

CSE Harmful Elements Analysis Tool

Analysis of *Reducing the Risk – 2020 Revised 5th Edition*

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Reducing the Risk – 2020 Revised 5th Edition contains [15 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: *Reducing the Risk* is a sexuality curriculum designed for youth ages 14-18, though it is also found in middle schools being taught to children as young as 12. While it purports to be an abstinence-based program, the facilitator manual reveals the deceptiveness behind this label. “This program uses a specific definition of abstinence: abstinence means choosing not to do any sexual activity that carries a risk for pregnancy or STD/HIV” (Facilitator Manual, p. 15). This definition of abstinence gives a false equivalency between abstaining from sexual activity and having “safer sex” with a condom.

This is a highly controversial program that uses explicit details to encourage youth to use protection in order to avoid HIV and other STDs. Proper condom use is demonstrated on a wooden penis model. Students brainstorm how to make condom use more romantic and have a homework assignment to go shopping for condoms. *Reducing the Risk* uses role plays to teach youth how to negotiate sexual situations. It teaches where they can go for STD testing and HIV treatment without parental knowledge. This program promotes masturbation, early sexual autonomy, and diverse sexual orientations. *Reducing the Risk* is being used through federal grant money in many states.

From the publisher: “The 2020 Revised 5th Edition contains updated information on HIV testing and treatment, updated information on contraceptives, and language updates around inclusivity related to gender identity, sexual orientation and behavior.”

Target Age Group: Ages 14-18

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</i></p>	<p>“We will make believe that everyone in the class is having unprotected sex each month, although we know that most young people their age are not having sex.” (Facilitator Manual, p. 16)</p> <p>“I (or my partner) would be pregnant after just ___ months of having unprotected sex. We would have a baby in the month of ___ if I (or they) carried the baby to term.” (Student Workbook, p. 1)</p>

discussion of sexual experiences, attractions, fantasies or desires.

“Lee and Lee **went ahead and had sex without using birth control**. Despite Lee’s prediction about stopping in time and being lucky, **Lee did get pregnant and had the baby** the night of the sophomore dance.” (Facilitator Manual, p. 19)

“Explain that for this activity, **exchanging signatures with someone represented having sex with that person...** This represents a **mutually monogamous** relationship – that is, having **sex with only one person, who only has sex with you.**” (Facilitator Manual, p. 30)

“What does the term ‘serial monogamy’ mean? The answer is when people end one monogamous sexual relationship before starting another one. The relationships are in a series and not overlapping. **Explain that sometimes people have sex with more than one partner during the same period.** For example, they may have sex with one person one week, then with someone else the second week, and then return to the first partner the third week. These sexual relationships are overlapping.” (Facilitator Manual, p. 32)

“Michael was dating Jaidyn and **only having sex with her**. Then one night at a party, he **drank too much and had sex with someone else**. After that, he continued to only have sex with Jaidyn. Is this serial or overlapping?” (Facilitator Manual, p. 32)

“Tell the following brief stories. After each story ask if it is an example of serial or overlapping partners.

- A. **Siya and Jessie had sex only with each other for several months.** Then Jessie broke up with Siya. A month later, Siya began going with Anton and **had sex only with Anton**. Is this serial or overlapping? (Answer: Serial)
- B. **Michael was dating Jaidyn and only having sex with Jaidyn.** Then one night at a party, he drank too much and **had sex with someone else**. After that, **He continued to only have sex with Jaidyn**. Is this serial or overlapping? (Answer: Overlapping)
- C. Sonny traveled for his work. **He had two partners who lived in different states. He had sex with both of them**, but not anyone else. Is this serial or overlapping? (Answer: Overlapping)” (Facilitator Manual, p. 32)

“Acknowledge that it’s sometimes **hard to practice abstinence.**” (Facilitator Manual, p. 48)

“Ask students to **assume everyone is having overlapping sexual relationships, and no one is using condoms.**” (Facilitator Manual, p. 33)

“Role play: **Sitting on the sofa together kissing and touching.**

- Don’t, Lee. Please, stop.
- Why?
- I’m concerned. We don’t have anything to use for... protection.
- Don’t worry. We don’t have anything to worry about.
- But what if something happens? What if I get something like HIV?

