

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of *Safer Choices, Level 1* Based on 15 Harmful Elements Commonly Included in CSE Materials

#### CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

*Safer Choices, Level 1* contains 14 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:** The Facilitator Manual states: “The primary goal of *Safer Choices* is to prevent HIV, other STD and unintended pregnancy among participating students” (p. xi). This statement tells us that the primary goal of this program is to prevent unprotected sex among teens, not to promote abstinence. *Safer Choices* often lists abstinence from sexual activity as the safest choice for teens, but the entire focus of their program is on the next-best thing: the “safer choice” of protected sex. This program includes explicit condom demonstrations using a penis model. Students go shopping for condoms as a homework assignment. Students also roleplay sexual scenarios with each other to learn how to navigate and negotiate these situations. One of the features of *Safer Choices* is the use of peer leaders. These are students chosen to co-facilitate the curriculum with the teacher. They go through training and are taught how to teach the topic of sexuality.

The program developers seek to have this program targeted to as many students as possible and offer a strategy to reach this goal. “The goal is to reach a majority of students in the targeted grade levels. Therefore, the curriculum should be **implemented in a required class** rather than an elective one.” (Facilitator Manual, p. 4)

This program is marketed as evidence based. However, we once again find a conflict of interest when looking at details of the evaluation. Karin Coyle, author of this program, was a co-principal investigator in the evaluation of this program. An independent evaluation was not performed.

**Target Age Group:** 14-18 years old

**Planned Parenthood Connections:** ETR, the publisher of *Safer Choices*, has a member of PPFA on their Board of Directors.

#### HARMFUL CSE ELEMENTS

#### EXCERPTED QUOTES FROM CSE MATERIAL

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

## 1. SEXUALIZES CHILDREN

*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.*

The first assignment is to have students list why young men and young women **choose to have sex** or choose to not have sex. (Student Workbook, pp. 1-2)

Role Play Scenario: "You are at your partner's house after school. You aren't ready to have sex and you've said so. You know no one will be home for 2 hours. **You are kissing and touching and your partner wants to make love.** You don't want to make love." (Student Workbook, p. 7)

Role Play Scenario: "You're at a party with someone you have gone out with a few times. You really like this person. The party is at a friend's house whose parents are gone. A lot of kids are getting high and **some couples are leaving – probably to have sex.**" (Student Workbook, p. 9)

"Calvin and Natalie are together and **have a sexual relationship.** Last week, Natalie was away on a school trip. Calvin hooked up with Mimi at a party and **they had sex.** Later in the week, he went out with his old girlfriend Bianca and **had sex with her too.** Calvin's glad Natalie will be home soon, because he likes her best." (Student Workbook, p. 21)

"Jacob and Lee have been together for two years. **They have sex,** but only with each other. Jacob has never had sex with anyone else. **Lee had sex with a previous boyfriend,** but broke up with him 6 months before getting together with Jacob." (Student Workbook, p. 21)

"Jayden used to be **in a sexual relationship** with Luke. They broke up after Jayden got involved with Carlos and they **started having sex.** Then Jayden met Quinn. They liked each other a lot, but Jayden wasn't ready to leave Carlos. After a few weeks of seeing both Carlos and Quinn, **and having sex with each of them,** Jayden broke up with Carlos. Jayden's only been having sex with Quinn since then." (Student Workbook, p. 21)

Role Play Scenario: "You and your partner **have had sex in the past without protection.** Yesterday, you found out that a friend of yours has an STD. A girl in your class is pregnant. You don't want either of these things to happen to you or your partner. You haven't talked about using condoms before now because you're not sure how to bring it up, and you're not sure what your partner will say. You're alone with your partner and making out. You stop and say, 'Let's talk.'" (Student Workbook, p. 39)

"You and your partner have been going together for 6 months and care for each other very much. **You have had sex before, but have not used protection.** There's going to be a small party at a friend's house, where you can be alone. Your partner hints about having sex again. You don't want to have sex **without using latex condoms,** but are worried about how to bring it up, and how it will affect your relationship." (Student Workbook, p. 42)

Students brainstorm and then the class discusses the following topics:

- "Why young women **choose to have sex**
- Why young men **choose to have sex**

- Why young women choose *not to have sex*
- Why young men choose *not to have sex*" (Facilitator Manual, p. 39)

"Teacher Background – **Reasons for Having Sex**: to feel grown up; pressure from peers; sexual desire; for pleasure or fun; curiosity; rebelling against parents/guardians; lonely (wanting to be close to someone); problems at school/home; think everybody's doing it; to have a baby; think it might save relationship; see it in the media; wanting to be desirable/desired; to show love and affection" (Facilitator Manual, p. 47)

"A young man **had sex without protection** and did not get his girlfriend pregnant the last time; therefore, his *past experience* may affect his decision to have sex the next time." (Facilitator Manual, p. 49)

"A young woman who **has had unprotected sex many times** and has not been infected with HIV or another STD may have unprotected sex again because her *past experience* makes her think there is no risk." (Facilitator Manual, p. 49)

Role Play Scenario: "You and your partner have been going out for quite a while. Every time you go out, you end up **hugging, kissing and touching**. On his/her birthday, you're alone at his/her house. You begin kissing and touching again. Your partner **wants to have sex**, but you don't think you are ready. You stop kissing." (Facilitator Manual, p. 75)

"Class 5 Objectives: Analyze the risk of having **multiple and overlapping partners**; Rate the relative risk of different partner scenarios." (Facilitator Manual, p. 115)

"Announce that, for the purpose of this activity, signing someone's worksheet **represented having sex with that person**. The number of signatures in each part represents the number of sexual partners a person had." (Facilitator Manual, p. 120)

"Calvin is **having sex with more than one person over the same period of time**. This increases his risk of getting an STD and also increases the risk that he will pass the STD to his partners. Note that people may not know that their partners are having sex outside the relationship." (Facilitator Manual, p. 126)

"Explain that every person whose name was on a white card was exposed to HIV because he/she **had sex without using latex condoms**, and every person whose name was on a green card was exposed to HIV because he/she shared needles-UNSAFE choices. Tell students whose names were on blue cards to sit down because they used latex condoms - a SAFER choice." (Facilitator Manual, p. 144)

Students **roleplay saying no to sex** when given the following lines by a partner:

- "Everybody's doing it.
- If you really loved me, you'd have sex with me.
- Don't you want to find out what it's like?

