

# 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 2* Based on 15 Harmful Elements Commonly Included in CSE Materials

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

*Safer Choices, Level 2* contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

**Program Description:** 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 visit a family planning clinic as a homework assignment. Students also role play 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.

This program is marketed as being 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. Planned Parenthood is also listed as a resource for sexual health services.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b> <i>Normalizes child sex or desensitizes children to sexual things. May give examples of</i>	“One Friday night, you are at Chris' house, laughing and fooling around. You end up lying on the couch in each others' arms. Whenever this happens, you start <b>kissing and making out ... going a little further each time</b> . Even though you love Chris, you know you're not ready to have sex. What could happen if you had sex before you were ready?” Students list the <b>positive</b> and negative consequences.

<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.

*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.*

(Student Workbook, p. 2)

“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)

Changing Pregnancy Risk: “You (or your partner) are pregnant because you **decided to have sex without protection**.” (Facilitator Manual, p. 89)

“Have students brainstorm a list of examples of **personal limits that teens might choose** regarding relationships and sex ... Some limits might include: kissing but not going any further; touching above the waist but not going any further; dating or going with only one person at a time; waiting until older or married before having sex; **using latex condoms every time if having sex**; refusing to have sex without using a latex condom.” (Facilitator Manual, p. 99)

Examples of signs or situations that might challenge limits: “**Touching your partner** in an intimate way; Planning ways to **try to seduce your partner**.” (Facilitator Manual, p. 107)

Role Play Scenario: “You are at a small party. Most of the other couples have gone to other rooms to make out. Your partner says, ‘I love you.’ You start **kissing, holding and touching each other**. Your partner starts to take it a little further.” (Facilitator Manual, p. 129)

Role Play Scenario: “You and your partner go out on a romantic date to celebrate your 1-year anniversary. Your partner says **it's time to have sex**.” (Facilitator Manual, p. 135)

Role Play Scenario: “You and your partner are at your partner's house and nobody else will be home until late. You've been going out for 7 months and haven't had sex yet, but you've gotten close. You're on the couch and your partner starts to **kiss and undress you**.” (Facilitator Manual, p. 135)

Role Play Scenario: “Drew and Jess are home alone at Drew's house. They are **making out on the couch, and things are getting hot**. Jess wants to go farther than Drew planned to go.” (Facilitator Manual, p. 135)

“Explain that during the next class, students will be discussing how the media can influence people's attitudes and behaviors around sexuality. Ask students to identify a song, television show, movie or advertisement that **includes a sexual message or uses sex to sell a product**. Tell them to write down the name of the song, TV show or movie or bring the ad to class. They could also write a description of the ad.” (Facilitator Manual, p. 167)

“Select a few examples from the list on the board or the posted ads and have students describe the messages being promoted (e.g., **sex makes you mature; having sex is the most important thing in life; having sex makes you more of a man or a woman**). Emphasize that some messages use sex in less direct ways