- Don't worry. You wouldn't get HIV. Kids like us aren't at risk! It's only hard-core kids that get HIV.
- I've been worried about HIV for months... ever since you told me you and Ronnie **didn't use... well, you know... condoms**. I've heard about Ronnie.
- What did you hear?
- I heard Ronnie had HIV. That is what everyone is saying.
- I'm not worried. I don't have anything to worry about. I feel great. I look good, don't I? Besides, I only went out with Ronnie a few times.
- It wouldn't matter if it was only once. Anyone who has sex with someone who has HIV can get HIV.
- Listen, Lee. We're lucky. How else would two people named Lee get together if somebody wasn't looking out for us? And the only thing that's important is that we have each other.
- You're right – we're two lucky people. I'm crazy about you too, Lee.

Narrator: Lee and Lee **went ahead and had sex without using a condom**. Despite their belief about being lucky, Lee was diagnosed with HIV shortly before their graduation. **Lee started taking ART medications right away, and Lee talked to their doctor about taking PrEP.**" (Facilitator Manual, p. 35)

***Note:** This role play promotes multiple harmful elements, including teaching children how to negotiate sexual encounters and promoting condom use, even though they didn't ultimately use protection.*

"I love you, too. But kids like us do get HIV. I heard Ronnie's got HIV, and I'm worried because you told me you **had sex together and didn't use rubbers.**" (Facilitator Manual, p. 39)

"Tell students that, as they know, **some young people do have sex**. Ask them to think about likely outcomes of having sex. List their results on the board, adding any important factors they miss. Students may include some **positive outcomes** (e.g., **'It's fun' or 'it makes us feel close'**). Acknowledge both positive and negative outcomes." (Facilitator Manual, p. 46)

"You and your partner have been going out for a while. **From the beginning you touched and kissed a lot**. On your partner's birthday, you are alone and feel very close. After you have had something to celebrate the birthday, **you begin kissing and touching and feeling really good. Your partner wants to have sex with you**, but you decide to tell them you're not ready." (Facilitator Manual, p. 63)

"Tell students that you want their ideas about things their friends might say to them that make saying no more difficult. Ask them to get out a piece of paper and write 1 or 2 'lines' that friends or others they know might use to convince them to do something they don't want to do – cut a class, lend their nicest clothes, **send a nude or 'sexy' picture**, go out somewhere, **have sex or have unprotected sex**. Suggest a couple of lines. For example, **'You would if you loved me' or 'Try it, you'll like it!'**" (Facilitator Manual, p. 70)

Role play 4.2 “The party is at somebody’s home and the parents are gone. A lot of kids are getting high and some couples are leaving – Maybe to have sex.” (Facilitator Manual, p. 73 and Student Workbook, p. 19)

“Signs of Sex, Signs of Caution

Yellow Alert Signs:

- I think about ways to be alone with this person.
- I think about touching and getting more intimate with this person.
- I think about having sex with this person.
- We **talk about having sex** with each other.
- We touch ‘by accident.’

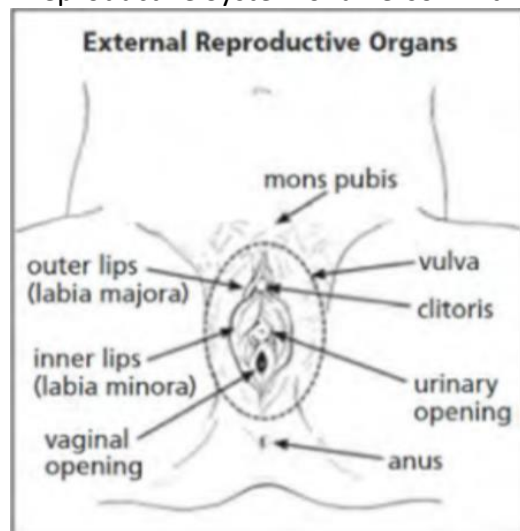
Red Alert signs:

- We make and take opportunities to touch.
- We **touch each other in more ways and are getting excited.**
- We go to a place to ‘get away from everybody.’
- We’re drinking or using other drugs.
- We’re alone at home.” (Facilitator Manual, p. 93)