	<ul style="list-style-type: none"> <li>• If you won't have sex with me, I'll find someone who will.</li> <li>• Having sex will bring us closer together.</li> <li>• You know you want it as much as I do.</li> <li>• You're so good looking, I just can't control myself.</li> <li>• I promise I'll stop before anything happens.</li> <li>• If you don't have sex with me, don't expect to see me anymore.”</li> </ul> <p>(Facilitator Manual, pp. 175-179)</p> <p>“The vaginal opening is where menstrual fluid or a baby leaves the body, and <b>where a man's penis enters a woman's body during sexual intercourse.</b>” (Facilitator Manual, p. 276)</p> <p>“The vagina is very elastic and will <b>adjust its size to accommodate</b> a finger, a tampon, <b>a penis</b> or a baby.” (Facilitator Manual, p. 278)</p> <p>“Men can't ‘run out’ of sperm. <b>Masturbation and sex</b> don't use up sperm.” (Facilitator Manual, p. 283)</p>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“Programs provide instruction and practice in delivering effective refusals, and programs including refusal skills have been shown to <b>reduce sexual risk behaviors</b> and increase their chances of avoiding unwanted sexual pressures.” (Facilitator Manual, p. 12)</p> <p><b>Note:</b> <i>This statement shows that the lessons on refusal skills are meant to reduce risky sexual behavior, not reduce all sexual behavior and encourage abstinence.</i></p> <p>“Instruction on boundaries and respecting another person's NO - both verbal and nonverbal - regardless of perceived clarity can be included to help young people <b>understand the two-way nature of consent</b>, and the importance of honest and respectful communication between friends and potential partners.” (Facilitator Manual, p. 12)</p> <p>“Scientific studies have clearly demonstrated that latex condoms are highly effective in preventing HIV transmission ... This is why it's important for students to understand that condoms do work and for them to <b>learn skills in using condoms</b>, including how to put a condom on correctly, how to talk with a sexual partner about condom use, and <b>how to say no to sex if a partner refuses to use a condom.</b>” (Facilitator Manual, p. 267)</p> <p>“Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, <b>negotiate relationships</b>, and determine when they are <b>ready to engage in safe, consensual sexual activity.</b>” (Facilitator Manual, p. 272)</p>

### 3. PROMOTES ANAL AND ORAL SEX

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

“Syphilis is caused by bacteria. It’s usually spread by sexual contact, including **vaginal, anal and oral sex.**” (Student Workbook, p. 11)

“Genital herpes is caused by a virus ... It is passed by skin-to-skin contact during **oral, vaginal or anal sex.**” (Student Workbook, p. 13)

“Gonorrhea is caused by bacteria. It’s passed through **vaginal, anal and oral sex.**” (Student Workbook, p. 14)

“Chlamydia is passed through sexual contact, including **vaginal, anal and oral sex.**” (Student Workbook, p. 15)

“HPV can be passed during close physical contact during **vaginal, anal and oral sex.**” (Student Workbook, p. 16)

“Tell students that sexually transmitted disease (STD) is not a single disease but several different diseases passed from person to person through sexual contact, including **vaginal intercourse, anal intercourse and oral sex.**” (Facilitator Manual, p. 104)

“To be effective, latex condoms must be used *correctly every time* a person has **vaginal, oral or anal intercourse.**” (Facilitator Manual, p. 200)

“Anyone who has unprotected **vaginal or anal sex** with someone who has HIV can get HIV. There is also some risk of transmission through **oral sex**, but it is much lower.” (Facilitator Manual, p. 230)

“To reduce the risk of HIV: Use a latex condom each and every time for **vaginal, anal or oral sex.**” (Facilitator Manual, p. 232)

Choosing Not to Have Sex: “Individuals or couples decide that not having sex (**vaginal, anal, and/or oral**) is the best decision for them.” (Facilitator Manual, p. 240)

“Use a condom every time for **vaginal, oral or anal sex.**” (Facilitator Manual, p. 266)

### 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*

Example of inaccurate information: “A young woman believes she is not at risk for pregnancy or STD because **she identifies as lesbian.**” (Facilitator Manual, p. 49)

“Teacher Note: In the roleplay activities, students will sometimes be in a position where they must roleplay sexual pressure situations with classmates of both a different and the **same gender**. This may be awkward for those teens who are sensitive to any 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. 65)

<p><i>homosexuality or homosexual sex.</i></p>	<p>“Avoid ‘volunteering’ any students to perform a roleplay in front of the class if they are reluctant to participate. However, do <b>welcome any same-sex pairs</b> who wish to perform their roleplay. This provides positive role modeling for the rest of the class.” (Facilitator Manual, p. 66)</p> <p>“<b>Gender neutral names are used</b> in several of the stories to illustrate behaviors that can increase or decrease STD risk, <b>regardless of a person's sexual orientation.</b>” (Facilitator Manual, p. 127)</p> <p>“In this discussion, it is important to be sensitive to students who are pregnant or already have children. It's also important to note that even students who <b>identify as gay, lesbian or bisexual</b> are at risk of pregnancy if they have sex with an opposite-sex partner.” (Facilitator Manual, p. 148)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></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>Advantages of the female condom: “It offers a barrier contraceptive option that can be used instead of a male condom. It can be obtained without a prescription. If it is inserted early, <b>it does not interrupt sex.</b> The nitrile used in the condom is stronger than latex, has good heat transfer characteristics which can <b>increase pleasure ...</b>” (Facilitator Manual, pp. 248-249)</p> <p>Advantages of vaginal barriers: “If they are inserted early, use <b>does not require an interruption in lovemaking.</b>” (Facilitator Manual, p. 250)</p> <p>“The inner lips, or labia minora, are 2 smaller, hairless folds of skin lying within the outer lips ... The inner lips are very sensitive. <b>During sexual arousal,</b> they swell with blood and turn a deep red color.” (Facilitator Manual, p. 276)</p> <p>“The clitoris is a pea-shaped organ full of nerve endings. It's protected by a hood of skin formed by the labia minora. The only known function of the clitoris is to <b>provide sexual pleasure.</b>” (Facilitator Manual, p. 276)</p> <p>“Generally, the vagina is closed, but it expands in both length and width <b>during sexual arousal</b> and childbirth.” (Facilitator Manual, p. 278)</p> <p>“<b>During sexual arousal,</b> the penis becomes <b>firm and erect</b> so it can shoot sperm as deep as possible into the woman's vagina. During erection, most penises are about 5-1/2 to 6 inches long.” (Facilitator Manual, p. 281)</p> <p>“When a man <b>is sexually aroused,</b> the cavities fill with blood, which causes an erection.” (Facilitator Manual, p. 281)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make</i></p>	<p><b>No evidence found.</b></p>