	<p>(e.g., using this product will make you sexy, attractive or more desirable).” (Facilitator Manual, p. 177)</p> <p>Description of Withdrawal (Coitus Interruptus): “When a couple has sex, the man <b>pulls his penis out of his partner's body before he ejaculates</b> to try to keep semen and sperm from entering his partner's body.” (Facilitator Manual, p. 220)</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</b> during sexual intercourse.” (Facilitator Manual, p. 252)</p> <p>“The vagina ... <b>receives the man’s penis during sexual intercourse.</b>” (Facilitator Manual, p. 253)</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>Examples of actions to take to stick with limits: “Use clear NO messages to tell your partner you don't want to have sex <b>or unprotected sex.</b>” (Facilitator Manual, p. 107)</p> <p>Role Play Scenario: “You go back to your partner's house after a party. No one is home. You begin kissing, touching and undressing each other. The last time you had sex, you and your partner talked about getting protection. Your partner said he/she would get condoms. You want to use condoms because you are worried about STD and pregnancy. Your partner continues kissing and touching, but doesn't say anything about protection. In the past you went along and had sex without protection, but you've decided that <b>from now on you aren't willing to take the chance.</b>” (Student Workbook, p. 20)</p> <p>“The <i>Safer Choices</i> curriculum focuses on skill development, providing students practice in important skills they will need to make healthful decisions related to sex. These steps provide a guide for <b>practicing refusals and delay tactics</b> through role plays.” (Facilitator Manual, p. 233)</p> <p><b>Note:</b> <i>The refusal skills and delay tactics learned in CSE programs are not always related to abstinence. Often students practice in role plays how to negotiate condom use with a partner.</i></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 learn skills in using condoms, including how to put a condom on correctly, <b>how to talk with a sexual partner about condom use</b>, and how to say no to sex <b>if a partner refuses to use a condom.</b>” (Facilitator Manual, p. 243)</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 ready to engage in safe, <b>consensual sexual activity.</b>” (Facilitator Manual, p. 248)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>“People are at risk for HIV and should be tested if they’ve had <b>vaginal, anal or oral sex</b> with someone who has other partners.” (Student Workbook, p. 32)</p> <p>“Q: Name 3 ways that HIV is transmitted. A: <b>Vaginal, anal or oral intercourse</b>; sharing needles; from infected mother to her child.” (Facilitator Manual, p. 59)</p> <p>Examples of actions to take to stick with limits: “Have latex condoms if planning to have <b>vaginal or anal sex.</b>” (Facilitator Manual, p. 107)</p> <p>“Explain that, to be effective, latex condoms must be used <i>correctly every time</i> a person has <b>vaginal, oral or anal intercourse.</b>” (Facilitator Manual, p. 144)</p> <p>“Choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including <b>vaginal, oral and anal sex</b>, as well as skin-to-skin genital contact that can transmit certain STDs.” (Facilitator Manual, p. 205)</p> <p>“People are at risk for HIV and should get tested if: They've had <b>vaginal, anal or oral sex</b> with someone who's had other partners.” (Facilitator Manual, p. 226)</p> <p>“Use a condom every time for <b>vaginal, oral or anal sex.</b>” (Facilitator Manual, p. 242)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></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</i></p>	<p>“Teacher Note: In the role play activities, students will sometimes be in a position where they must <b>role-play sexual pressure situations</b> with classmates of both a different and the <b>same gender.</b>” (Facilitator Manual, p. 122)</p> <p>“Explain the situation in a matter-of-fact way. Let students know that every student in the class will, at some point, be <b>doing a role play</b> with a classmate of a different gender and <b>with a classmate of the same gender.</b> Most likely, they will do this several times.” (Facilitator Manual, p. 122)</p> <p>“Avoid ‘volunteering’ any students to perform a role play 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 role play. This provides <b>positive role modeling</b> for the rest of the class.” (Facilitator Manual, p. 122)</p>

<p>sex.</p>	<p>“Keep in mind that <b>lesbian, gay, bisexual and transgender</b> 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. 205)</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>“The clitoris is a pea-shaped organ full of nerve endings. It's protected by a hood of skin formed by the labia minora. <b>The only known function of the clitoris is to provide sexual pleasure.</b>” (Facilitator Manual, p. 252)</p> <p>“The inner lips are very sensitive. <b>During sexual arousal</b>, they swell with blood and turn a deep red color.” (Facilitator Manual, p. 252)</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. 254)</p> <p>“<b>During sexual arousal, the penis becomes 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. To reach that size, small penises grow more when they become erect, while large penises grow less.” (Facilitator Manual, p. 257)</p> <p>“<b>When a man is sexually aroused</b>, the cavities fill with blood, which causes an erection.” (Facilitator Manual, p. 257)</p> <p>“<b>During sexual arousal</b>, a valve, or sphincter, closes off the bladder so urine cannot pass through the urethra.” (Facilitator Manual, p. 259)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Men can't ‘run out’ of sperm. <b>Masturbation</b> and sex don't use up sperm.” (Facilitator Manual, p. 259)</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</i></p>	<p>“Condom Practice:</p> <ul style="list-style-type: none"> <li>• Check to make sure the package has not been opened and the expiration date has not passed.</li> <li>• Open the condom package. Be careful not to tear the condom.</li> <li>• Make sure the condom is right side out.</li> <li>• Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation.</li> </ul>

*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.*

- Then unroll the condom over the index and middle finger of your other hand. Unroll the condom all the way down to the bottom of your fingers.
- After ejaculation, hold the condom around the base. **Gently pull the penis out of the partner's body while it is still erect.**
- Take the condom off 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.” (Student Workbook, p. 27)

“In your group, identify 3 things (challenges) that make it **difficult for young people to use condoms**. List 1 challenge in each of the challenge bubbles. Then list 1 or more **solutions for dealing with each challenge**.” (Student Workbook, p. 29)

“Well before Class 7, **obtain enough latex condoms for each student in the class to have one**, plus several extra for teacher demonstration.” (Facilitator Manual, p. 22)

“Q: Some teenagers say it's too embarrassing to get condoms. Name 1 strategy **teens could use to reduce the embarrassment**. A: Go with a friend; go to a store in a nearby neighborhood where nobody will know you; go to a clinic where they give condoms out free; order condoms online.” (Facilitator Manual, p. 63)

“Q: Which of the following steps should *not* be done when using a condom?  
a. Leave a little room at the tip of the condom when putting it on.  
b. **Pull the condom tight over the penis.**  
c. Dispose of the used condom in the trash.

