

# CSE Harmful Elements Analysis Tool

## Analysis of *Teen Talk Adapted for All Abilities* 2019 Edition

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

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

*Teen Talk Adapted for All Abilities* contains 14 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:** *Teen Talk Adapted for All Abilities* is marketed as an “accessible and developmentally appropriate puberty and sexual health curriculum for students with various learning and physical capabilities” (Teacher’s Manual, p. v). In reality, it is a full Comprehensive Sexuality Education curriculum inappropriate for any group of students. This program teaches students about vaginal, oral and anal sex and gives detailed information on condom use and other methods of birth control. It promotes a spectrum of sexual orientations and teaches radical gender theory as fact. Students are also provided with extensive resources for receiving “reproductive health care,” including abortions, and informed that parental consent is not required for those services.

**Target Age Group:** Ages 10-18

**Planned Parenthood Connections:** Planned Parenthood is a recommended resource throughout this curriculum.

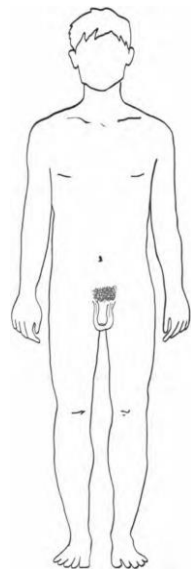
HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Nationally, by 9<sup>th</sup> grade, 24% of teens have had sexual intercourse. By the time they reach 12<sup>th</sup> grade, <b>58% of teens have engaged in sexual intercourse</b>. Nationally, among currently sexually active students (those who have had sexual intercourse in the past 3 months), 13.8% reported that <b>neither they nor their partner had used any method to prevent pregnancy</b> during their last sexual intercourse. Similarly, nationwide, among currently sexually active students, 20.6% had consumed alcohol or used drugs before their last sexual intercourse.” (Teacher’s Manual, p. vii)</p> <p>“Explain to students that you will be passing out a test <b>to see how much they know about sex</b> and sexuality and to see what they need to learn.” (Teacher’s Manual, p. 10)</p> <p>“I can talk to a current or future partner about <b>what I want to or don’t want to do sexually</b>. YES. NO. NOT SURE.” (Teacher’s Manual, p. 15)</p> <p>“Create two signs, AGREE (Thumbs up icon) and DISAGREE (Thumbs down icon), for each student in the class. Hand out a set to each student... If you agree with the sentence, then point to the AGREE (or thumbs up) sign. If you disagree with the sentence, then point to the DISAGREE (or thumbs down) sign...</p> <ul style="list-style-type: none"> <li>• People my age can <b>make good decisions about relationships and sex</b>.</li> </ul>

- I would feel OK talking to my partner about having sex.
- It's easy to use condoms **every time a person has sex.**" (Teacher's Manual, pp. 40-41)

"When you get to the slide about private body parts, use a pointer, indicate which parts of the female body need to be kept private and covered by clothes when in public. Point to the **breasts, vulva, and buttocks**. As you point to a body part, say the name out loud and **have the class repeat the name of that body part.**" (Teacher's Manual, p. 72)

"Using a pointer, indicate which parts of the male body need to be kept private and covered by clothes, for example a swimsuit, when in public. Point to the **penis, scrotum, testicles, and buttocks**. As you point to a body part, say the name out loud and **have the class repeat the name of that body part.**" (Teacher's Manual, p. 72)

"1. Pass out a copy of a full-body diagram of both the male and female body.  
2. Pass out a variety of cut-out clothes to each student and have them 'dress' the body diagram by gluing the clothes over the private parts. Make sure to stress the importance of using clean underwear before putting shorts, pants, or dresses on. For the female body, it is also important to have cut-out examples of bras that will be used to cover the breasts.  
3. As students dress each body part, **have them say the name of the body part that they are covering and why it needs to be covered.** For example, 'I am putting pants on my picture of the male body because **the penis is a private part and needs to be covered by clothes.**" (Teacher's Manual, p. 73)



(Teacher's Manual, p. 74)

"Determine if you will show the **illustrations** of variations in the **hymen and circumcised/uncircumcised penises.**" (Teacher's Manual, p. 84)

"ALL BODIES – Have sexual thoughts or dreams." (Teacher's Manual, p. 88)

“Urethra – In all bodies, this is the tube that carries urine from the bladder outside of the body. **In male bodies, the tube is also connected to the seminal vesicle to carry semen and pre-ejaculatory fluid (pre-cum) outside the body.**” (Teacher’s Manual, p. 90)

