.” (Facilitator Manual, p. 224)</p> <p>“Discuss the proper disposal of the glove, by wrapping it in a tissue or paper towel and putting it in a plastic-lined trash can (not flushing it down the toilet).” (Facilitator Manual, p. 224)</p> <p>“Remind students that each glove should be used only once; and that for added protection, you should always wash your hands after removing/disposing of it.” (Facilitator Manual, p. 224)</p> <p>“Do condoms work the same way? Remind students that condoms, like gloves, are barrier methods that help prevent the spread of HIV and other STIs.” (Facilitator Manual, p. 225)</p> <p>“The Centers for Disease Control and Prevention states, ‘Incorrect use commonly entails a failure to use condoms throughout the entire sex act, from start (of sexual contact) to finish (after ejaculation).’” (Facilitator Manual, p. 225)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“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. 31)</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. 106)</p> <p>“In California a minor of any age can access reproductive health services (including pregnancy, contraception and abortion-related services) without parental consent.” (Facilitator Manual, p. 113)</p> <p>“In California, minors of any age can access abortion without parental notification or consent.” (Facilitator Manual, p. 141)</p> <p>“Anyone age 12 or older in the state of California can access reproductive health services without parental notification. Many public health clinics offer HIV/STI and pregnancy tests that are free or inexpensive.” (Facilitator Manual, p. 298)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED</p>	<p>“True or False: For a person who is sexually active, a condom is most effective in preventing HIV/STIs and pregnancy if it is used consistently and correctly.” (Student Workbook, p. 9)</p>

STANDARD

Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.

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.

“Explore with the students some ideas about how to improve teen sexual health. Possible responses include:

- Increase their sexual health knowledge.
- Have more open discussions with their parents or trusted adults about sex.
- **Access sexual health and counseling services**, when needed.
- Become more aware of how to resist sexual pressures from peers and in the media.
- Develop personal attitudes and skills that support healthy sexual behaviors in themselves and others.” (Facilitator Manual, p. 7)

Note: *Nowhere in this list made with 12-14-year-olds is the specific mention of abstinence.*

“Ask the students if they can name some reasons for **delaying becoming a parent**. Possible responses include:

- You choose to be in a committed relationship before deciding to raise a child.
- You need a job and finances available to support a child's needs.
- You are not ready emotionally to be a parent.
- You do not plan on ever being a parent.” (Facilitator Manual, p. 105)

Note: *The above discussion focuses on avoiding parenthood, not avoiding sexual behavior. There is no brainstorm of reasons for delaying sexual activity.*

“Emphasize that sexual abstinence (**refraining from penis vagina contact**) is the only certain way to prevent an unplanned pregnancy.” (Facilitator Manual, p. 105)

“Imagine someone has decided to be abstinent. **Create your own definition (description) of what it means to be sexually abstinent.**” (Facilitator Manual, p. 115)

“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**. (Answer: By not engaging in that specific behavior **or by using barrier protection.**)” (Facilitator Manual, p. 170)

“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.
- **When you are planning to have sexual contact.**
- When they have been exposed (e.g., **their partner is diagnosed** with an STI, or has symptoms).” (Facilitator Manual, p. 201)

“Many sexually transmitted infections go undetected. **A person who is sexually active** should:

- Get a check-up for STIs.

	<ul style="list-style-type: none"> • Get treated if they are infected. • Notify their sex partner(s) who may be unaware of their infection. • Reduce the risk of further infection.” (Facilitator Manual, p. 202) <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. 203) <p>Regarding the spread of HIV/AIDS: “There are ways to protect yourself (by abstaining, limiting partners, and/or using protection).” (Facilitator Manual, p. 295)</p> <p>“During that time before the next visit you will be asked to refrain from any behaviors that might infect you with HIV, such as sharing injection drug equipment or having unprotected sex.” (Facilitator Manual, p. 298)</p> <p>“Remind students that it is important to set their goals and make decisions to help them achieve their goals, including the decision to avoid risky sexual situations.” (Facilitator Manual, p. 305)</p> <p>Students fill out a contract to protect their sexual health. Step 3 states, “I pledge to protect my sexual health by...” (Facilitator Manual, p. 311)</p> <p><i>Note: A more appropriate activity would be to have students sign a pledge to abstinence instead of leaving room for them to choose safer sex behaviors.</i></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</i></p>	<p>“True or False: Everyone has the same sexual orientation and gender identity.” (Student Workbook, p. 8)</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. 12)</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. 12)</p> <p>“Gender Non-Conformity: Behavior or appearance that does not conform to</p>

<p><i>gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>expected gender role.” (Student Workbook, p. 12)</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. 12)</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. 12)</p> <p>“Cisgender: People whose gender identity is the same as their assigned or presumed sex at birth.” (Student Workbook, p. 13)</p> <p>“Transgender: People whose gender identity differs from their assigned or presumed sex at birth.” (Student Workbook, p. 13)</p> <p>“Gender Binary: A social system that constructs gender according to two discrete and opposite categories-male or female.” (Student Workbook, p. 13)</p> <p>“Gender Expansive: Refers to wider, more flexible range of gender identities and expressions than those typically associated with the binary gender system.” (Student Workbook, p. 13)</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. 14)</p> <p>“Transsexual – A person who has undergone surgical and hormonal treatment to change his or her anatomical sex.” (Facilitator Manual, p. 335)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“True or False: Contraception can greatly reduce the risk of unintended pregnancy when used consistently and correctly.” (Student Workbook, p. 8)</p> <p>FDA Approved Birth Control Methods (Student Workbook, pp. 28-30):</p> <ul style="list-style-type: none"> • Sterilization surgery for women • 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. 31)