“Have a monogamous relationship with only one partner who doesn’t have HIV ... and **who never has sex with anyone else.** (Note: **This choice isn’t realistic for many teens** because they tend to be involved in a series of relatively short-term relationships.)” (Facilitator Manual, p. 157)

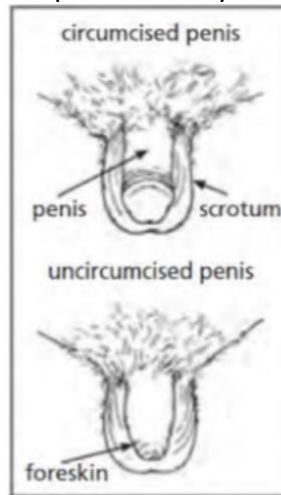
“They haven’t actually had sex, though they do kiss and touch each other a lot and have gotten close to going all the way. Lately, Pat has been hearing that many of their friends are having sex.” (Facilitator Manual, p. 187)

“Reproductive System of a Person with a Vagina”



(Facilitator Manual, p. 209)

“Reproductive System of a Person with a Penis”



(Facilitator Manual, p. 214)

“**During sexual arousal, the penis becomes firm and erect.** During erection, most penises are about 5-1/5 to 6 inches long. To reach that size, small penises grow more when they become erect, while large penises grow less. (Facilitator Manual, p. 214)

“Should adolescents **have sex with someone they love** if they plan to marry them?” (Student Workbook, p. 7)

“You and your boyfriend/girlfriend have been going out for a while. From the beginning you **touched and kissed a lot**. On his/her birthday ... you begin **kissing and touching and feeling really good.**” (Student Workbook, p. 13)

“You’ve said you love me. Now **I want to show you that I love you – Let’s make love.**” (Student Workbook, p. 17)

“During a party at a friend’s house, your date suggests that you leave the party and go somewhere private. **Your date’s body language shows that they want to have sex with you.** You don’t want to have sex.” (Student Workbook, p. 23)

“Imagine that you have a cousin you are really close to. They tell you they want to **start having sex** with their partner.” (Student Workbook, p. 43)

Role play 16.3: “You’ve decided that you **don’t want to have unprotected sex** with your boyfriend or girlfriend. On this evening, you both have been watching TV. You decide to lie down on the couch together. You remember that this is exactly what happened **the last two times you had sex** without protection.” (Student Workbook, p. 55)

Role play 9.2 has two kids discussing condom use: “I just don’t like to stop what’s going on. You lose something. And ... **I like the way it feels without it. It feels more ... well, natural.**” (Student Workbook, p. 37)

2. TEACHES CHILDREN TO CONSENT TO SEX

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.

Note: “Consent” is often taught under the banner of sexual abuse prevention.

“The **role plays** are an essential and powerful part of Reducing the Risk. At first, students may be hesitant about their performances, but they soon begin to enjoy these opportunities and use them to great advantage. Teachers will help students by continuing to encourage them to practice their interpersonal skills in the role plays. The more students **practice effectively saying no to sex (or to unprotected sex)**, the more likely they will be to use these skills in real life.” (Facilitator Manual, pp. 2-3)

“Instruction on boundaries and respecting another person’s NO – both verbal and nonverbal – regardless of perceived clarity can be included to help young people understand the **two-way nature of consent...**” (Facilitator Manual, p. 55)

Role play: “Person 1: There’s no reason to wait. It will mean even more now. What is the difference, now or later? Person 2: Will, I’m not sure. Person 1: I thought this was what we both wanted. Person 2: Do you still love me? Person 1: Yes, and **sex is a part of love.**” (Facilitator Manual, p. 63)

“Explain that delay tactics are another way to handle difficult situations and **avoid unwanted and unprotected sex.** For many reasons, it’s usually better to simply say no to offers you don’t like. But people often feel confused about how to say no to their friends without time to think of what to do. They can impulsively make a poor decision. In such cases people might use a delay tactic to gain time to think about what they really want. **Remember sooner or later you have to give a clear ‘no’ message.**” (Facilitator Manual, p. 80)

“Remind students that this class introduced **delay tactics and refusals to help them in situations in which they feel pressured to have sex or do something else they may not want to do.** Students probably already use these skills to manage situations with friends and family. Using them to avoid pregnancy, HIV and other STIs may be the most important of all.” (Facilitator Manual, p. 82)

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.