<p><i>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><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>“Well before Class 10, <b>obtain enough latex condoms for each student in the class to have one</b>, plus several extra for teacher demonstration.” (Facilitator Manual, p. 20)</p> <p>“Emphasize that many teenagers are at risk for getting HIV because of their behaviors (e.g., <b>having sex without latex condoms</b>, sharing injection drug equipment, sharing needles for tattooing or piercing, having overlapping partners).” (Facilitator Manual, p. 156)</p> <p>“Stress that teenagers must consider themselves at risk for HIV if they practice risky behaviors, such as <b>having sex without using a latex condom</b>” (Facilitator Manual, p. 158)</p> <p><b>Note:</b> <i>There is no accompanying discussion of condom failure rates.</i></p> <p>“After the teacher demonstrates the proper use of condoms, <b>student pairs</b> examine condom packages to identify characteristics, and then <b>practice using condoms.</b>” (Facilitator Manual, p. 197)</p> <p>Teachers are to <b>practice the following before class:</b> “Unroll a condom over 2 fingers or on a <b>model of an erect penis</b>. Break a condom with petroleum jelly by blowing up the condom, applying the jelly to the outside and rubbing for about 30 seconds.” (Facilitator Manual, p. 199)</p> <p>“<b>Peer Leaders can assist with the condom demonstration.</b> Prepare them beforehand to <b>make sure they feel comfortable</b> and are familiar with the proper use of a condom.” (Facilitator Manual, p. 199)</p> <p>“Teacher’s Note: Even if a <b>model of the penis</b> is available, unroll the condom over 2 fingers of your hand as well, since this is <b>how students will be practicing the proper use of a condom</b>. Read each step as you demonstrate, or have your students read each step aloud before you demonstrate it. Make sure to stress the importance of <b>holding the condom around the base of the penis when the penis is pulled out of the partner's body</b>. Explain that one challenge when using condoms is getting the condom over the glans or head of the penis. Point this out on a penis model or on an illustration.” (Facilitator Manual, p. 201)</p> <p>“Caution students about using oil-based creams or lubricants, such as Vaseline™, baby oil or hand creams, because these products weaken the latex. Demonstrate this fact by blowing up a condom, applying petroleum jelly on the outside, and <b>rubbing for about 30 seconds</b>. The condom should break. Teacher Note: If the</p>

oil-based lubricant demonstration is not done properly, it may not work and the condom may not break. Be sure to practice beforehand.” (Facilitator Manual, pp. 201-202)

“Tell students that **they should use a water-based lubricant**, such as K-Y Jelly™ or most contraceptive jellies. It's important to check the label to make sure the lubricant is *not* made with oil. Have students generate a list of examples of water-based lubricants.” (Facilitator Manual, p. 202)

“Ask students what they would do **if they experienced a condom breaking** or slipping during intercourse. Weave in the following points as needed to ensure students consider the full range of possible actions.

- If the condom breaks or slips during intercourse and you or your partner know it, stop having sex right away and use a new condom.
- For pregnancy risk, **seek emergency contraception** as soon as possible after unprotected sex.
- If your partner is HIV positive, or there's a significant chance of this, there is a post-exposure prophylaxis (called PEP) that can reduce a person's chance of getting HIV if used within 72 hours of exposure. For other STDs, it's a good idea for both you and your partner to be tested.
- Think and talk about what may have contributed to the breakage or slippage. Review the steps for correct condom use with your partner. **Consider using a better fitting condom** and/ or lubrication if fit or friction contributed to the condom breaking or slipping.” (Facilitator Manual, p. 202)

“Teacher Note: **It is important that all students have a chance to practice proper use of condoms** ... If there are not enough condoms available for each student, have students work in pairs with a single condom, one student reading the directions while the other practices putting on the condom, or have them work in small groups, with group members taking turns reading directions while a student practices using the condom.” (Facilitator Manual, p. 204)

“Explain that students will now have a chance to **work in pairs to practice with condoms**. Explain that one person will read the directions on the worksheet while the other practices unrolling a condom over 2 fingers. After the first student has finished, he/she will read the directions while the second student unrolls a condom over 2 fingers.” (Facilitator Manual, p. 204)

“Why is it **important to practice putting on condoms?** (e.g., to learn how to put them on correctly before actually needing to use them; to get rid of the awkwardness)” (Facilitator Manual, p. 205)

***Note:** With this kind of condom practice activity, students are being groomed for sexual activities by making them comfortable with condom use and lowering boundaries of modesty.*

**Students brainstorm barriers to condom use** and then list ways to deal with the



barriers. The following examples are given:

- “Too embarrassed to get them – Take a friend; Go to a store in another neighborhood; Get them at a store where they’re on the shelves and not behind the counter
- No money – Go to a clinic where they are free
- Hard to bring up with partner – Bring it up beforehand, don’t wait until you’re about to have sex; Tell a partner you’ve been learning about HIV and other STD at school and you want to start using condoms” (Facilitator Manual, p. 206)

