

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of *Safer Sex Intervention* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [8 OUT OF 15]

Safer Sex Intervention contains [8 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: From the User's Guide: "The program is appropriate for use in clinics or community-based organizations led by a female health educator. This individualized intervention was designed to be delivered at the time of STI diagnosis/treatment, when the participant is most likely to be contemplating her diagnosis relative to her sexual risk behaviors. The intervention is administered one-on-one and face-to-face using one of two discrete 30- to 50-minute sessions." (p. 1) The publisher also recommends that this program only be used with young women who are already sexually active.

Target Age Group: 13-23 years old

Planned Parenthood Connections: None found

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>"What are some things you can do with a boyfriend that won't infect you or make you pregnant?' Points to cover: Kissing, petting, touching each other with your clothes on, or other activities that do not include genital-to-genital contact, oral-to-genital contact, genital-to-anal contact, or the exchange of bodily fluids (including blood, semen, and vaginal secretions); The relative risks of oral and anal sex" (Facilitator Manual, p. 15 and p. 28)</p> <p>Question to Start: "How have things been going since we last talked with you practicing safer sex? Have you had sex since the last time we talked? Have you been using condoms every single time you have sex?" (Booster Session, p. 2)</p>

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

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

2. TEACHES CHILDREN TO CONSENT TO SEX

May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.

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

“Whenever possible, **solicit real-life risky situations or situations from the individual to use for role-play activities.** You may find it necessary to suggest a trigger or problem identified to get the process started. Practicing newly-learned skills is a critical piece of *SSI*. The activities are designed to encourage participants to **hear themselves practicing safer sex** or no sex as they play the scene.” (User’s Guide, p. 11)

Role play introduction: “The participant, as herself, has decided she wants to use a condom every time she has sex. The educator, acting as the partner, needs to be convinced. **Ask the participant to begin by asking you, acting as her sexual partner, to use a condom.** Encourage her to have a reply for you and suggest the italicized responses below, if she has trouble. Have her repeat the request to use condoms before each exchange.” (Facilitator Manual, p. 30)

Role play introduction: “The participant, as herself, has decided she wants to use a condom every time she has sex. The educator, acting as the partner, needs to be convinced.” (Booster Session, p. 2)

Role play script:

- “Educator: You don’t trust me.
- Participant: **I trust you to use a condom;** It’s not a matter of trust, it’s a matter of health; It’s important to me that we’re both protected.” (Facilitator Manual, p. 30 and Booster Session, p. 3)

Role Play script:

- “Educator: But I love you. We don’t have to use condoms.
- Participant: **I love you enough to use condoms;** Being in love can’t protect us against AIDS; I love you, too. We still need to use condoms.” (Facilitator Manual, p. 30 and Booster Session, p. 3)

Role Play script:

- “Educator: Condoms aren’t romantic.
- Participant: Worrying about AIDS isn’t romantic. With condoms, we don’t need to worry; Just give me those condoms, and **I’ll show you how romantic they can be!**” (Facilitator Manual, p. 30 and Booster Session, p. 3)

Role Play script:

- “Educator: But we’ve never used a condom before.
- Participant: I want to take better care of myself, starting now, and starting with using condoms; **I want to start using condoms so we’ll be safer;** We can still prevent future infections.” (Facilitator Manual, p. 31 and Booster Session, p. 3)

Role Play script:

- “Educator: We’re not using condoms, and that’s it.

	<ul style="list-style-type: none"> Participant: Then we're not having sex; I don't have sex without condoms." (Facilitator Manual, p. 31 and Booster Session, p. 3)
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>"Very good chance of infection if she is having sex – vaginal, oral, or anal – without a condom" (Facilitator Manual, p. 7 and p. 21)</p> <p>Condom definition: "A sheath that is fitted over the entire erect penis before any sexual contact between genitals and collects the semen, thereby preventing the transfer of semen into the vagina, anus, or mouth." (Handouts, p. 1 and Facilitator Manual, p. 34)</p>
<p>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>Role Play script:</p> <ul style="list-style-type: none"> "Educator: Condoms aren't romantic. Participant: Worrying about AIDS isn't romantic. With condoms, we don't need to worry; Just give me those condoms, and I'll show you how romantic they can be!" (Facilitator Manual, p. 30 and Booster Session, p. 3)
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual</i></p>	<p>No evidence found.</p>