“Condoms must be used from start to finish during **every act of vaginal, anal or oral intercourse.**” (Facilitator Manual, p. 113)

“Put the condom on the head of the erect penis before there is any contact **between the penis and the vagina, anus or mouth.**” (Facilitator Manual, p. 114)

“It is **strongly recommended that barriers be used in vaginal sex, anal sex and oral sex.** The purpose is to avoid the mixing of any fluids vaginally, anally, or orally. A latex barrier in the form of a condom or dental dam should be used to cover genitalia during every sexual encounter. **A dental dam is a latex or polyurethane sheet used between the mouth and vagina or anus during oral sex. A condom can be cut to form a sheet and used as a dental dam.**” (Facilitator Manual, p. 115)

“Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. **There is some risk of transmission through oral sex, but it is much lower.**” (Facilitator Manual, p. 156)

	<p>“To eliminate the risk of HIV: Don’t have sex. This includes vaginal and anal sex.” (Facilitator Manual, p. 157)</p> <p>“HIV and other STDs can be passed through vaginal, anal and oral sex.” (Facilitator Manual, p. 165)</p> <p>“Behaviors with some risk of HIV: Oral and anal sex using a condom; Oral sex without a condom.” (Facilitator Manual, p. 171)</p> <p>“Behaviors with high risk of HIV: Anal sex without a condom” (Facilitator Manual, p. 171)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Over the course of the role play activities, students will be in a position where they must role play sexual pressure situations with classmates of both a different and the same gender. This may be awkward for teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It’s important to address this situation directly and proactively.” (Facilitator Manual, p. 71)</p> <p>“Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and protect themselves.” (Facilitator Manual, p. 71)</p> <p>“Teens of all sexual orientations and gender identities need to know how to protect themselves from unplanned pregnancy.” (Facilitator Manual, p. 129)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Abstaining may ultimately help people be better lovers; it allows them to explore a wide range of ways to express love and sexual feelings.” (Facilitator Manual, p. 47)</p> <p>“Withdrawal: Interruption of the sexual excitement phase, may decrease pleasure.” (Facilitator Manual, p. 104)</p> <p>“These are things you can do or say to yourself to make using a condom easier: DOUBT - It won’t feel as good if we use a condom. DOUBT-BUSTER ACTION - Be sure we don’t rush so we can enjoy the whole time together before, during and after the condom.” (Facilitator Manual, p. 179)</p> <p>“The inner lips are very sensitive. During sexual arousal, they swell with blood and turn a deep red color.” (Facilitator Manual, p. 210)</p> <p>“The only known function of the clitoris is to provide sexual pleasure.” (Facilitator Manual, p. 210)</p>

	<p>“The vagina expands in both length and width during sexual arousal and childbirth. The vagina is very elastic and will adjust its size to accommodate a finger, tampon, a penis, or a baby.” (Facilitator Manual, p. 212)</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>“Behaviors w/ no risk of HIV: Masturbation” (Facilitator Manual, p. 171)</p> <p>“Behaviors w/ some risk of HIV: Mutual masturbation” (Facilitator Manual, p. 171)</p> <p>The vagina ... receives a partner’s penis (or fingers or sex toys) during sexual intercourse.” (Facilitator Manual, p. 211)</p> <p>“Masturbation and sex don’t use up sperm. The body keeps making sperm as long as a person has at least one normal testicle.” (Facilitator Manual, p. 216)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>“Practice unrolling a condom over 2 fingers or a condom demonstrator (available for purchase at https://www.etr.org/store/product/condom-demonstrator).” (Facilitator Manual, p. 9)</p> <p>“Describing how condoms are used, with visual aids to assist the instructions, offer the most effective approach to condom education. Be sure to practice before demonstrating in front of students... If district guidelines don’t allow the visual demonstration of condom use, you should still cover all information... Some districts may allow modified demonstrations, such as using a sock and a water bottle.” (Facilitator Manual, p. 110)</p> <p>“Demonstrate how a condom is used... Make sure to stress the importance of holding the condom around the base of the penis when the penis is pulled out of the partner’s body.” (Facilitator Manual, p. 111)</p> <p>“Unwrap the condom and unroll it over the condom demonstrator or the index and middle fingers of one hand, showing how much space to leave at the tip, how to hold the end of the condom and how to unroll and remove the condom.” (Facilitator Manual, p. 111)</p> <p>“Hold onto the base of the condom while the still-erect penis is gently pulled out of the partner’s body.” (Facilitator Manual, p. 114)</p> <p>“...The penis should be pulled out very soon after ejaculating, while it is still hard. Once the penis begins to lose its erection, ejaculate can leak out or the condom can slip off.” (Facilitator Manual, p. 128)</p>