“Conclude by having the class **practice responding to pressure lines as a large group**. Tell students you will be reading several lines. Their task is to think of how they would respond using a 1-line refusal. Read a few of the following lines:

- I'll get some condoms next time.
- I'm clean. I don't need a condom.
- I'm not using condoms, they're unnatural.
- If we use a condom, **it'll spoil the mood**.
- I don't have a condom with me.
- Condoms are gross. I'm not using one.” (Facilitator Manual, p. 207)

“Proper Use of Condoms:

- Obtain latex condom from drugstore, family planning clinic, vending machine or other source.
- Check to make sure the package is unopened and the expiration date has not passed.
- Open the condom package, being careful not to tear the condom.
- Make sure the condom is right side out. Check by unrolling the condom a little over 2 fingers to see if the tip of the condom naturally sticks out.
- Pinch the tip of the condom between the thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation.
- **Put the condom against the head of the erect penis.**
- With your other hand, unroll the condom onto the penis. (*Note: During class demonstration and practice, unroll the condom over a penis model or the index and middle finger of your hand.*)
- After ejaculation: **Hold condom around the base while the still-erect penis is gently pulled out of partner's body.**
- Take the condom off the penis carefully so the semen doesn't spill. Roll it off starting at the base of the penis.
- Dispose of the condom in the trash. Never reuse a condom.” (Facilitator Manual, p. 211)

“Ask each pair of students to **identify the store they visited** and whether or not the condoms, foam and other products were readily available. **List the stores where the protection products were easy to find** on the Researching Methods of Protection Summary.” (Facilitator Manual, p. 218)

“Ask students **how much condoms cost**, and if they thought the condoms were expensive. Ask students **where they can get condoms for free** or at a minimal

	<p>cost (e.g., at the local family planning clinic).” (Facilitator Manual, p. 219)</p> <p>“Using condoms correctly means following these steps:</p> <ul style="list-style-type: none"> <li>• Put the condom on <b>as soon as the penis is erect</b> and before it touches any part of the partner's body. If the penis is uncircumcised, pull the foreskin back before putting on the condom.</li> <li>• To put the condom on, leave about 1/2 inch of room at the tip. Pinch the top of the condom between the thumb and first finger to keep air out. Hold the condom against the head of the penis. With the other hand, carefully unroll the condom over the penis, all the way down to the base.</li> <li>• After ejaculation, take the penis out or away from the partner's body <b>while the penis is still hard</b>. Hold the rim of the condom around the base of the penis as it is pulled out. Be careful not to spill any semen.</li> <li>• Make sure the penis is away from the partner's body before removing the condom. Throw the used condom away. Never use a condom more than once.” (Facilitator Manual, p. 266)</li> </ul>
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“If people <b>choose to have sex</b>, they should always use latex condoms.” (Student Workbook, p. 11)</p> <p>“For people who <b>choose to have sex</b>, using a latex condom can help reduce their risk of getting HIV.” (Student Workbook, p. 12)</p> <p>“The best way to prevent genital herpes is not to have sex. People who <b>choose to have sex</b> can protect themselves by never having sexual contact when a person has sores, and by using a latex condom every time during sex – even if the sores aren’t visible.” (Student Workbook, p. 13)</p> <p>“List 2 risks to you <b>if you decide to have sex</b> at this time.” (Student Workbook, p. 29)</p> <p>“How are you going to protect yourself from HIV, other STD and pregnancy? Look at the 3 choices below. Make a small mark in the box that shows the choice you are going to make at this time in your life.</p> <ul style="list-style-type: none"> <li>• Unsafe Choice: <b>Choosing to have sex</b> without protection</li> <li>• Safer Choice: <b>Choosing to use protection</b> every time when having sex</li> <li>• Safest Choice: <b>Choosing not to have sex</b>” (Student Workbook, p. 43)</li> </ul> <p>“The program also emphasizes that those who do <b>choose to have sex</b> can reduce their risk by using latex condoms, or latex condoms with another contraceptive product, correctly every time when having sex (a SAFER choice).” (Facilitator Manual, p. 2)</p> <p>“Teacher Note: Activities in <i>Safer Choices</i> address HIV, other STD and pregnancy. The curriculum also addresses <b>decisions to have or not have sex, and to use or not use protection.</b>” (Facilitator Manual, p. 21)</p> <p>“Acknowledge that <b>some young people choose or will choose to have sex.</b></p>

These teens can make SAFER choices by using protection against HIV, other STD and pregnancy *correctly every time* they have sex. They can also **limit the number of people they have sex with**, making sure they have sex with only one uninfected person who only has sex with them and staying with this person for a long time to help prevent HIV and other STD.” (Facilitator Manual, p. 26)

“A young man who believes that ‘everyone is doing it’ may **decide to have sex** based on his *perception about the behavioral norm* of his peer group.” (Facilitator Manual, p. 49)

“A young man or woman who feels unloved and unwanted may **choose to have sex to fulfill unmet needs.**” (Facilitator Manual, p. 49)

“A young person may **choose to have sex** because he/she thinks it will make him/her *feel grown up.*” (Facilitator Manual, p. 50)

“A young person who is not ready for sex may **choose to have sex** because of *pressure* from friends.” (Facilitator Manual, p. 50)

“A young person may **choose to have sex** before being ready because of a *fear of the relationship ending.*” (Facilitator Manual, p. 50)

“A young couple may **decide to have sex** because they have been *going out for several months.*” (Facilitator Manual, p. 50)

“A young couple may **choose to have sex** because they *have had sex before* and think it's expected.” (Facilitator Manual, p. 50)

“Explain that, for people who **choose to have sex**, using a latex condom offers the best protection against HIV, other STD *and* pregnancy.” (Facilitator Manual, p. 200)

“Conclude by stating that protection is available at many locations in the community. Tell students they now have the necessary information about getting and using protection, **if they decide to have sex.** Emphasize the importance of using that information.” (Facilitator Manual, p. 219)

“Tell students that no matter how old a person is, decisions **to have sex or not to have sex and/or to use protection or not to use protection** are difficult ones. Emphasize the importance of seeking the opinions of others, particularly those of parents and other important adults in their lives, before making choices that could affect their physical and emotional health as well as their future goals.” (Facilitator Manual, p. 221)

