

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 ***Sexual Health and Adolescent Risk Prevention (SHARP)*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [9 OUT OF 15]

Sexual Health and Adolescent Risk Prevention contains [9 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This program was published by the Program Archive on Sexuality, Health and Adolescence (PASHA). It is intended to be used in adolescent detention facilities with single-sex groups of 3-10 participants. It may also be used in community and clinical settings. The stated goal of the program is to “deepen STI/HIV knowledge, improve correct condom use, reduce sexual risk and alcohol use and set long-term goals to utilize knowledge and skills learned during the session” (User Guide, p. 1). The program is essentially a condom use seminar. Students watch videos about couples making sexual decisions and discuss who was best prepared for safer sex. Students learn detailed steps to condom use and practice the steps on penis models. Abstinence, or a return to abstinence, is mentioned only in passing and is not a focus of this program.

Target Age Group: 10-19 years old

Planned Parenthood Connections: Students are referred to Planned Parenthood for sexual health services.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,</i></p>	<p>Students discuss how the following scenarios may affect their personal goals:</p> <ul style="list-style-type: none">• “You had unprotected sex and now you/your partner is pregnant.• You abstained from sex.• You had unprotected sex and got HIV.• You had safe sex.• You and your friends didn’t make a plan to watch out for each other and you had unprotected sex and got STIs.• You wanted to have sex but didn’t have a condom so you waited.• Even though you didn’t want to, you had unprotected sex because you were too drunk to say no and now you have HIV.

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

attractions, fantasies or desires.

- You got too drunk to remember to wear a condom and got an STI.” (Activities, pp. 4-7)

Students indicate whether the following behaviors constitute high risk, low risk, or no risk: “French kissing; masturbating yourself; **masturbating someone else; oral sex**, using a condom or latex barrier; oral sex without using a condom or latex barrier; **vaginal or anal intercourse**, always using a condom properly; vaginal or anal intercourse, without using a condom; sharing needles or works to shoot up drugs.” (Facilitator Manual, p. 10 and Student Workbook, p. 3)

“We've seen so far that some of these girls are **planning to drink and have sex** at Ariell's party. Jackie, however, seems like she's determined not to drink and, instead, save herself for a ‘man who's going to remember her in the morning.’ What do you think she will do once she is at the party, especially since her friends don't feel the same way she does?” (Facilitator Manual, p. 37)

“Ariell and Simone are prepared for what may happen at the party, i.e. more drinking and **sex with their boyfriends** – they are making sure that they have condoms on them before the party and before they become intoxicated. Do you think this a good idea? Why?” (Facilitator Manual, p. 37)

“Now we've seen the boys talk about what they want to do when they get to the party. Antoine is planning on playing it safe by **bringing condoms to the party**. Dwayne seems to agree with that but does not prepare himself for what may happen once they get to Ariell's house. Charles' attitude is ‘whatever happens, happens’ and is more concerned with getting drunk than protecting himself. He also thinks he can stop himself from having sex if he wants to. Rick does not say anything about what his intentions are. What do you think will happen to the boys at the party? Do you think Charles will be able to really stop himself from having sex, even if he is intoxicated? **Who do you think is best prepared to handle a sexual encounter**, especially if he is under the influence of alcohol?” (Facilitator Manual, p. 37)

Video discussion: “We see a few situations happening so far:

- Rick and Simone are drinking and **have left to go to the bedroom**. Will they protect themselves by using condoms?
- Antoine is telling Ariell that he's concerned that Charles will not protect himself. **Antoine has condoms on him**, so do you think he should have approached Charles and given him some?
- Dwayne sees Antoine and Ariell **proceeding to one of the bedrooms**, and make sure that Antoine has his condoms on him. Do you think it's a good idea to have a friend look out for another in a situation like this?
- Jackie and Dwayne start getting physical, and Jackie wants to wait before the go any further – despite the fact that **Dwayne has protection**. What do you think about the way she handled herself?” (Facilitator Manual, p. 37)