	<p>“These are things you can do or say to yourself to make using a condom easier: DOUBT – I’ll look like a beginner if I don’t know what to do with the condom; DOUBT-BUSTER ACTION – I’ll practice putting a condom on my fingers so I’m sure I’ll know how.” (Facilitator Manual, p. 179)</p> <p>“Using Protection – Use the Condoms: Who would bring out the condoms? What would he/she say? What would be the most romantic way to use the condom? What might go wrong? What would you do to save the evening?” (Student Workbook, p. 50)</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>“Throughout the discussion about protection, remind students that this information is for when they decide to have sex, which might not be for a long time. However, it is important information that they will need eventually.” (Facilitator Manual, p. 97)</p> <p>“When people do choose to be sexually active, they can protect themselves by having sex with only 1 partner, who does not have HIV, does not engage in any HIV risk behaviors, and has sex only with them.” (Facilitator Manual, p. 165)</p> <p>“Ask if anyone found a clinic that is especially easy to get to from their home or high school without a car.” (Facilitator Manual, p. 179)</p> <p>“Shopping Information Form requires students to visit two stores to price condoms. Students note the brand name, price, whether it is lubricated and has a reservoir, how comfortable they are buying protection there, and the store’s hours of operation.” (Student Workbook, p. 31)</p> <p>“The Way to the Clinic” assignment requires students to map the route to the clinic and determine which mode of transportation is most effective in getting there. (Student Workbook, p. 34)</p> <p>“Picture a time in your life when you would be ready to have sex.” Students then write about how they would take steps to use protection. (Student Workbook, p. 49)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than</i></p>	<p>“Students also describe their own reasons for abstaining from sex or using protection.” (Facilitator Manual, p. 1)</p> <p>“This program uses a specific definition of abstinence: abstinence means choosing not to do any sexual activity that carries a risk for pregnancy or STD/HIV.” (Facilitator Manual, p. 15)</p> <p>“Ask students if getting pregnant is just a matter of luck like picking numbers. Draw out in the discussion that there are things they can do to avoid an unintended pregnancy, such as using self-control and saying no to sex or using protection.” (Facilitators Manual, p. 17)</p>

“unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.

“The only sure way to avoid pregnancy is to abstain (not have sex). The **next best choice is to always use protection**, including condoms or other contraceptive methods.” (Facilitator Manual, p. 18)

“The second part of this activity shows how risk changes when people **abstain or use protection** correctly and consistently.” (Facilitator Manual, p. 17)

“When people have **more sexual partners** and don’t always use a condom, they’re at greater risk of getting an STD.” (Facilitator Manual, p. 33)

“Abstinence from sex and needle use are the best choices. **The second-best choice is to use a condom**. The best choice is to have one and only one long-term partner.” (Facilitator Manual, p. 34)

“Class 2 reminds students that there are only two ways to avoid pregnancy and STD/HIV – not having sexual intercourse (**abstaining**) or **consistently using protection**.” (Facilitator Manual, p. 43)

“Give students no more than 5 minutes to write down what they might say in the role play to avoid **unprotected sex**.” (Facilitator Manual, p. 71)

“Remind students that there are two ways to avoid pregnancy and HIV: **say no to sex or use protection**.” (Facilitator Manual, p. 89)