“Conclude by emphasizing that students have the power to protect themselves from HIV, other STD and pregnancy. They can do this by **choosing not to have sex** until they are older or until marriage, even if they have had sex before (the SAFEST choice). Or, *those who do choose to have sex*, can **choose to use latex condoms** or latex condoms along with another contraceptive product (e.g.,

	<p>spermicides, birth control pills) <i>every time</i> when having sex (a SAFER choice).” (Facilitator Manual, p. 224)</p> <p>“Condoms are available at markets, drugstores, family planning and STD clinics, and online. They also may be available in vending machines or at schools. <b>Anyone can buy condoms, regardless of age or gender.</b> No prescription is needed.” (Facilitator Manual, p. 247)</p> <p>“Female condoms may be purchased at drugstores or online without a prescription and are sometimes available at family planning or STD health centers. <b>Anyone can buy condoms, regardless of age or gender.</b>” (Facilitator Manual, p. 248)</p> <p>“Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. <b>There is no age limit for purchasing them.</b>” (Facilitator Manual, p. 251)</p> <p>Where to get Emergency Contraception: “Some kinds of pills are available from a pharmacist or at drugstores <b>without a prescription.</b>” (Facilitator Manual, p. 252)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“<b>Having sex with only 1 partner</b> who does not have HIV and who is not having sex with anyone else is another way to reduce the risk of getting HIV.” (Student Workbook, p. 12)</p> <p>Student Worksheet 11.2 requires students to answer the following:</p> <ul style="list-style-type: none"> <li>• “I do not want to have <b>unprotected sex</b> because...</li> <li>• Describe 2 things you could say or do before going to the party to avoid being pressured into having <b>unprotected sex.</b></li> <li>• Describe 2 things you could say or do at the party to keep from having <b>unprotected sex.</b></li> <li>• Describe 2 things you could say or do after the party to avoid having <b>unprotected sex</b> and keep your relationship going.” (Student Workbook, p. 42)</li> </ul> <p>“Activities allow students to see the increased risk from having <b>overlapping versus sequential sexual partners ...</b>” (Facilitator Manual, p. viii)</p> <p>“The program is designed to reduce the number of high school students engaging in <b>unprotected sexual intercourse</b> in 2 ways:</p> <ul style="list-style-type: none"> <li>• By reducing the number of students who begin or have sexual intercourse during their high school years</li> <li>• By <b>increasing use of latex condoms</b> and other methods of protection among students who do have sex” (Facilitator Manual, p. xi)</li> </ul> <p>“Specific objectives include:</p> <ul style="list-style-type: none"> <li>• Promoting more positive attitudes about choosing not to have sex and <b>using condoms if having sex</b></li> <li>• Promoting more positive peer norms regarding not having sex and <b>using</b></li> </ul>

**condoms if having sex**

- Increasing students' belief in their ability (self-efficacy) to refuse sexual intercourse **or unprotected sexual intercourse**, use a condom, and communicate about safer sexual practices
- Decreasing perceived barriers to condom use” (Facilitator Manual, p. xi)

“The *Safer Choices* lessons clearly and consistently highlight that it is not healthful to engage in **unprotected intercourse**.” (Facilitator Manual, p. 2)

“Students also learn that **having sex without using latex condoms** or other methods of protection, having sex before one is ready, and having sex when one doesn't want to are UNSAFE choices.” (Facilitator Manual, p. 2)

“You may need to clarify that *having sex or not having sex* refers to **having or not having sexual intercourse**.” (Facilitator Manual, p. 38)

“Tell students that **using condoms correctly** may seem difficult or awkward the first time, but after practicing and using condoms regularly (**if a person is having sex**), it becomes easier and more comfortable.” (Facilitator Manual, p. 205)

“Then have them identify new *skills* they learned (e.g., how to talk to their parents or other adults about sexuality, how to clearly say NO to sex, **how to say NO to unprotected sex**, how to communicate honestly with their partners, how to use protection if they decide to have sex).” (Facilitator Manual, p. 222)

“Have students identify UNSAFE choices (e.g., having sex before they are ready, having sex when they don't want to, having sex without protection, having sex with different people over the same period of time); SAFER choices (e.g., **using protection** correctly every time they have sex, **having sex with only one uninfected person** who only has sex with them and staying with this person for a long time); and the SAFEST choice (choosing not to have sex-even if a person has had sex before).” (Facilitator Manual, p. 222)

“Acknowledge that choosing not to have sex or **choosing to avoid having sex without protection** may not always be easy, and that sometimes students may lose sight of the benefits.” (Facilitator Manual, p. 224)

“How can understanding influences on decisions help them resist pressures to engage in behaviors that might affect their health and future goals (e.g., riding with a driver who's been drinking, having sex before ready, **having unprotected sex**)?” (Facilitator Manual, p. 43)

“Thinking and planning ahead (e.g., talking and getting to know partners; staying away from risky situations; planning how to say NO to someone who is pressuring you to have sex; **never having sex without protection; having sex with only one uninfected person** who only has sex with you and staying with this person for a long time) can help young people avoid making UNSAFE choices.” (Facilitator Manual, p. 43)

“Even when young people have decided *not to have sex*, **or not to have unprotected sex**, it is sometimes hard to say NO and stick with it - especially when the other person is someone you care about.” (Facilitator Manual, p. 60)

“Explain that the first step to telling your date or partner that you're not ready or don't want to have sex **or unprotected sex** is to use a *clear NO statement*, which includes many of the things they just identified.” (Facilitator Manual, p. 60)

“Have students imagine themselves in a situation where they know they're not ready but they have to make a decision about having sex with someone they really care about. Or have them imagine themselves in a situation where they're about to have sex, but **don't have any protection**.” (Facilitator Manual, p. 85)

“Ask students to identify their greatest concerns about telling a partner they're not ready for sex **or that they don't want to have sex without protection**.” (Facilitator Manual, p. 85)