A: Response b.” (Facilitator Manual, p. 64)

“**Peer Leaders read the steps for proper condom use aloud as the teacher demonstrates.**” (Facilitator Manual, p. 141)

“**Peer Leaders can conduct the condom demonstration**, if you feel it is appropriate. Be sure to prepare them beforehand to make sure they are comfortable and are familiar with the proper use of a condom.” (Facilitator Manual, p. 141)

“Explain that the Peer Leaders will be reading the steps for proper condom use and that you will demonstrate each step after the Peer Leaders read it. Let students know that **they will have an opportunity to practice** after the demonstration.” (Facilitator Manual, p. 143)

“Have the Peer Leaders read each step aloud, pausing between steps. Demonstrate each step after the Peer Leaders read it, **using a penis model if possible**. Repeat each step verbally as you demonstrate it.” (Facilitator Manual, p. 144)

“Teacher Note: Even if a model of the penis is available, unroll the condom over

2 fingers of your hand as well, since **this is how students will practice the proper use of a condom**. Make sure to stress the importance of **holding the condom around the base of the penis** when the penis is pulled out of the partner's body." (Facilitator Manual, p. 144)

"Explain that one challenge when using condoms is getting the condom over the glans or head of the penis. **Point this out on the penis model** or on an illustration." (Facilitator Manual, p. 144)

"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. 145)

"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**." (Facilitator Manual, p. 145)

"Teacher Note: **It is important that all students have a chance to practice proper use of condoms**. Free or reduced price condoms are usually available at local health departments or clinics." (Facilitator Manual, p. 147)

"If there are not enough condoms available for each student, **have students work in small groups**, with group members reading the directions while a student practices using the condom." (Facilitator Manual, p. 147)

"Explain that one person in the pair should read the directions on the worksheet, **while the other practices unrolling the condom over 2 fingers**. After the first person has finished, he/she should then read the directions while the second student unrolls a condom over 2 fingers." (Facilitator Manual, p. 147)

"Using condoms correctly means following these steps:

- ...**Put the condom on as soon as the penis is erect** 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.
- 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.
- After ejaculation, take the penis out or away from the partner's body **while the penis is still hard**. Hold the rim of the condom around the base of the penis as it is pulled out. Be careful not to spill any semen.
- Make sure the penis is away from the partner's body before removing the condom." (Facilitator Manual, p. 242)

## 8. PROMOTES PREMATURE SEXUAL AUTONOMY

*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.*

“What are your **personal limits regarding relationships and sex**? What signs or situations might challenge your limits? What will you do to stick with your limits?” (Student Workbook, p. 18)

“**When is it OK for a person to have sex**? What are some of the things people should think about before deciding whether or not to have sex? What are your beliefs about teens using condoms or other types of birth control?” (Student Workbook, p. 39)

“The program also emphasizes that those who do choose to have sex 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)

“What are the benefits of making a SAFER choice (i.e., why should teens **choose to use latex condoms** or latex condoms along with another contraceptive product if they are having sex, or **choose to have sex only with one uninfected person** who only has sex with them and to stay with this person for a long time [for HIV/STD prevention])?” (Facilitator Manual, p. 37)

“Explain that students will complete a homework assignment **to help them learn what services are available at clinics in their community**. Tell students they will pick a clinic and then either call or visit the clinic to gather information and answer the questions on the homework sheet.” (Facilitator Manual, p. 53)

“Q: For people **who choose to have sex**, what is the best way to reduce the risk of HIV? A: Using latex condoms correctly, every time they have sex.” (Facilitator Manual, p. 59)

“Q: Name 1 location **where people can get latex condoms**. A: Drugstore, grocery store, clinic, online.” (Facilitator Manual, p. 63)

Class 5 Objectives: “Identify situations that might challenge personal limits regarding sexual behavior; Identify actions to help **stick with personal limits regarding sexual behavior**; Think about their own personal limits regarding sexual behavior.” (Facilitator Manual, p. 93)

“Explain that to be successful at preventing HIV, other STDs and pregnancy, people must **know their personal limits** ahead of time, and plan ways to stick with those limits.” (Facilitator Manual, p. 98)