	<p>“We saw in the beginning of the video that Laryssa had no intention of having sex with anyone at the party, but she was planning on getting drunk. Now she is at the party with Charles, and they've proceeded to one of the bedrooms. Do you think this would have happened had she not been intoxicated? Do you think either one of them is prepared to protect themselves?” (Facilitator Manual, p. 38)</p> <p>“So we saw in the video different ways of handling a situation in which one is drinking with the potential of having sex with another person. We saw two couples (Rick & Simone and Antoine & Ariell) protect themselves by using condoms. We saw Jackie effectively communicate to Dwayne that she did not want to have sex with him at that time. We also saw Laryssa and Charles become completely intoxicated and not take any precautions at all regarding their health. What do you think is the most effective strategy when you are drinking with the possibility of having sex?” (Facilitator Manual, p. 38)</p> <p>“Emphasize again the importance of being prepared, even if a person is not planning on having sex.” (Facilitator Manual, p. 38)</p> <p>“‘Under the Influence’ Cast of Characters:</p> <ul style="list-style-type: none"> • Simone – Girl with shorter, curly dark hair wearing a leather skirt at the part; she has sex with Rick but remembers to use condoms first. • Laryssa – Outgoing, dark-haired Asian girl who becomes completely intoxicated at the party; has unprotected sex with Charles at the party. • Charles – Dark-haired guy wearing the leather Broncos jacket; he plays the drinking game with Laryssa at the party and gets intoxicated; has sex with Laryssa. • Rick – Caucasian guy who is wearing the bandana on his head; takes Simone out of the kitchen at Ariell’s party and has sex with her.” (Student Workbook, pp. 9-10)
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual</i></p>	<p>“As we saw in the video, once you make the decision to have sex and use condoms, you also have to be able to talk to your partner about it to make sure that your wishes to have safe sex are met. Next we’re going to talk about the kinds of things you would say to your partner if you wanted to let them know you wanted to use a condom when you have sex.” (Facilitator Manual, p. 25)</p>

<p><i>abuse prevention.</i></p>	
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“Sexual intercourse: When a penis is put inside the vagina or the anus (rear end).” (Student Workbook, p. 1)</p> <p>“Oral sex: Oral sex is when a man puts his penis inside a person’s mouth, or when a person puts their mouth on a woman’s vagina.” (Student Workbook, p. 1)</p> <p>“Anal sex: Anal sex is when a man puts his penis inside a person’s anus (rear end).” (Student Workbook, p. 1)</p> <p>Students indicate whether the following behaviors constitute high risk, low risk, or no risk: “...oral sex, using a condom or latex barrier; oral sex without using a condom or latex barrier; vaginal or anal intercourse, always using a condom properly; vaginal or anal intercourse, without using a condom” (Facilitator Manual, p. 10 and Student Workbook, p. 3)</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>No evidence found.</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>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</i></p>	<p>Students indicate whether the following behaviors constitute high risk, low risk, or no risk: “...masturbating yourself; masturbating someone else” (Facilitator Manual, p. 10 and Student Workbook, p. 3)</p>

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.

7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

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.

"Finally, you will need a flip chart and markers (or equivalent), **condoms, lubricants, and penis proxies**. (You may also want hand wipes or paper towels)." (User's Guide, p. 3)

"There are a few additional materials you will need to implement this program.. They include: A **penis proxy for each participant, condoms**, water-based lubricants, paper towels and optional hand wipes. You can purchase penis proxies at websites such as www.lifestyles.com/sexualhealth/AboutUs.html. Anatomical models are also available through vendors supplying school and sexual health educational materials." (User's Guide, p.8)

"In terms of sex, we know that if you **use latex condoms each and every time you have intercourse**, condoms are **highly effective** at stopping HIV/AIDS. Researchers have looked at couples where one person has HIV and the other one doesn't have it. They found that **if the couple uses condoms properly and consistently**, the person who doesn't have HIV rarely, if ever, gets infected. But, if the couple doesn't use condoms each and every time they have sex, the person who doesn't have HIV often becomes infected." (Facilitator Manual, p. 11)

Note: This instruction gives no information on condom failure rates, nor does it discuss the rates at which condoms are used properly.

"To further familiarize participants with the characteristics of condoms, and to increase their condom use skills, the leader demonstrates and **participants practice putting condoms on penis proxies**." (Facilitator Manual, p. 12)

Participants put the following Safer Sex Sequence cards in order while discussing the accompanying points:

1. "Decision to have intercourse
2. Discuss methods of birth control and STI/HIV protection
3. **Decide to use condoms**
4. Get condoms
 - a. You don't want to surprise your partner at the last minute by saying you want to use condoms, and then not have any handy. So, you have to either buy condoms or get them free somewhere.
5. Foreplay/getting excited
 - a. The condom won't work if you don't put it on in time. So you

have to keep in mind when to put it on.