“Explain that today they will be learning and practicing 2 more ways to say NO to having sex or NO to **having unprotected sex** so they can avoid HIV, other STDs and pregnancy *and* still have successful relationships.” (Facilitator Manual, p. 85)

“Have students suggest other alternative actions that could be used to get them out of situations where they are being pressured to have sex **or unprotected sex**.” (Facilitator Manual, p. 86)

“The risk of getting an STD, including HIV, can be reduced by using latex condoms (a SAFER choice) or using latex condoms with spermicides (e.g., foams, creams or jellies).” (Facilitator Manual, p. 106)

“**Having a sexual relationship with only 1 person** (who is not infected with HIV or another STD and is not having sex with anyone else) is also a way of reducing the risk of getting STD.” (Facilitator Manual, p. 106)

“This activity demonstrates how STD risk increases with number of partners and how having concurrent partners - having sex with more than one partner over the same period of time - is much **riskier than serial monogamy** - having a series of monogamous relationships over time, without overlapping partners.” (Facilitator Manual, p. 118)

“Ask students to identify common risks that could affect their health (e.g., driving without a safety belt, driving above the speed limit, taking drugs, riding a bike without a helmet, smoking, **having unprotected sex**, riding in a car with someone who's been drinking).” (Facilitator Manual, p. 119)

“**Having sex with only one other person**, who does not have an STD and who only has sex with you, is a SAFER choice.” (Facilitator Manual, p. 121)

“Explain that some people **may have sex with more than one partner** during the same period of time. That is, they may have sex with one person, then a second person, then with the first person again. This is called having ‘overlapping’ sexual partners.” (Facilitator Manual, p. 122)

“Emphasize that, as long as people choose not to have sex **or only have sex with one uninfected partner who only has sex with them**, the STD won't spread.” (Facilitator Manual, p. 125)

“Also point out that some of the people are choosing not to have sex (single dots) **or are having sex with only one other person** who only has sex with them (dots joined only to each other) and that this helps them avoid STD.” (Facilitator Manual, p. 125)

“Calvin could help protect both himself and Natalie if he **didn't have sex with anyone else or if he used condoms correctly and consistently when he had sex with other people**.” (Facilitator Manual, p. 127)

“This couple has made a SAFER choice. **Because they only have sex with each other** they are much safer from STDs. There is a slight risk that Lee might have gotten an STD from the past boyfriend, but there were six months between Lee's breakup with him and having sex with Jacob. Taking time and **being abstinent between relationships** reduces the risk of STD. It gives you time to be clear about your choices so you won't be pressured into a sexual relationship with a new partner before you're ready. It also gives you time to be tested for STDs **before you have sex with a new partner**.” (Facilitator Manual, p. 127)

“Jayden has had **overlapping partners**. This means Jayden started having sex with a new partner before ending the relationship with a previous partner. This puts all Jayden's partners at increased risk for STD. If Jayden **used condoms with all of these partners**, this would help reduce the risk of STDs. Waiting between sexual relationships gives you time to get tested for STDs **before having sex with a new partner**.” (Facilitator Manual, p. 127)

“What are some ways to reduce the risk of STDs? (choosing not to have sex, **having sex with only one uninfected partner** who only has sex with you, **using condoms**, both partners get tested for STDs before they have sex)” (Facilitator Manual, p. 128)

“Emphasize that people have choices about their behaviors and can decrease their risk of HIV by making the SAFEST choice (e.g., not engaging in risky behaviors such as having sex or sharing needles) or a SAFER choice (e.g., **always using latex condoms**).” (Facilitator Manual, p. 145)

“Conclude by emphasizing the importance of thinking ahead to the possible consequences *before* making choices about having sex **or having unprotected sex**.” (Facilitator Manual, p. 148)

“How can young people protect themselves from HIV? (choosing not to have

sex, **using latex condoms during sex**, not sharing needles, **having sex with only one uninfected person** who only has sex with them and staying with this person for a long time)” (Facilitator Manual, p. 159)

“In conclusion, remind students that the risk of HIV and other STDs can be eliminated by choosing not to have sex (the SAFEST choice), and can be reduced by **using latex condoms** (a SAFER choice).” (Facilitator Manual, p. 161)

“Tell students that you have several 1-liners typically used to pressure someone into having sex **or having sex without protection.**” (Facilitator Manual, p. 167)

“Anyone who has **unprotected vaginal or anal sex** with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.” (Facilitator Manual, p. 230)

“**Have a monogamous relationship with only one partner** who doesn't have HIV, who doesn't use injection drugs or share needles or syringes for any reason, and who never has sex with anyone else.” (Facilitator Manual, p. 232)

“Get tested for HIV. Be sure **any sex partner** has been tested before having sex.” (Facilitator Manual, p. 232)

“Avoid having **multiple or overlapping partners**. The more sex partners a person has, the greater the chances of contracting HIV or another STD. **Have safer sex** that doesn't put you in contact with a partner's blood, semen, vaginal secretions or rectal fluids. This means **using condoms** during vaginal or anal intercourse, using condoms or **other barriers** during oral sex, or **having sex play** without intercourse.” (Facilitator Manual, p. 232)

Examples of a clear NO statement: “No, **not without protection.**” (Facilitator Manual, p. 261)

“Students participate in a science-based HIV risk activity to personalize their vulnerability to HIV infection and understand how **unsafe sexual contact** or sharing needles puts people at risk.” (Facilitator Manual, p. 293)

“Remind students that a risk of **having sex without using latex condoms**, or of sharing needles for injecting drugs, tattooing or body piercing, is getting HIV.” (Facilitator Manual, p. 295)

“Emphasize how just 2 people with HIV could transmit the virus to many others if they engaged in ‘risky behaviors’ (i.e., **had sex without condoms** or shared needles).” (Facilitator Manual, p. 297)

“Emphasize that people have choices about their behaviors and can decrease their risk of HIV by making the SAFEST choice and not engaging in risky behaviors such as having sex, **having sex without using condoms** or sharing needles.” (Facilitator Manual, p. 297)