<p><i>addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>Recommended materials: “Condoms (male and female), lubricants, paper towels and/or hand wipes, and male and female anatomical models. You may also want to give participants condoms at the conclusion of the intervention.” (User’s Guide, p. 4)</p> <p>“Both SSI intervention modules, Precontemplation and Contemplation, include hands-on practice with male and female condoms, using anatomical models, in addition to STI transmission information.” (User’s Guide, p. 9)</p> <p>“The program package includes 10 condom key chains, given to participants at the end of the ‘Condoms’ section of both modules... The package also includes 10 copies of an animated flip book entitled ‘Proud Pete’ to be handed out to each participant at the conclusion of the session. The book offers a humorous, no-word format approach to correct condom use.” (User’s Guide, p. 10)</p> <p>“There are a few additional materials you will need to implement this program: most should be available in your milieu. They include:</p> <ul style="list-style-type: none"> • A penis model, condoms, water-based lubricants, and (optional) hand wipes. • A female anatomical model, female condom, water-based lubricant and optional hand wipes. (User’s Guide, p. 10) <p>How to use a condom:</p> <ul style="list-style-type: none"> • “Use a new, latex condom before each sex act • Read expiration date written on packet • As soon as the penis is hard (erect), and before any sexual contact (vaginal, anal, or oral)... <ul style="list-style-type: none"> ○ Open the packet making sure not to tear the condom ○ Squeeze the tip of the condom as you place it onto the penis ○ Roll the condom down the penis; leave ½ an inch at the tip • Soon after sex, while the penis is still hard, hold condom at base of the penis as you withdraw • Tie the used condom in a knot and throw it in the trash • Avoid further sexual contact until you wash sex organs • Remember, use a condom <i>every time you have sex</i>” (Handouts, p. 1 and Facilitator Manual, p. 34) <p>“Other points to emphasize:</p> <ul style="list-style-type: none"> • Check the expiration date on the condom package. • Don’t tear the package with fingernails or teeth. • Have participant demonstrate for you with the penis model and a new condom.” (Facilitator Manual, pp. 11-12 and p. 25)

	<p>“Using the female anatomical model, show how to use the female condom.” (Facilitator Manual, p. 12)</p> <p>“Offer her a Condom Key Chain.” (Facilitator Manual, p. 12 and p. 25)</p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>No evidence found.</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “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>“Wheel of Change:</p> <ul style="list-style-type: none"> • Precontemplation: I am not at risk for sexually transmitted diseases, so I do not need to do things to prevent them (such as using a condom every time I have sex or not having sex at all). • Contemplation: I think I am at risk for sexually transmitted diseases and I am thinking about practicing safe sex soon. • Determination: I know ways to reduce my sexually transmitted diseases and I plan on being completely safe very soon. • Action: Within the past 6 mo., I have started doing everything I can to prevent sexually transmitted diseases. For example, I use a condom every time I have sex or I do not have sex at all. • Maintenance: I have consistently practiced safer sex for more than 6 mo. And am trying to keep it that way.” (Handouts, p. 2; Facilitator Manual, p. 33; Booster Session, p. 5) <p>“Ask participant to describe her concerns (if any) about unprotected sexual intercourse and what she would like to change.” (Facilitator Manual, p. 2)</p> <p>“What are some of the things that can happen to us as women if we have unprotected sex?” (Facilitator Manual, p. 5 and p. 19)</p> <p>“Most of the methods that you can use to prevent pregnancy still leave us exposed to the viruses and bacteria that cause STIs. Other than abstaining from intercourse, STIs can only be prevented with barrier methods, like condoms, that prevent the sperm from getting into the vagina, anus or mouth in the first place.” (Facilitator Manual, p. 9 and p. 23)</p> <p>Question asked after condom instruction video: “Do you use condoms when you</p>