- b. During foreplay/getting excited, **as soon as the clothes come off, and as soon as the penis is erect.**
6. Open the condom package and take condom out of package
 - a. Most condoms come in square envelopes made out of plastic. They're usually pretty easy to open, but you need to be careful not to damage the condom when you open it.
 - b. Before you tear the package open, push the condom to the side in the package so you don't tear the condom, too.
 - c. Be careful of your fingernails and rings, because they could damage the condom.
 - d. When you get it out of the package, take a look at it to make sure which side of the condom is the side that unrolls. You don't want to try to unroll it from the wrong side, because it won't go down the penis.
 - e. You can also push into it with your finger, if you don't have long fingernails, to find out which end rolls on.
 7. **Unroll condom on erect penis**
 - a. Find the side that rolls down and put that on top.
 - b. Pinch the tip of the condom to keep out air.
 - c. Roll the condom down the shaft, being careful of rings and fingernails.
 - d. Roll the condom all the way down – don't stop halfway.
 8. **Insert penis, intercourse, ejaculation**
 9. Remove penis from partner, hold condom on base of penis
 - a. Remember: you should remove the penis immediately after you ejaculate. If you **wait until the penis is soft**, the condom may fall off, or it may leak around the base of the penis.
 - b. While you're taking the penis out, make sure the condom doesn't slip off of you and get left behind.
 - c. The best thing to do is to hold onto the condom at the base of the penis and pull it out, holding onto the condom at the base until it's away from your partner's body.
 10. Take condom off penis and throw condom away" (Facilitator Manual, pp. 17-20)

"After the condom demonstration, the **participants will be ready to practice putting on, and removing, a condom using one of the penis models**. Distribute one condom and one penis model to each participant in the group. If you do not have one penis model per participant, you could use other **similarly shaped items as a penis proxy such as a carrot or banana.**" (Facilitator Manual, p. 21)

"Go through the Right Way to Use Condoms sequence with the participants. Have them **follow all of the steps** taken in the condom demonstration **using the penis model.**" (Facilitator Manual, p. 21)

"In this section, the group watches a video clip that encourages participants to consider how young people's sexual decision-making can affect their lives later.

Showing the negative consequences of not using condoms as well as the **positive consequences of using them** increases participants' positive attitudes towards condoms. The video also **models safer sexual behavior**, bolsters normative support for condom use, and gives specific ways to deal with partner resistance to condom use. Additionally, **group discussion bolsters the participants' perceptions of norms of condom use**. Increasing positive affective attitudes, benefits of condom use, and supportive norms for condom use leads to the development of positive intentions to use condoms in the future.” (Facilitator Manual, p. 22)

“Your Move’ Cast of Characters:

- Brianna – Girl ... who bought the condoms; **shows Sharee and Alexis how to put a condom on a boy and calls it ‘foreplay;’** keeps telling the other girls to use condoms when they have sex.
- Sharee – Girl who is dating Mike; ...wants to show Mike the **‘new trick’ of putting a condom on him**, which she just learned from Brianna.
- Alexis – Girl who is interested in Nolo; she throws away the condoms that the other girls gave to her; insists that she will not need condoms because she is not planning on having sex; she is a virgin (until she has sex with Nolo).
- Nolo – Smooth-talking, darker-skinned guy who has his eye on Alexis; he **thinks condoms aren’t necessary**.
- Mike – Guy who is dating Sharee...
- Isaac – Asian guy with his own apartment; he is adamant about **always using condoms...**” (Student Workbook, p. 7)

Video discussion: “In the boys’ scene, we see that Isaac is very prepared and adamant about **using condoms when he has sex**. Nolo on the other hand, thinks that the girl is ‘taking care of herself’ if she’s having sex, and claims that **you can’t feel anything with a condom on**. Who has a healthier attitude here? Do you think Nolo's attitude about condoms will get him in trouble?” (Facilitator Manual, p. 24)

Video discussion: “Sharee thinks the guy should be the one to carry condoms and that he should be the one who put the condoms on. Brianna not only **has experience with putting condoms on her partners**, but also says it's **‘like foreplay.’** What do you think of their attitudes, especially Brianna’s?” (Facilitator Manual, p. 24)

“The steps to correctly putting on a condom are:

1. Before you open the condom package, move the condom inside the package to the side, so you don’t tear the condom when you open the package.
2. The condom is **put on the man’s penis at the start**, as soon as the clothes come off and the penis is erect.