**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.*

“Use of mixed-gender groups can help promote gender equity, build understanding of different perspectives, and **increase inclusivity for transgender and gender nonconforming students.**” (Facilitator Manual, p. 5)

“Teacher Note: In the roleplay activities, students will sometimes be in a position where they must roleplay sexual pressure situations with classmates of both a different and the same gender. This may be awkward for those teens who are sensitive to any 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. 65)

“Keep in mind that lesbian, gay, bisexual and **transgender youth are also at risk for unintended pregnancy.** Be sure to **use inclusive language** that respects different gender identities and sexual orientations.” (Facilitator Manual, p. 239)

**11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN**

*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.*

“Be sure students understand that even if a male/female couple is only having sex with each other, they still need to **protect themselves from pregnancy.**” (Facilitator Manual, p. 128)

Class 9 Synopsis: “**Methods of protection from STD and/or pregnancy commonly used by teens** are presented and discussed. A small group activity helps students differentiate between methods that offer little or no protection, those that protect from pregnancy only, and those that protect from HIV, other STD and pregnancy.” (Facilitator Manual, p. 183)

“If possible, **use visual aids, such as male and female reproductive charts or models and various methods of protection,** (e.g., condoms, vaginal spermicides) to help students better understand your description of each method. You may want to distribute a pamphlet or other resource on birth control methods as well.” (Facilitator Manual, p. 186)

“Have students **brainstorm a list of methods used by young people** to protect themselves from HIV, other STDs and/or pregnancy. Write students' responses on the board. Be sure students' responses include the methods commonly used by teens described in Appendix B:

- Choosing not to have sex
- IUD
- Implant
- The Shot (Depo-Provera)
- Birth control pill
- Birth control patch
- Vaginal ring
- Latex condom
- Vaginal spermicides

- Fertility Awareness Methods (Natural Family Planning, Rhythm)
- Withdrawal
- Douching
- Hope” (Facilitator Manual, pp. 186-187)

“Using the information included in Appendix B, starting from the most effective methods, **discuss each method with students**, focusing on the following: what it is; how it works; how to use it; how and where to get it; its effectiveness and advantages; its risks and disadvantages” (Facilitator Manual, p. 188)

“Emphasize that the **latex condom is the only method** that protects against HIV, other STD *and* pregnancy. Using a latex condom along with *another* method of contraception (e.g., IUD, birth control pills) is an **EVEN SAFER choice.**” (Facilitator Manual, p. 188)

“Assign students to 6 small groups. **Explain that each group will receive a set of 12 cards listing different methods of protection.** In their groups, they will put the cards into 3 piles: (1) methods that offer little or no protection; (2) methods that protect against pregnancy *only*; and (3) methods that protect against HIV, other STD *and* pregnancy.” (Facilitator Manual, p. 189)

“Reemphasize that using latex condoms is a SAFER choice, but **using latex condoms along with other contraceptives is an EVEN SAFER choice** for protection from HIV, other STD *and* pregnancy. Stress that choosing not to have sex is the SAFEST choice.” (Facilitator Manual, p. 190)

“Tell students that they will do a homework assignment **in pairs**. Explain that, with their partners, they should **go to a local market or drugstore to gather information about protective products, such as condoms** and vaginal spermicides.” (Facilitator Manual, p. 191)

“Many methods of birth control do not protect against HIV and other STDs. Educators are encouraged to **emphasize dual method use - using a condom along with another method of birth control** - to provide protection from both pregnancy and HIV/STD.” (Facilitator Manual, p. 239)

“The **IUD is highly effective** (more than 99%) at preventing pregnancy ... Some people prefer to use an IUD because it is very private, always in place and they don't have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.” (Facilitator Manual, p. 241)

“The **Implant is an approved method for young women**, including teens.” (Facilitator Manual, p. 242)

“The **implant is highly effective** (more than 99%) at preventing pregnancy, and it provides protection for 3 years. Some people prefer to use it because it is very private, always in place and they don't have to remember to take a pill each

	<p>day.” (Facilitator Manual, p. 242)</p> <p>“Depo-Provera® is <b>extremely effective at preventing pregnancy</b> (more than 99%), as long as the injections are done on schedule. Other than receiving an injection every 12 weeks, no other steps are required for protection against pregnancy. Some people prefer to use Depo-Provera® because it is very private and they don't have to remember to take a pill each day.” (Facilitator Manual, p. 243)</p> <p>“The birth control pill is <b>more than 99% effective at preventing pregnancy</b> if the person takes it every day, uses some other method of protection during the first month, and doesn't use another person's pills. The pill is convenient and does not affect the spontaneity of a sexual relationship.” (Facilitator Manual, p. 244)</p> <p>“The patch and the ring are more than 99% effective in preventing pregnancy when they are used correctly ... For many, <b>these methods are convenient and don't interfere with the spontaneity of a sexual relationship.</b>” (Facilitator Manual, p. 245)</p> <p>“When used correctly and consistently, the <b>female condom can be 95% effective</b> in preventing pregnancy, and also provides protection from HIV and other STD.” (Facilitator Manual, p. 248)</p> <p>“If used <i>correctly</i> with spermicide every time a couple has sexual intercourse, vaginal barriers are fairly effective at preventing pregnancy ... When used <i>with a latex or polyurethane condom</i>, <b>the combined method is very effective at preventing pregnancy</b>, HIV and other STD.” (Facilitator Manual, p. 250)</p> <p>“<b>Emergency contraception (EC)</b> is a method that reduces the risk of pregnancy after unprotected sex.” (Facilitator Manual, p. 252)</p> <p>“<b>Emergency contraception makes sense</b> if a couple does not want to become pregnant and their regular birth control method was damaged, slipped out of place, or wasn't used correctly. It can also be used to prevent pregnancy in cases of sexual assault.” (Facilitator Manual, p. 252)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote</i></p>	<p>“The sequential curriculum is taught over 2 school years (with 10 or 11 lessons at each level). <b>Peer Leaders are trained to help facilitate certain classroom activities</b> (e.g., leading small-group roleplaying).” (Facilitator Manual, p. x)</p> <p>“Young people on the <b>Peer Resource Team</b> meet with an adult peer coordinator to plan and <b>host school-wide activities designed to alter the normative culture of the school.</b>” (Facilitator Manual, p. x)</p> <p>“It's recommended that facilitators <b>work with a small group of youth</b> to review the roleplays and other activities and suggest minor changes to increase relevance before implementation.” (Facilitator Manual, p. 11)</p> <p>“Teacher note: One of the unique features of <i>Safer Choices</i> is the Peer Leader</p>