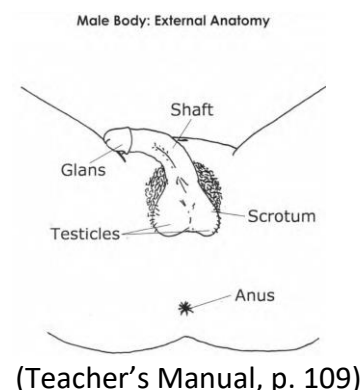
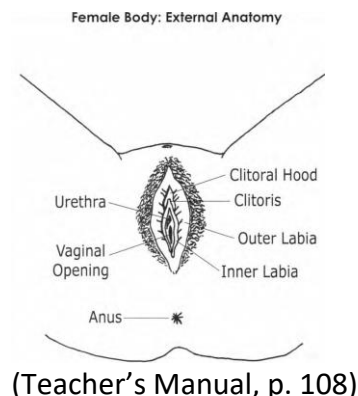
“Penis – The organ that hangs outside of the male body, above the testicles. **It is made of spongy tissues that fills up with blood when the penis gets hard or ‘erect.’** This can happen at any time, whether the body is sexually excited or not. Erections can also happen when males are asleep, and this is perfectly normal. The penis is made of a shaft and a glans (or head) at the end. **The skin on the glans is the most sensitive.** Penises come in **many different lengths and widths;** some curve to the side and some don’t.” (Teacher’s Manual, p. 90)

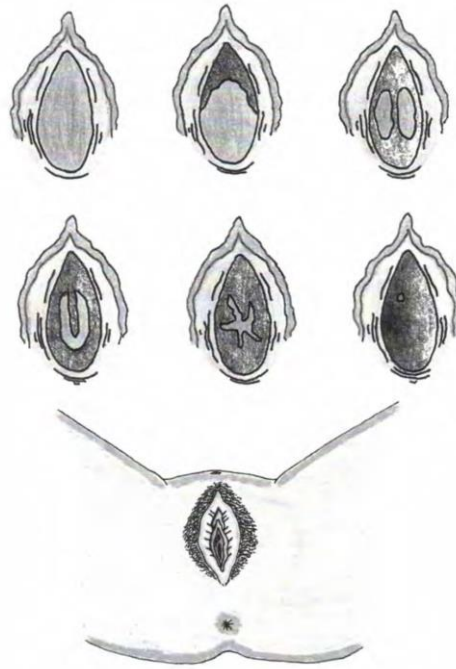
“Erection – When the tissue in the penis fills up with blood and becomes hard. **It usually occurs during sexual arousal;** however, a person can get an erection at any time...” (Teacher’s Manual, p. 90)

“Vagina – The stretchy and muscular passage that connects the outer sex organs to the cervix and the uterus. It is also known as the birth canal. Menstrual blood passes through the vagina, **and a penis is inserted here during vaginal intercourse...** When a female body is **sexually excited,** the walls of the vagina **produce fluids for lubrication.** This organ expands in width and length during arousal, sexual intercourse and childbirth.” (Teacher’s Manual, p. 91)

“Hymen – The thin piece of skin or membrane that surrounds or partially covers the opening to the vagina. Some female bodies have more skin and some have less. This skin can **stretch open or tear during first intercourse, during masturbation,** or through nonsexual activities, such as while playing sports.” (Teacher’s Manual, p. 91)

“Clitoris – A never bundle that is the most sensitive part of a female’s body. The head of the clitoris is usually about the size of a pea and is located at the top of the vulva where the soft folds of the labia meet. **When a female is sexually excited, the clitoris becomes filled with more blood than usual and become harder, similar to how the male’s penis gets erect.**” (Teacher’s Manual, p. 91)





(Teacher's Manual, p. 112)

"Circumcised and Uncircumcised Penis. Everyone's body is different. Don't judge yours by these examples. **Whether a penis is circumcised or not**, it still works the same way." (Teacher's Manual, p. 113)

## Circumcision

= removing the foreskin from a penis

Uncircumcised penis

Circumcised penis



(3.3 Anatomy, Sexual Reproductive Anatomy, PowerPoint Slide 13)

"If a male and female are trying to get pregnant, they might have what's called 'sex.' **One type of sex is when a male inserts his penis inside the vagina**, in order to get his sperm as close as possible to her eggs." (Teacher's Manual, p. 131)

"Define the four sexual behaviors for the class:

- Sexual Touching: This includes hand-to-hand contact (**hand touching a penis, vulva, or anus**) and genital skin-to-skin contact (touching or rubbing naked genitals against another person's naked genitals)
- **Oral Sex:** Using a mouth on a penis, vulva, or anus
- **Vaginal Sex:** Inserting a penis into a vagina

- **Anal Sex:** Inserting a penis into an anus.” (Teacher’s Manual, p. 133)

“Have students raise their hands to answer **whether each type of sex has a risk of pregnancy or STIs** and fill in the grid accordingly.” (Teacher’s Manual, p. 133)

“Reasons **why some teens have sex:**

- They want to know what it feels like
- They **think having sex is fun**
- They heard **it feels good**
- They think they will look cool
- They are in the mood
- They have a partner or sweetheart
- They think they are ready and mature
- They **want to lose their virginity**
- They feel pressured to have sex by their partner
- They want to fit in
- They want a baby.” (Teacher’s Manual, p. 138)

“Explain that any time a person engages in sexual behavior, they should first check-in with their own thoughts, values, and feelings. **Some people will experience attraction and arousal**, notice their five senses, and have complicated emotions. These ‘roots’ of sexual behavior originate in our brains. This is why our preferences and sexual feelings are unique to each of us. It is very normal for a person to **feel some physical signs of attraction and arousal when they think they might like someone**. Someone may experience a faster heartbeat, flushed cheeks, increased perspiration, and/or an **erection (blood rushing to the penis, causing the penis to stand up and become sensitive; or blood rushing to the clitoris and inner labia**, causing these parts to become more sensitive).” (Teacher’s Manual, p. 141)