“Yellow alerts are signals that there may be a **risk of unprotected sex** in the future and that you should slow down and prepare yourself to avoid pregnancy or infection.” (Facilitator Manual, p. 89)

“Red alert signals that there’s a more **immediate risk of unprotected sex**, and you have to act fast to protect yourself. Red alert signs usually occur about 20 minutes to an hour before a high-risk moment.” (Facilitator Manual, p. 89)

“**When using a condom**, use a lubricant that isn’t oil-based.” (Facilitator Manual, p. 127)

“Reinforce the number of options provided by the class – having lots of options in mind will help them find ways to **live up to their decisions not to have unprotected sex**.” (Facilitator Manual, p. 134)

“Taylor and Bobby have gone out for a long time but have never had sex. One day they go to Bobby’s sister’s apartment. She is in the bedroom with her boyfriend. In the living room, Taylor and Bobby start to kiss and warm up to each other. What can Taylor or Bobby do to **avoid sex or unprotected sex**?” (Facilitator Manual, p. 137)

“Tony and Dylan ... start to kiss and undress each other. Dylan reaches into a jacket pocket and realizes that the condom they planned to use is gone... What can Tony and Dylan do to **avoid unprotected sex**?” (Facilitator Manual, p. 139)

“You can prevent STIs, including HIV, **by abstaining; by having sex with only one, uninfected partner** who only has sex with you; or you can reduce the risk by using latex, polyisoprene or polyurethane condoms or dental dams.” (Facilitator Manual, p. 53)

“**Have safer sex** that doesn’t put you in contact with a partner’s blood, semen, or vaginal or rectal fluids. This means using condoms ... or **having sex play** without intercourse.” (Facilitator Manual, p. 158)

“By now, I hope you all have the goal to **delay sex, or at least to avoid pregnancy, HIV and other STIs.**” (Facilitator Manual, p. 179)

“Abstinence (not having sex) is the best way to prevent sexual transmission of HIV (and other STIs). **If you do have sex: Make sure you do not come in contact with someone else’s blood, semen, vaginal fluids or rectal fluids.** Use a new condom and a water-based lubricant every time you have sex.” (Student Workbook, p. 36)

Role play 9.2 has two sexually active youth discussing whether or not it’s worth it to use a condom: “I’ll just have to change my attitude and **be sure we use them.** My life’s pretty good now. I want to keep it that way.” (Student Workbook, p. 37)

10. PROMOTES TRANSGENDER IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.

“Be sure your reading of the role play allows for inclusivity and **does not reinforce one view of gender identity or gender stereotypes.**” (Facilitator Manual, p. 14)

“Recognize that trauma can arise from power differences due to culture, **gender and sexual orientation.** Use inclusive language that empowers diverse populations. Avoid stigmatizing particular groups of youth or reinforcing limiting stereotypes.” (Facilitator Manual, p. 206)

“Sperm Development – **People** are not born with sperm. The testicles start making sperm at puberty and keep making sperm for the rest of **the person’s** life.” (Facilitator Manual, p. 216)

Note: Only males produce sperm. Use of the term “people” here is reinforcing radical gender ideology.

11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

Role play: “I’m not ready for this. And besides, we would need to **use something for protection,** and we don’t have it.” (Student Workbook, p. 5)

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.

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

“Tell students this activity will help them understand that pregnancy is a potential outcome of **having sex without using protection.**” (Facilitator Manual, p. 16)

Pregnancy Risk Chart: “You did not become pregnant because you decided to **use the IUD.**” (Facilitator Manual, p. 20)

“You did not become pregnant, because you **used a latex condom correctly every time you had sex...** You did not become pregnant because **you decided to use the IUD.**” (Facilitators Manual, p. 21)

“At some time in their lives, most people decide they’re ready to have sex but not to become pregnant. To have sex but avoid pregnancy and STIs, **people must consistently and effectively use protection.**” (Facilitator Manual, p. 91)