“Emphasize that **people may have different limits around relationships and sex**. A person's limits can be based on many factors, such as personal and family values, past experience, length of relationship, etc.” (Facilitator Manual, p. 99)

“Tell students that for the remainder of the class, they will be talking about how to **set and stick to personal limits** and avoid making UNSAFE choices, such as having sex when they don't want to or aren't ready, or having sex without protecting themselves from HIV, other STDs and pregnancy.” (Facilitator



Manual, p. 99)

“Begin by asking students to name the 3 steps to avoiding UNSAFE choices (**knowing personal limits ahead of time**, watching for signs or situations that might challenge limits, and planning ways to stick with limits).” (Facilitator Manual, p. 116)

“Tell students that even though many of them are not having sex at this time, it is important **they understand what to do if they need reproductive services**, including contraceptives; if they think they may be pregnant or have gotten someone pregnant; or if they think they may have been exposed to HIV or another STD.” (Facilitator Manual, p. 158)

Possible Media Messages: “**Your sexual decisions are your own**. No one can make them for you.” (Facilitator Manual, p. 183)

“Remind students that the purpose of *Safer Choices* is to help them take steps to protect themselves from HIV, other STDs and pregnancy. They can do this by:

- Choosing not to have sex until they are older or until they are married, even if they have had sex before (the SAFEST choice).

Or, **for those who choose to have sex**, by:

- Using latex condoms or latex condoms along with another contraceptive product (e.g., spermicides, birth control pills) correctly, *every time* when having sex (a SAFER choice).” (Facilitator Manual, p. 193)

“Tell students that you would like them to think about **what choices they are going to make** now to protect themselves from HIV, other STDs and pregnancy.” (Facilitator Manual, p. 193)

“Explain that each colored dot **represents a different choice about protecting themselves** from HIV, other STDs, and pregnancy *at this time in their lives...*

- Blue: Choosing *not* to have sex.
- Green: Choosing to use latex condoms or latex condoms along with another method of contraception every time if having sex.
- Red: Choosing to use protection against pregnancy every time if having sex, but *not* latex condoms.
- Orange: Choosing to have sex *without* using latex condoms or any other method of protection.
- Yellow: Unsure of choice at this time.

Tell students you would like them to look at the 5 options and **decide which one they will choose.**” (Facilitator Manual, p. 194)

“Remind them that, in most situations, **every person has a choice** about whether or not to have sex or **whether or not to have unprotected sex**, even if he/she has had sex or unprotected sex in the past.” (Facilitator Manual, p. 197)

“Emphasize that **sticking with their choices** may not always be easy. Remind students that it is up to them to take the necessary steps to protect themselves

	<p>from HIV, other STDs and pregnancy.” (Facilitator Manual, p. 197)</p> <p>“Home pregnancy tests are available from drugstores or online. A variety of brands are available. <b>Anyone can buy a test without a prescription.</b>” (Facilitator Manual, p. 230)</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>“After going to the mall and a movie, you went back to Alex's house. No one is home, so you start making out. <b>You have had sex before</b>, but you don't want to have sex again without protection.” (Student Workbook, p. 3)</p> <p>“Last Saturday you went to a movie with someone you really like. After the movie, you went to his/her sister’s apartment because no one was home. When you got there, the person you were with mixed a few drinks with alcohol. After drinking some, you started kissing ... <b>and ended up having sex.</b>” (Student Workbook, p. 19)</p> <p>“You go back to your partner's house after a party. No one is home. You begin <b>kissing, touching and undressing</b> each other. The <b>last time you had sex</b>, you and your partner talked about getting protection ... In the past you went along and had sex without protection, but you've decided that from now on you aren't willing to take the chance.” (Student Workbook, p. 20)</p> <p>“People should also get tested for STD if:</p> <ul style="list-style-type: none"> <li>• They <b>have more than one sex partner.</b></li> <li>• Their <b>partner has other sex partners.</b></li> <li>• They've <b>had sex without using condoms</b> outside of a long-term, monogamous relationship.</li> <li>• They're <b>planning to have sex with a new partner.</b>” (Student Workbook, p. 34)</li> </ul> <p>“The primary goal of <i>Safer Choices</i> is to <b>prevent HIV, other STDs and unintended pregnancy</b> among participating students.” (Facilitator Manual, p. xi)</p> <p><b>Note:</b> <i>This statement tells us that the primary goal of this program is to prevent unprotected sex among teens, not to promote abstinence.</i></p> <p>“Specific objectives include:</p> <ul style="list-style-type: none"> <li>• Promoting more positive attitudes about choosing not to have sex <b>and using condoms if having sex</b></li> <li>• Promoting more positive peer norms regarding not having sex <b>and using condoms if having sex</b></li> <li>• Increasing students' belief in their ability (self-efficacy) to refuse sexual intercourse <b>or unprotected sexual intercourse, use a condom</b>, and communicate about safer sexual practices</li> <li>• Decreasing <b>perceived barriers to condom use</b>” (Facilitator Manual, p. xi)</li> </ul> <p>“The <i>Safer Choices</i> lessons clearly and consistently highlight that it is not healthful to <b>engage in unprotected intercourse.</b>” (Facilitator Manual, p. 2)</p>