<p><i>abortion.</i></p>	<p>component. The <b>use of same-age peers as classroom facilitators</b> along with the classroom teacher has been found to be an effective means of educating teens about important health issues. The incorporation of Peer Leaders as facilitators of selected curriculum activities is an important feature of this curriculum.” (Facilitator Manual, p. 18)</p> <p>“Give students about 10-15 minutes to read the information about their assigned STD and <b>create their posters</b>. Circulate among groups to assist as needed. Have groups <b>hang their posters around the room</b> when they are finished.” (Facilitator Manual, p. 105)</p> <p>“Teacher Note: Sometimes students complain that the language and/or situations in the roleplays don't seem ‘real.’ If this is the case, you may want to adapt the roleplay scripts. You can <b>ask Peer Leaders or the class to review the scripts and suggest ways to make the situation or language more relevant to the circumstances teens face in their community</b> and their ways of expressing themselves.” (Facilitator Manual, p. 257)</p> <p>“Select Peer Leaders who are comfortable reading in front of the class and who are <b>mature enough to handle dialog about sexuality</b> without experiencing a lot of embarrassment.” (Facilitator Manual, p. 257)</p>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Speak for yourself. The class is not a forum for discussing other people's beliefs or behaviors. Comments should be limited to <b>what is thought or felt by the individuals in the class.</b>” (Facilitator Manual, p. 29)</p> <p>“Be careful not to impose your personal values. Every person has his or her own thoughts, beliefs and values about sexuality issues, based on background and experience. Although a student may ask directly what you think, be careful not to impose your own values, but rather <b>present a range of options.</b>” (Facilitator Manual, p. 32)</p> <p>“People may have cultural or personal reasons that affect contraception choices. The goal of providing this information is to <b>dispel myths and increase young people's awareness of possible options</b>, so they can engage with their health care provider in selecting the best method when they decide they are ready to have sex, which may not be for a long time.” (Facilitator Manual, p. 239)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct</i></p>	<p>“If positive parent/guardian permission is required for participation, <b>establish an incentive system for return of permission slips</b>; for example, give extra credit points for returned slips.” (Facilitator Manual, p. 16)</p> <p>“Review the letter and permission slip with students and instruct them to give the letter to their parents that night. Tell students that <b>if their parents do not want them to participate</b>, they must sign the form and return it to you. Write the due date for parent/guardian permission slips on the board.” (Facilitator Manual, p. 17)</p> <p><b>Note:</b> <i>Opt-out programs put parents at a disadvantage. In order to be fully</i></p>

<p><i>children not to tell their parents what they are being taught about sex in school.</i></p>	<p><i>informed, parents need to know a program is being taught and be given the chance to review the full curriculum. In an opt-out scenario, parents often don't realize the program is occurring or are not given the full scope of what is taught.</i></p> <p>“Possible group agreements: <b>Classroom discussions are confidential.</b>” (Facilitator Manual, p. 22)</p> <p>“Classroom discussions are confidential. Knowing that personal information will <b>not be shared outside of the classroom</b> by the teacher or other students helps maintain a safe, supportive environment.” (Facilitator Manual, p. 29)</p> <p><b>Note:</b> <i>This can imply to students that classroom discussions on sexuality should not be shared at home with parents.</i></p> <p>“Point out the local and national hotline numbers on the board and explain that there are many hotlines for people to get information about HIV and other STDs. Explain that there is no charge for these phone calls and that <b>they won't show up on a person's telephone bill.</b> People do not have to give their names when calling.” (Facilitator Manual, p. 109)</p> <p>“In almost every state, teens can be tested for HIV <b>without parent permission.</b> However, to be sure, teens should check with the test site beforehand to find out what policies are followed. <b>They can ask if they need parental consent</b> for testing or treatment, and whether the clinic will share information with parents.” (Facilitator Manual, p. 234)</p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p>	<p>Students are given an assignment to <b>call an STD or HIV hotline</b>, ask a question about an STD, and note the answer they receive. (Student Workbook, p. 18)</p> <p>Students have a homework assignment to <b>research methods of protection.</b> The following information is gathered as they work in pairs:</p> <ul style="list-style-type: none"> <li>• Name, location and hours of the store</li> <li>• <b>Where condoms are located</b> in the store</li> <li>• Brand name and price of two kinds of spermicides</li> <li>• <b>Brand name and price of three kinds of condoms, as well as whether they are lubricated and whether they have a reservoir</b></li> <li>• How comfortable the student is buying at this store</li> <li>• If the student would <b>recommend the store to a friend</b></li> <li>• Total number of different brands of condoms and spermicides available</li> </ul> <p>(Student Workbook, p. 35)</p> <p>Class 11 Objective: “Students will be able to <b>identify locations where they can obtain products</b> to protect themselves from HIV, other STD and pregnancy.” (Facilitator Manual, p. 215)</p> <p>“Have students suggest health centers or clinics where they might get tested and treated for HIV or other STDs. Make a list on the board. <b>Add any locations they've missed.</b> Leave this information on the board for the remainder of <i>Safer</i></p>

*(For more information on how Planned Parenthood sexualizes children for profit see [www.WaronChildren.org](http://www.WaronChildren.org) and [www.InvestigateIPPF.org](http://www.InvestigateIPPF.org))*

*Choices, or have a Peer Leader copy it onto a poster.” (Facilitator Manual, p. 108)*

*“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. 232)*

***Note:** It is highly irresponsible to teach teens how to clean needles for repeat drug use.*

For more information on *Safer Choices Level 1*, see <https://www.etr.org/store/curricula/safer-choices/>.