“Tell students to fill in all information for 3 kinds of condoms and 1 type of a lubricant. The brand name is the maker of the product. **For condoms, also indicate the product’s shape/style and color.** Ask the student to make note of **any other birth control options available to them in the store** (Emergency Contraceptive, spermicides, etc.) After students leave the store, they should ... indicate how comfortable they were there and whether they would recommend the store to a friend. Put down the store’s hours too, because it may be **important to know where to get protection at any time.**” (Facilitator Manual, p. 99)

“Long-acting reversible contraception (LARC): **These methods of birth control are excellent choices for young people and teens.** They are highly effective and have very few side effects or health risks. Once they’re in place, there’s nothing more to do. They last for years and can be removed **if a person decides they want to become pregnant.** There are two main types of LARCs:

- **IUD:** The IUD (intrauterine device) is a small plastic device inserted into the uterus by a health care provider. It prevents pregnancy by affecting the way the sperm move and preventing sperm from fertilizing an egg. Some IUDs (Mirena, Skyla) release hormones that prevent pregnancy the same way as the pill.
- **Implant:** Artificial hormones are contained in a tiny plastic rod placed under the skin of the arm by a provider. The rod slowly releases hormones into the bloodstream. The implant stops ovaries from releasing an egg each month. It thickens the mucus in the cervix so it’s hard for sperm to enter the uterus.
- **The Shot:** The shot, also known by its brand name **Depo-Provera**, contains artificial hormones that are injected by a provider. It stops the ovaries from releasing an egg each month. It thickens the mucus in the cervix making it hard for the sperm to enter the uterus.
- **Birth Control Pill:** Birth control pills contain different amounts of the hormones estrogen and progesterone. **The pill stops the person’s body from ovulating.** To use birth control pills, a person needs to plan ahead. The pills must be prescribed by a health care provider...

- **Birth Control Patch and Vaginal Ring.** These methods contain the same hormones as the pill. The patch is a thin plastic square worn on the skin of the buttocks, stomach, upper arm or upper torso (not the breasts). The patch is changed every week. The vaginal ring is a soft, flexible ring inserted in the vagina. The ring is changed every month.
- **External Condoms:** The external condom is a thin sheath made of latex, polyurethane or polyisoprene that **fits over an erect penis**. Condoms are also called rubbers or prophylactics.
- **Withdrawal:** While having sex, before ejaculating, **a person pulls their penis out of and away from the partner's body**. The person must rely on their judgement and physical sensations to decide when ejaculation is about to occur in order to withdraw in time.
- **Rhythm or Fertility Awareness Method:** A person learns to know and recognize the specific signs of the fertile days in the menstrual cycle. These are the days during each month when pregnancy is most likely to occur. The person either does not have sex during these days or **uses a birth control method such as a condom**.
- **Spermicides – contraceptive foam, gel, cream, film, suppositories and tablets:** These are available without a prescription at any drugstore or family planning clinic or online. **There is no age limit for purchasing, and either partner can buy them**. Foam is inserted into the vagina each time the couple has sex. The foam covers the cervix. Spermicidal agents kill any sperm that approach the uterus.
- **Emergency Contraception:** Emergency contraception is not a regular method of birth control. It is an emergency method in the form of pills or a copper IUD, to be used if a birth control method was damaged, wasn't used, or wasn't used correctly. It prevents pregnancy by stopping the egg from being released and/or by changing the lining of the uterus so the egg can't implant and grow. Several brands of pills can be purchased from a pharmacist or drug store without a prescription. **People of any gender can purchase these emergency contraceptive pills...** In order to prevent pregnancy, emergency contraception must be used within 5 days after having unprotected sex." (Facilitator Manual, p. 100-106)

"Some methods can be used at the same time to further increase protection, for example **one partner using condoms or withdrawal while the other uses a LARC, the pill or another form of birth control**. Dual use of methods not only decreases the risk of pregnancy but also means that both partners are actively taking precautions and **sharing responsibility for preventing unintended pregnancy**." (Facilitator Manual, p. 106)

***Note:** Pages 100–106 discuss the risks and advantages of various birth control methods.*

"For pregnancy risk, **seek emergency contraception as soon as possible after unprotected sex**. It works best in the first 72 hours but can reduce risk of pregnancy for up to 5 days after unprotected sex." (Facilitator Manual, p. 112)