“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)

“In small groups, students identify positive and negative consequences resulting from telling a partner they are not ready to have sex; choosing to have sex before they're ready; telling a partner **they won't have sex again without protection**; and **having sex without protection**.” (Facilitator Manual, p. 33)

“Discussion focuses on the benefits of choosing not to have sex - the SAFEST choice - **or choosing to use latex condoms** correctly every time one has sex - a SAFER choice. **Having sex with only one uninfected person** who only has sex with you, to help prevent HIV and other STD, is also presented as a SAFER choice.” (Facilitator Manual, p. 33)

Class 1 Objective: “Students will be able to:

- List positive and negative consequences of **personal choices to have sex or to have sex without protection**.
- Describe the **benefits of using latex condoms** or latex condoms along with another method of contraception correctly every time if having sex, or of **having sex with only one uninfected person** who only has sex with you, to help prevent HIV and other STD (SAFER choices), and the benefits of choosing *not* to have sex (the SAFEST choice).” (Facilitator Manual, p. 33)

“What can make it difficult for teens (even when they have accurate information and skills) to refuse to have sex **and/or use latex condoms** or latex condoms along with another contraceptive product every time they have sex?” (Facilitator Manual, p. 37)

“State that in the upcoming classes students will be strengthening their skills to make SAFEST and SAFER choices. Challenge students to make a conscious choice every time they find themselves in a situation where they are pressured to have sex **or to have unprotected sex**.” (Facilitator Manual, p. 37)

“Class 2 Objective: Recall key information and skills **to make SAFER** and SAFEST choices.” (Facilitator Manual, p. 47)

***Note:** Again, we see that abstinence and protected sex are presented as equally acceptable choices.*

“Q: A person has been diagnosed as having an STD. Name 2 actions this person should take to prevent spreading the STD. A: Follow the doctor's directions; don't have sex until cured **or use a condom if STD can't be cured**; get partners to go to doctor or clinic.” (Facilitator Manual, p. 61)

“Explain to students that another risk of **having sex without using latex condoms** or another method of birth control is pregnancy.” (Facilitator Manual,

p. 81)

“Have students identify risks that could affect their health (e.g., driving without a safety belt; driving while under the influence of alcohol; riding a bike without a helmet; smoking cigarettes; **having unprotected sex**).” (Facilitator Manual, p. 81)

“Ask students how they can reduce their risk for pregnancy. Responses should include choosing not to have sex or using protection. Emphasize that choosing not to have sex is the SAFEST choice. Then explain that **using protection, correctly and consistently**, is a SAFER choice that can reduce their risk of pregnancy considerably.” (Facilitator Manual, p. 83)

“Explain to students that you are going to repeat the pregnancy risk activity so they can see how risk changes when people choose not to have sex **or to use protection correctly and consistently**.” (Facilitator Manual, p. 85)

“Emphasize that students were able to reduce their risk for pregnancy by choosing not to have sex (the SAFEST choice) **or by using protection consistently and correctly** (a SAFER choice).” (Facilitator Manual, p. 86)

“By choosing not to have sex **or choosing to use protection** every time when having sex, people can reduce or lower their risk for pregnancy, HIV and other STD. Choosing to have unprotected sex increases one's risk.” (Facilitator Manual, p. 86)

Changing Pregnancy Risk: “You (or your partner) did not become pregnant because **you used a latex condom** every time you had sex.” (Facilitator Manual, p. 89)

“Tell students that for the remainder of the class, they will be talking about how to set and stick to personal limits and avoid making UNSAFE choices, such as having sex when they don't want to or aren't ready, or **having sex without protecting themselves** from HIV, other STD and pregnancy.” (Facilitator Manual, p. 99)

“Explain that there are many situations that might make it hard for people to stick with their personal limits regarding relationships and sex, and that these situations make having sex **or having sex without a latex condom** or another form of protection more likely.” (Facilitator Manual, p. 100)