	<ol style="list-style-type: none"> 3. Find the side that rolls down by putting your fingers inside the condom, and put that side on top. 4. Pinch the tip of the condom to keep out air. 5. Roll the condom down the shaft, being careful of rings and fingernails. 6. Roll the condom all the way down – don't stop halfway.” (Student Workbook, p. 5) <p>“The steps to correctly taking off a condom are:</p> <ol style="list-style-type: none"> 1. Take the condom off as soon as ejaculation has occurred, while the penis is still erect. 2. Hold the condom on the base of your penis until you are away from your partner's body so that the condom doesn't end up being left inside the partner. 3. Remove the condom carefully to avoid spilling the semen that's inside. 4. Tie the open end of the condom to avoid spilling the semen that's inside. 5. Throw away the tied condom in the trash – never reuse a condom.” (Student Workbook, p. 6)
<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>“In this activity, the group is given the Safer Sex Sequence cards... Each card is one essential step in the sequence from deciding whether or not to have intercourse, to effectively practicing safer sex, if the decision is made to have intercourse.” (Facilitator Manual, p. 16)</p> <p>“This activity provides an overview of the skills needed to protect oneself from HIV and STIs. After this activity, participants should be able to:</p> <ul style="list-style-type: none"> • understand the steps that people need to take when deciding whether or not to have sexual intercourse. • know the sequence of behaviors that need to be carried out prior to intercourse, if the participant decides to have intercourse (such as obtaining condoms and making sure that the partner knows that the participant intends to practice safer sex).” (Facilitator Manual, p. 16)
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral</i></p>	<p>“If you do decide to have sex, make sure you use a condom every time with every partner.” (Facilitator Manual, p. 18)</p> <p>Video discussion: “Get the participants to say that Nolo and Alexis should have engaged in safer, alternative sexual activities, i.e., kissing or using condoms when they had sex.” (Facilitator Manual, p. 25)</p> <p>“Let's look at a situation where you've decided to have sexual intercourse, and you want to use condoms every time you have sexual intercourse.” (Facilitator Manual, p. 25)</p> <p>“Now that you have learned how to effectively use condoms, communicate to boyfriends or girlfriends your intentions to always use condoms or remain</p>

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

abstinent, and have learned strategies to deal with alcohol in a safer manner, you can begin to take responsibility for your decisions. By creating your own goals and trying to achieve those goals, you develop more control over your life. For the next half of an hour we are going to examine our intentions to **practice safer sex** and reduce alcohol use and develop long term goals for staying healthy.” (Facilitator Manual, p.40)

“**Safer sex**: Sexual practices that involve no exchange of blood, semen, or vaginal fluid and that reduce the risk of HIV infection.” (Student Workbook, p. 1)

“**Safer Sex Goal**:

- My goal is: _____.
- In the next three months, to achieve my goal, I will: _____.” (Student Workbook, p. 11)

“To understand that there is a series of decisions that should be made before deciding to abstain from sex **or to engage in sexual intercourse**, and to understand the steps that are essential if safer sex is to be possible, participants participate in Risky Behavior Game.” (Facilitator Manual, p. 12)

“Possessing STI/HIV prevention communication skills involves the ability to tell a partner that one has decided to abstain from sexual intercourse or to always use condoms **if one is going to have sex.**” (Facilitator Manual, p. 12)

Participants play the “Risky Behaviors” computer video game individually or in pairs on a laptop computer. A facilitator-guided discussion follows the game as participants consider how making alternative (**safer sex**) **decisions** (i.e., going to a party vs. staying home with friends; carrying and/or obtaining condoms; drinking alcohol; going to a private place at a party to have sex with a partner or stranger; and talking about using condoms with a sexual partner) along the way might have resulted in different (less risky) outcomes. From there, discussion moves to condom use and the Safer Sex Sequence Cards activity which allows participants to walk through steps that **lead to a safer sexual encounter**. The final activity in this section is correct condom application with penis proxies. (User’s Guide, pp. 6-7)