	<p>have intercourse?” (Facilitator Manual, p. 11)</p> <p>Role Play introduction: “The participant, as herself, has decided she wants to use a condom every time she has sex.” (Facilitator Manual, p. 30)</p> <p>Role Play script:</p> <ul style="list-style-type: none"> • “Educator: We’re not using condoms, and that’s it. • Participant: Then we’re not having sex; I don’t have sex without condoms.” (Facilitator Manual, p. 31 and Booster Session, p. 3) <p>“Program developers stress that it is critical that all role plays end with successful resolution: employing a safer sex technique, or a no sex outcome.” (User’s Guide, p. 11)</p> <p>Questions for SSI Booster Session: “Have you been using condoms every single time you have sex?” (Booster Session, p. 2)</p> <p>“Is there anything about practicing safer sex you would like to do better?” (Booster Session, p. 2)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>No evidence found.</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental</i></p>	<p>Other names given for condoms: “Condom, rubber, glove, jimmy hat, gladbag” (Handouts, p. 1 and Facilitator Manual, p. 34)</p> <p>Condom definition: “A sheath that is fitted over the entire erect penis before any sexual contact between genitals and collects the semen, thereby preventing the transfer of semen into the vagina, anus, or mouth.” (Handouts, p. 1 and Facilitator Manual, p. 34)</p> <p>Why use a condom?</p>

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.

- “It’s cheap
- No prescription required
- Convenient to use
- It’s portable
- When used consistently and correctly, condoms:
 - Are highly effective in preventing the sexual transmission of HIV, gonorrhea, chlamydia, and trichomoniasis
 - Reduce the risk of genital herpes, syphilis, chancroid, and human papillomavirus only if infected areas are completely covered by the condom” (Handouts, p. 1 and Facilitator Manual, p. 34)

“What are some **ways we can prevent pregnancy?**’ ...Make sure to include: Abstinence; Periodic abstinence/Rhythm method; **Pill/Oral Contraceptive; Morning After Pill;** Patch; Vaginal Ring; Implant (Implanon); Depo-Provera (shot once every 3 months); Diaphragm; Condom; Female condom; Spermicide/Foam/Suppositories; IUD; Surgery/Sterilization for men or women” (Facilitator Manual, pp. 8-9 and pp. 22-23)

Question asked after condom instruction video: “Do you think you could **demonstrate how to put on a condom** the way you saw in the video?” (Facilitator Manual, p. 11 and p. 24)

Facilitator discusses **where participants can obtain condoms** and are told to mention: “Clinic (low cost or free); Drug stores, grocery stores, dispensaries in women’s bathroom; School health clinic.” (Facilitator Manual, p. 13 and p. 26)

Final facilitator instructions: “Give the participant a copy of ‘Proud Pete’ [condom] flip book. (Optional) **Offer the participant condoms to take with her.**” (Facilitator Manual, p. 17 and p. 32)

“Tell the participant that the **best way to talk about protection** is before getting physical with someone, and in a neutral place (not the bedroom or in a car).” (Facilitator Manual, p. 29)

“Things to add that are not in the brochure:

- **Make sure the condom is latex** (or polyurethane if allergic to latex) so the sperm won’t leak out. Other products (like natural membrane, ‘lambskin’ condoms) won’t necessarily protect you from STIs.
- Squeeze air out of the condom before rolling it on.
- When all done, tie the used condom in a knot so that the contents do not spill.” (Facilitator Manual, p. 11 and p. 25)

“Using the female anatomical model, **show how to use the female condom.**” (Facilitator Manual, p. 12 and p. 25)

Booster Session instructions: “**Have condoms** and additional copies of the brochures **available for her to take with her.**” (Booster Session, p. 1)

12. PROMOTES PEER-TO-PEER

No evidence found.

<p>SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>No evidence found.</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e.,</i></p>	<p>“Would you like some condoms and/or information to take home with you?” (Booster Session, p. 2)</p> <p>“At this point, give the participant the ‘Birth Control Choices’ brochure. Suggest that she read it after the session.” (Facilitator Manual, pp. 8-9 and pp. 22-23)</p> <p>“‘Have you ever gotten condoms yourself?’ If she answers ‘Yes,’ ‘Where did you get them from? Where are some other places you can get them?’ If she answers ‘No,’ ‘Why not? Do you feel uncomfortable buying them from a store?’ Also mention: clinic (low cost or free); drug stores, grocery stores, dispensaries in women’s bathroom; school health clinic.” (Facilitator Manual, p. 13)</p>

sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)

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

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

“(Optional) Offer the participant **condoms to take with her.**” (Facilitator Manual, p. 17)

“The program package includes 10 **condom key chains, given to participants** at the end of the ‘Condoms’ section of both modules... The package also includes 10 copies of an animated flip book entitled ‘Proud Pete’ to be handed out to each participant at the conclusion of the session. **The book offers a humorous, no-word format approach to correct condom use.**” (User’s Guide, p. 10)