“Conclude by reminding students that there are 2 ways to prevent the sexual transmission of HIV, other STD *and* pregnancy: (1) choosing *not* to have sex (the SAFEST choice) or (2) **using latex condoms or latex condoms plus another birth control method** every time when having sex (a SAFER choice).” (Facilitator Manual, p. 103)

Examples of actions to take to stick with limits: “Use clear NO messages to tell your partner you don't want to have sex **or unprotected sex; Have latex**

	<p><b>condoms</b> if planning to have vaginal or anal sex.” (Facilitator Manual, p. 107)</p> <p>“Ask students which methods protect against HIV, other STDs and pregnancy. Responses should include: choosing not to have sex (the SAFEST choice) <b>or using latex condoms consistently and correctly</b> (a SAFER choice).” (Facilitator Manual, p. 143)</p> <p>“Emphasize that only choosing not to have sex <b>or using a latex condom if having sex</b> protects people from HIV, other STDs and pregnancy.” (Facilitator Manual, p. 143)</p> <p>“Conclude by telling students that <b>using latex condoms correctly</b> every time they have sexual intercourse is a SAFER choice for protection against HIV, other STDs and pregnancy.” (Facilitator Manual, p. 146)</p> <p>“Remind students that, as they pointed out earlier, the media doesn't usually promote positive behaviors, particularly positive sexual behaviors, such as choosing not to have sex <b>or using protection if a person is having sex.</b>” (Facilitator Manual, p. 178)</p> <p>“Remind students they can choose to focus on the positive aspects of choosing not to have sex (the SAFEST choice), and/or the <b>positive aspects of using condoms and other methods of protection</b> to prevent HIV, other STDs and pregnancy (a SAFER choice).” (Facilitator Manual, p. 180)</p> <p>“Possible Media Messages:</p> <ul style="list-style-type: none"> <li>• You're important. <b>Protect yourself.</b></li> <li>• Cover yourself. <b>Use a condom.</b></li> <li>• <b>Anyone can carry condoms.</b>” (Facilitator Manual, p. 183)</li> </ul> <p>Class 10 Objective: “Commit to protecting themselves from HIV, other STDs and pregnancy by choosing not to have sex (the SAFEST choice) <b>or by using latex condoms and other protection</b> every time if having sex (a SAFER choice).” (Facilitator Manual, p. 187)</p> <p>“Some students may mention that they are in long-term relationships and don't need to use condoms .... One problem with this choice is that some people may lie about whether or not they have HIV or another STD, and some people may not know they are infected. Therefore, it is SAFER to <b>always use a latex condom with any partner.</b>” (Facilitator Manual, p. 197)</p> <p>“While the surest way to avoid HIV is to abstain from sexual intercourse or <b>be in a long-term, mutually monogamous relationship</b> with an uninfected partner, <b>latex condoms are effective</b> in preventing transmission of HIV if they are used consistently and correctly.” (Facilitator Manual, p. 241)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p>	<p>“Use of mixed-gender groups can help promote gender equity, build understanding of different perspectives, and <b>increase inclusivity for</b></p>

<p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p><b>transgender and gender nonconforming students.”</b> (Facilitator Manual, p. 5)</p> <p>“Keep in mind that lesbian, gay, bisexual and <b>transgender youth are also at risk for unintended pregnancy</b>. Be sure to <b>use inclusive language</b> that respects different gender identities and sexual orientations.” (Facilitator Manual, p. 205)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Emphasize the positive consequences of choosing <i>not</i> to have sex (the SAFEST choice) and <b>choosing to use latex condoms</b> or latex condoms <b>along with another contraceptive product</b> correctly every time if a person has sex (a SAFER choice).” (Facilitator Manual, p. 39)</p> <p>“Teacher Note: If possible, <b>have samples of various methods of contraception</b> (condoms, foam, birth control pills) available during this lesson, and show them during the brainstorming session as students mention them. You may want to <b>distribute a pamphlet or other resource on birth control methods</b> as well.” (Facilitator Manual, p. 84)</p> <p>“Then have the Peer Leader read the statement (e.g., You and your partner did not experience a pregnancy because you <b>used a latex condom and foam</b> every time you had sex).” (Facilitator Manual, p. 85)</p> <p>Changing Pregnancy Risk: “You (or your partner) did not become pregnant because you (or your partner) <b>used the IUD.</b>” (Facilitator Manual, p. 89)</p> <p>Changing Pregnancy Risk: “You (or your partner) did not become pregnant because <b>you used the pill and latex condoms</b> every time you had sex.” (Facilitator Manual, p. 89)</p> <p>“Remind students that the goal of <i>Safer Choices</i> is to help them protect themselves from HIV, other STDs and pregnancy by choosing not to have sex or by <b>using latex condoms, alone or along with another method of protection</b>, correctly every time during sex.” (Facilitator Manual, p. 98)</p> <p>Examples of Personal Limits: “Using latex condoms every time during sex; Refusing to have sex without using a condom; <b>Using latex condoms along with another method of protection</b> every time if having sex.” (Facilitator Manual, p. 107)</p>