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, p. 36)

“In California, minors of any age can access abortion without parental notification or consent. **Abortion is a very safe procedure if done with proper medical care.**” (Student Workbook, p. 36)

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

Lesson 6 Objective: “**Describe a range of contraceptive methods**, including their effectiveness in preventing pregnancy and sexually transmitted infections.” (Facilitator Manual, p. 103)

“Emphasize that sexual abstinence is the most effective method for preventing an unplanned pregnancy and a sexually transmitted infection (STI). **Condoms** (male-external and female-internal) **are the only other birth control method** that may prevent both a pregnancy and STI, if used consistently and correctly.” (Facilitator Manual, p. 105)

“Distribute the handout Birth Control Guide. **Present and explain each contraceptive product and its effectiveness in preventing pregnancy.**” The following methods are explained: Condoms, birth control pills, spermicidal foam, diaphragm, spermicidal gel, vaginal ring, sponge, intrauterine device, emergency contraception, depo-provera or hormonal implant, sexual abstinence, birth control patch. (Facilitator Manual, p. 105)

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.*

“Birth control **NOT recommended for teens** are: sterilization, fertility awareness method (rhythm method), withdrawal (pulling out).” (Facilitator Manual, p. 106)

Note: *This implies that all other methods of birth control ARE recommended for teens.*

	<p>“Emergency contraception prevents pregnancy by stopping the egg from being released. Emergency contraception is often called the ‘morning after pill.’ It works best when started right away, but no later than 3-5 days after intercourse. 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. 106)</p> <p>“In California a minor of any age can access reproductive health services (including pregnancy, contraception and abortion-related services) without parental consent.” (Facilitator Manual, p. 113)</p> <p>Lesson 6 Objective: “Describe key components of both adoption and abortion.” (Facilitator Manual, p. 137)</p> <p>“If a young woman or young couple is experiencing an unplanned pregnancy, she/they have several options including:</p> <ul style="list-style-type: none"> • giving birth and raising the child • giving birth and letting parents or relatives raise the child • surrendering the child to designated authorities • giving the child up for adoption • getting an abortion (terminating the pregnancy)” (Facilitator Manual, p. 139) <p>“Remind students that there are three alternatives to keeping the child: surrender, adoption, or abortion of the fetus.” (Facilitator Manual, p. 140)</p> <p>“Using the slide provided, explain that:</p> <ul style="list-style-type: none"> • Abortion is a very safe procedure if done with proper medical care. • As with any other medical care, it is every patient's right to receive accurate information so she can provide informed consent prior to an abortion. • A pregnancy can be terminated through medication up to 10 weeks after the last menstrual period, or through other procedures to empty the uterus later in the pregnancy if necessary for health reasons. • In California, minors of any age can access abortion without parental notification or consent.” (Facilitator Manual, p. 141) <p><i>Note: Abortion, even when performed in the safest conditions, still carries serious health risks that are not disclosed to students.</i></p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or</i></p>	<p>No evidence found.</p>

<p><i>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>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>"Explain that there is often confusion about what the terms gender, gender identity, sexual orientation, and gender role (including gender non-conformity) mean. These are not the same things. But together these represent all the dimensions of human sexuality." (Facilitator Manual, p. 38)</p> <p>"The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, and bisexual, but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future." (Facilitator Manual, p. 39)</p> <p>"Gender role, gender identity, and sexual orientation vary with EVERY individual. Each of us differs in some way(s) from everyone else. It is important to respect differences and to celebrate diversity." (Facilitator Manual, p. 39)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>"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>Note: <i>The word complement means to complete. In other words, children will not have complete knowledge with their parental and cultural teachings alone.</i></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. We also refer them to the citations regarding research on effective HIV /STI and teen pregnancy prevention education featured on the National Campaign to Prevent Teen and Unplanned Pregnancy website, at: www.nationalcampaign.org." (Facilitator Manual, p. xix)</p> <p>Note: <i>In other words, the wishes of parents are irrelevant.</i></p>

	<p>“When reviewing the teensource.org and familypact.org websites, emphasize that in California, minors of any age can access free and confidential reproductive services without parent consent (including pregnancy, contraception, and abortion-related services); minors age 12 and over can also access STI diagnosis and treatment services without parent consent.” (Facilitator Manual, p. 8)</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. 106)</p> <p>“In California, minors of any age can access abortion without parental notification or consent.” (Facilitator Manual, p. 141)</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. 201)</p> <p>“Anyone age 12 or older in the state of California can access reproductive health services without parental notification.” (Facilitator Manual, p. 298)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes</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>Lesson 6 Objective: “Identify community family planning and contraception services.” (Facilitator Manual, p. 103)</p> <p>“Students can receive a list of local California Family PACT (reproductive health) clinics on their cell phone by texting the word CLINIC plus their zip code to 877-877.” (Facilitator Manual, p. 113)</p> <p>“Non-California residents can locate a reproductive health clinic by texting their zip code to KNOWIT (566948).” (Facilitator Manual, p. 113)</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</p>

children for profit see
www.WaronChildren.org and
www.InvestigatelPPF.org)

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. 201)

“**Provide local resources and clinic information for STI testing.**” (Facilitator Manual, p. 201)

“**How does HIV/STI testing work?** 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. Upon arrival at the clinic, you will notice many people there for a variety of reasons. No one will know why you are at the clinic.” The teacher goes on to describe in detail the experience of visiting a clinic for an STI test. (Facilitator Manual, pp. 296-297)

For the complete text of *Positive Prevention PLUS – Middle School*, see <https://www.positivepreventionplus.com/>.