“One of the goals of this activity is to have the group arrive at the conclusion that it is important to prepare for and **talk with a partner about condoms and sex in advance** rather than in the ‘heat of the moment.’” (User’s Guide, p. 7)

“We've come to the end of the program, and now it's time to come up with your own Safer Sex ... goals for the next three months. These goals are for you; it can be a **safer sex goal that is important to you**, like always wearing a condom during sex or remaining abstinent until you are older, and an alcohol use reduction goal, like when I go to a party, I will only drink one beer. It can also be something small like that you are going to **buy condoms** or remember to **carry**

	<p>them with you.” (Facilitator Manual, p. 42)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>No evidence found.</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>“One strategy that teenagers who decide to have sex use to keep themselves safe is to use condoms consistently, every time they have sex. What reasons can you think of that people might choose to always use condoms when they have sex?” (Facilitator Manual, p. 15)</p> <p>“Write the following list on the board as participants come up with positive reasons people might choose to use condoms. The goal is to concentrate on the BENEFITS of using condoms.</p> <ul style="list-style-type: none"> • Obvious examples are to protect against pregnancy and STIs. • Try to elicit as many benefits as possible including emotional benefits such as: <ul style="list-style-type: none"> ○ Won't feel guilty the next day. ○ Will feel safe and be able to relax. ○ Shows respect for yourself. ○ Shows respect and care about your partner.” (Facilitator Manual, p. 15) <p>“Discuss methods of birth control and STI/HIV protection</p> <ul style="list-style-type: none"> • If the decision not to have a child is made, an effective method of birth control must be chosen. • Birth control pills are effective against pregnancy but do not protect from HIV or other STIs. • Withdrawal or ‘rhythm’ methods (waiting until the woman is less likely to get pregnant) are not effective against pregnancy and also not effective against HIV and other STIs.

	<ul style="list-style-type: none"> • Only condoms are effective against both pregnancy and HIV. They must be used properly, as we illustrate in the later steps in this sequence.” (Facilitator Manual, p. 17) <p>Note: <i>There is no mention of the failure rates of condoms and other birth control methods.</i></p> <p>“Generate discussion around the following topics:</p> <ul style="list-style-type: none"> • Often when people get in long-term relationships, they think they don't need to use condoms anymore. Do you agree? • What should a couple do before they discontinue using condoms? • How would you tell someone that you have had unprotected sex with before that you want to start using condoms? • Why is it a good idea to prepare for sex before you're in ‘the heat of the moment’? • Which strategy is best when you're making sexual decisions?” (Facilitator Manual, p. 25) <p>“The goal here is have the group come to the conclusion that you have to think about these things BEFORE you're in the heat of the moment and always be prepared. Also, foster positive attitudes regarding the benefits of condom use...” (Facilitator Manual, p. 25)</p> <p>“Your partner doesn't want to use condoms. You want your partner to know that you want to use condoms every time you have sexual intercourse. How would you tell them this” (Facilitator Manual, p. 25)</p> <p>“Each one of us has demonstrated the correct way to use condoms. However, outside of this room, outside of our program being conducted today, each one of you should make sure you carry these sexual safety skills with you, in your everyday life. Can you think of certain situations/conditions in which your safety skills and/or sexual decision-making skills may become compromised or impaired?” (Facilitator Manual, p. 31)</p> <p>“Lubricants: Liquids that make condoms more slippery, like KY jelly. Only water-based lubricants (ones that have no oil in them) can be used with condoms.” (Student Workbook, p. 1)</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</i></p>	<p>No evidence found.</p>

<p><i>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>No evidence found.</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>No evidence found.</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</i></p>	<p>“Now I would like to go over a list of places in our area where you can go to ask questions and go to for help with sexual health issues... Listed here are some of the places where you can receive free condoms, and where you can get tested for HIV and STIs. There are also some toll-free hotlines listed here, so can [sic] have your questions answered anonymously over the phone.” (Facilitator Manual, p. 11)</p> <p>Students are referred to the following resources:</p> <ul style="list-style-type: none"> ● Planned Parenthood ● AIDS National Hotline ● CDC National AIDS Hotline ● National HPV Hotline ● National STD Hotline ● National Herpes Hotline ● Teen AIDS Hotline (Student Workbook, p. 4)

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.InvestigatethePPF.org)