“Add that **using a latex condom along with contraceptive foam, cream or jelly** offers even greater protection from pregnancy than using a latex condom alone.” (Facilitator Manual, p. 143)

“For pregnancy risk, **seek emergency contraception** as soon as possible after unprotected sex. It works best in the first 72 hours but can reduce risk of pregnancy for up to 5 days after unprotected sex.” (Facilitator Manual, p. 145)

“Ask students to report on the services available at each of the clinics they called or visited. As they describe the services for each clinic, make a check mark or put a ‘Y’ for yes or ‘N’ for no in the appropriate columns.” (Facilitator Manual, p. 163)

***Note:** One of the columns is labeled ‘Other’, which could easily open the discussion to abortion services.*

“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. 205)

“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. 206)

“The **Implant is an approved method for young women**, including teens.” (Facilitator Manual, p. 208)

“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 day.” (Facilitator Manual, p. 208)

“Depo-Provera® is **extremely effective at preventing pregnancy** (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. 209)

“The birth control pill is **more than 99% effective at preventing pregnancy** 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. 210)

“The patch and the ring are more than 99% effective in preventing pregnancy when they are used correctly ... For many, **these methods are convenient and**

	<p><b>don't interfere with the spontaneity of a sexual relationship.”</b> (Facilitator Manual, p. 211)</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. 214)</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 STDs.” (Facilitator Manual, p. 216)</p> <p>“<b>Emergency contraception (EC)</b> is a method that reduces the risk of pregnancy after unprotected sex.” (Facilitator Manual, p. 218)</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. 218)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>Our Media Campaign Worksheet: “What type of media are you planning to use? What message are you promoting? How are you going to get your message across? What are you going to say? <b>How are you going to present your campaign to the class?</b>” (Student Workbook, p. 43)</p> <p>“<b>Peer leaders are trained to help facilitate certain classroom activities</b> (e.g., leading small-group role-playing).” (Facilitator Manual, p. x)</p> <p>“Young people on the Peer Resource Team meet with an adult peer coordinator to <b>plan and host school-wide activities designed to alter the normative culture of the school.</b>” (Facilitator Manual, p. x)</p> <p>“To <b>capitalize on peer modeling</b>, the curriculum uses student Peer Leaders as facilitators for selected activities.” (Facilitator Manual, p. 3)</p> <p>“Teacher note: One of the unique features of <i>Safer Choices</i> is the Peer Leader 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>“Before class, <b>Peer Leaders write role play scenes</b> for use in the Real Situations activity.” (Facilitator Manual, p. 115)</p> <p>“Teacher Note: Sometimes students complain that the language and/ or situations in the role plays don't seem ‘real.’ If this is the case, you may want to adapt the role play scripts. You can ask Peer Leaders or the class to review the scripts and <b>suggest ways to make the situation or language more relevant to</b></p>