	<p>“What did they learn about types and costs of protection? Be sure student answers include: It’s easily available; It’s inexpensive; It wasn’t too embarrassing to look at.” (Facilitator Manual, p. 178)</p> <p>“What are the best kinds of protection for teens who are sexually active?” (Student Workbook, p. 9)</p> <p>“How Will You Avoid Pregnancy” assignment directs students to determine which methods of birth control they need more information about and how they will find that information. (Student Workbook, p. 35)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“It’s recommended that facilitators work with a small group of youth to review the role plays and other activities and suggest minor changes to increase relevance before implementation.” (Facilitator Manual, p. 4)</p> <p>“Students are presented with ‘situations’ in which they must decide as a group how to handle difficult predicaments.” (Facilitator Manual, p. 133)</p> <p>“Put students into small groups of no more than 4. Tell them they will develop a role play that addresses one of the steps of preparation for using condoms... Have them write a full script on a separate sheet of paper.” (Facilitator Manual, p. 174)</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>“What are your conclusions [about the best method of preventing pregnancy]? Circle the numbers that show which methods seem best for you.” (Student Workbook, p. 35)</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>“You do not need a parent’s permission to get birth control at a clinic. No one needs to know that you are going to a clinic.” (Facilitator Manual, p. 127)</p> <p>“In almost every state, teens can be tested for HIV without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.” (Facilitator Manual, p. 159)</p> <p>“Ask about the confidentiality policies at the clinics and the importance of these policies. Why are these important? (Pull for the idea that sex and sexuality are private and that people should and do have control over their choices to use birth control from clinics or drugstores.)” (Facilitator Manual, pp. 178-179)</p>

15. REFERS CHILDREN TO HARMFUL RESOURCES

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.)

Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

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

“In Class 8, students will be given an assignment **to visit or call a clinic...** To facilitate students’ visit to a clinic – which may be the **most important element** in the entire curriculum – you will need to know:

- Which clinics in your community are available for students who wish to visit.
- The clinics’ guidelines regarding the number of students who can visit at a time.
- Whether appointments are needed prior to visits.
- How many total students the clinic can serve.

Individual visits to the clinic are the most effective approach for enhancing students’ ability to attend a clinic if they want birth control or protection at some future date. Other activities can also **increase their comfort in going to a clinic**, including field trips and speakers.” (Facilitator Manual, p. 9)

“**Medications including PrEP AND PEP** can reduce the risk of HIV.” (Facilitator Manual, p. 34)

“Have a classroom set of Birth Control Facts for Teens (included in the Activity Kit and available from ETR, www.etr.org/store.” (Facilitator Manual, p. 97)

“Have students locate the Shopping Information form (Homework 7.1) in their workbooks... Explain that they don’t have to buy condoms or lubricant, but they do need to **go to two stores** (either online or in person) to get prices and descriptions of these items. **If the students choose to look for condoms online, encourage them to also find a place near them that offers free condoms (such as a clinic) as well as a reputable store.**” (Facilitator Manual, p. 99)

“If your partner is HIV positive, or there’s a significant chance of this, there is a post-exposure prophylaxis (called PEP) than [sic] can reduce a person’s chance of getting HIV if used within 72 hours of exposure. **For other STIs, it’s a good idea for both you and your partner to be tested.**” (Facilitator Manual, p. 112)

“Besides learning **what services are offered at local family planning clinics**, this homework assignment asks students to rate their comfort level while at the clinic.” (Facilitator Manual, p. 116)

“**Select two or three conveniently located clinics** (or the clinics that have agreed to participate) from which they can choose.” (Facilitator Manual, p. 116)

“Encourage students to **go with their partners**, even those who aren’t in the class. Tell students they should **bring back some literature** available from the clinic. This could be a pamphlet describing services.” (Facilitator Manual, p. 116)

“Students can also be instructed to search online for **telemedicine or at-home options for receiving birth control, condoms and HIV/STI testing.**” (Facilitator Manual, p. 117)

	<p>“People who use injection drugs should never share needles. If needles or works are shared or re-used, clean them 3 times with water, 3 times with bleach and 3 times with water before each use.” (Facilitator Manual, p. 158)</p>