	<p><b>the circumstances teens face</b> in their community and their ways of expressing themselves.” (Facilitator Manual, p. 120)</p> <p>Class 9 Synopsis: “<b>Students discuss media influences</b>, then work in small groups to develop media messages that promote ways teens can protect themselves from HIV, other STDs and pregnancy.” (Facilitator Manual, p. 173)</p> <p>“Explain that each group represents an advertising agency whose client wants an exciting new ad campaign promoting responsible sexual behavior. The client wants them to develop media messages that <b>promote ways teens can protect themselves from HIV, other STDs and unintended pregnancy.</b>” (Facilitator Manual, p. 179)</p> <p>“Tell students their advertisements must promote one of these options.</p> <ul style="list-style-type: none"> <li>• Positive aspects of choosing not to have sex (the SAFEST choice)</li> <li>• <b>Positive aspects of using condoms and other methods of protection</b> to prevent HIV, other STD and pregnancy (a SAFER choice)” (Facilitator Manual, p. 179)</li> </ul>
<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>“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>“Explain that students will <b>answer the questions for themselves first.</b> Then they will interview their parents/ guardians (or another adult) using the same 3 questions.</p> <ul style="list-style-type: none"> <li>• When is it OK for a person to have sex?</li> <li>• What are some of the things people should think about before deciding whether or not to have sex?</li> <li>• What are your beliefs about teens using condoms or other types of contraception?” (Facilitator Manual, p. 166)</li> </ul> <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. 205)</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,</i></p>	<p>“In most states, teens can be tested [for STDs/HIV] <b>without getting parents’ permission</b>, and test sites will not give the results to parents or other adults. Teens should <b>call the test site beforehand to find out what the policies are.</b>” (Student Workbook, pp. 32-33)</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><i>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>“Review the letter and permission slip with students and instruct them to give the letter to their parents that night. Tell students that if their parents do <i>not</i> want them to participate, <b>they must sign the form and return it to you</b>. 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 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. 24)</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>Students are asked the following: “What do you think about teens being tested for HIV, other STDs and pregnancy <b>without their parents’ consent?</b>” (Facilitator Manual, p. 159)</p> <p>“Ask students how old a person must be to obtain services at the clinics <b>without parental consent</b>. Clarify that <b>teens can obtain many services without parent/guardian permission</b>, such as HIV, other STD and pregnancy testing, or access to condoms and other birth control.” (Facilitator Manual, p. 164)</p> <p>“In most states, <b>teens can consent to STD testing without parent permission</b>. However, to be sure, teens should call the clinic or doctor's office beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.” (Facilitator Manual, p. 228)</p> <p>“In most states, <b>teens can consent to pregnancy testing without parent permission</b>. However, to be sure, teens should call the clinic or doctor's office beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.” (Facilitator Manual, p. 230)</p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></p> <p><i>Refers children to harmful websites, materials or outside</i></p>	<p>Homework: Visit or Call a Clinic – <b>Students are to gather the following information on a local family planning clinic:</b></p> <ul style="list-style-type: none"> <li>• Name, address, phone number and hours</li> <li>• Services available at this clinic (STD/HIV/pregnancy testing, STD treatment, birth control services, other)</li> <li>• Cost of routine exam/consultation</li> </ul>

entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)

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

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

- Confidentiality policy
- How comfortable was the visit and why
- Would they recommend this clinic to a friend

(Student Workbook, p. 9)

Homework: The Way to the Clinic – **Students are to gather the following information on a local family planning clinic:**

- Name and address
- Bus or train route number to get there
- Where you get on and off the bus
- Any applicable bus transfers
- How far do you have to walk to the clinic from the bus stop
- Describe the route by car or bike from school to the clinic

(Student Workbook, p. 10)

Class 8 Objectives: “Describe how to find clinics using existing resources such as the phone book or a directory; **Identify places where people can get tested and treated for STDs, including HIV, and/ or obtain reproductive services.**”

(Facilitator Manual, p. 155)

“Have students brainstorm a list of people and **places that might be resources for them.** Remind them that in brainstorming all ideas are accepted, and no judgment is made about whether the idea is right or wrong, good or bad. List students' responses on the board. (Examples: websites, hotlines, an app, the library, a school nurse or counselor, a family friend who is in the medical field, a health department clinic, a community clinic, **Planned Parenthood**, a local hospital clinic, a school-based clinic.)” (Facilitator Manual, p. 161)

“Explain that the Internet, phone books and local resource directories can be used for locating clinics or hotlines. Using a phone book and a local health service resource directory, **demonstrate how to find listings of clinics or hotlines.** If your classroom has computer access, **demonstrate how to search for clinics and hotlines online.**” (Facilitator Manual, p. 162)

“Ask students for the **cost of a routine examination or consultation** at the clinics they called or visited. Write the range of costs for each clinic.” (Facilitator Manual, p. 163)

“**Probe for information regarding** what the clinic looks like inside; **how it operates** (What does a person do to make an appointment? Do staff take people who don't have appointments? What does a person do first?); and what the staff people are like (friendly, not friendly, willing to answer questions).” (Facilitator Manual, p. 164)

“Explain to students that sex and sex appeal are among the more common approaches used in the media. **Ask students to share some examples** of songs, television shows, movies or advertisements **that use sex to sell a product or include sexual messages.** (Note: This was part of students' homework from Class 8. If students do not have examples, use the examples you identified as part of

the Preparation for this lesson.)” (Facilitator Manual, p. 176)

**Note:** *An exercise like this can open the door for pornography to be brought into the classroom. Many magazine and other print advertisements feature pornographic images that are inappropriate for minors. Encouraging them to go out and find this material is irresponsible.*

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