“**Ask the class which sexual behaviors can cause pregnancy** and shade the outer ‘leaves’ of the branch accordingly.” (Teacher’s Manual, p. 142)

“Sexual Touching – The penis can release two different sexual fluids: semen and pre-ejaculate, both of which can transport sperm cells. If a **penis touches a vulva** while either of the fluids are present, sperm cells may enter the vagina. The same is true with **hand-to-vulva contact** if fluid from the penis is present on the hand. **There is no risk of pregnancy between two males or between two females who are engaging in sexual touching.**” (Teacher’s Manual, p. 144)

“SOGIE is an acronym that stands for Sexual Orientation, Gender Identity and Expression. **Every person has these identities**, not only people who are LGBTQ+.” (Teacher’s Manual, p. 166)

“Maybe you are becoming **more physically intimate by** hugging, holding hands, kissing, **making out, or having sex.**” (Teacher’s Manual, p. 189)

“What would you say if a partner did not want to use a condom? ‘Don’t worry, **it will feel good**, and no one has to know.’” (Teacher’s Manual, p. 195)

“What are some unhealthy reasons to want a relationship? Answers: e.g. you want someone to buy you presents, to be cool or popular, **just to have sex**, because all your friends are in a relationships, etc.” (Teacher’s Manual, p. 208)

“Josephine and Edgar are in high school. After high school, they both plan to go to college. **Last night while they were having sex, they used a condom, but they think it broke.** Josephine is not on any other type of birth control.” (Teacher’s Manual, p. 234)

“Chung and Isabelle are in high school, they met at a party a few months ago and **have had sex a couple of times** since they met. **Last night while having sex**, the condom broke. Isabelle is not on any type of birth control. They both feel they are not ready to have a baby since they are only in high school. **Both of them have also had sex with other people in the last couple months.**” (Teacher’s Manual, p. 244)

No Easy Decisions Scenario: “**A 16-year-old student just had sex with her boyfriend.** They used a condom, but it broke. **Now she is pregnant.** They did not know about taking Emergency Contraception to help prevent pregnancy.” (Teacher’s Manual, p. 264)

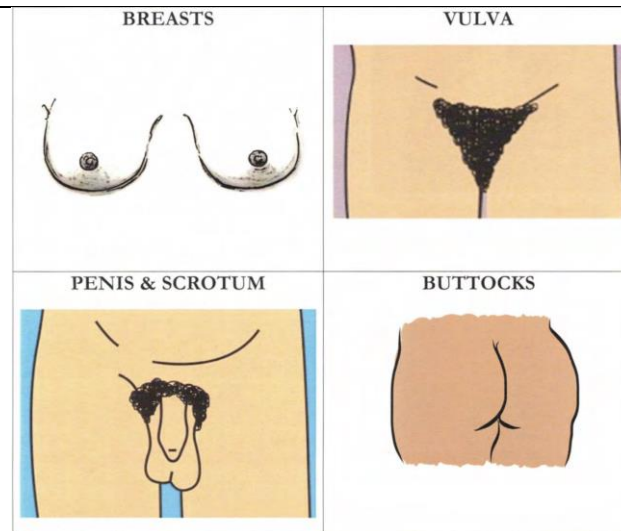
Scenario #6: “Hi, my name is Erin, Sean and I have been dating for about six months now. **We’ve held hands and kissed, but I am interested in doing more.** Sean and I have talked about our families and how we are both interested in becoming more intimate. **I think I might bring up the conversation of having sex.** What do you think?” (Teacher’s Manual, p. 333)

“My name is Megan. My boyfriend and I have been going out for over a year now and **have been talking about having sex.** Last night we went to a party, and I was feeling nervous, so I started drinking. I don’t remember much, one minute my boyfriend and I were dancing together, the next I woke up naked with him next to me. **I guess we must have had sex.** I feel really uncomfortable, and I want to cry. What should I do?” (Teacher’s Manual, p. 338)

“**It is normal for males to get erections**, even when they are not thinking sexual thoughts. (True).” (Teacher’s Manual, p. 371)

“**Sexual thoughts and feelings are common** during puberty.” (Teacher’s Manual, p. 372)

“**If a female jumps up and down after sex**, she can make the sperm come out and then the woman won’t get pregnant. False.” (Teacher’s Manual, p. 373)



(Teacher's Manual, p. 436)

**"Penis and testicles get bigger."**



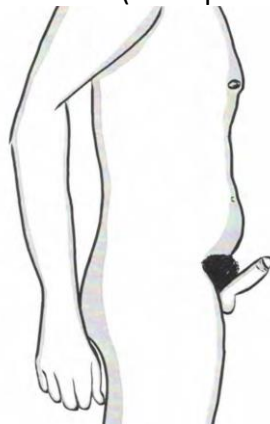
(Teacher's Manual, p. 447)

**"Having sex"**



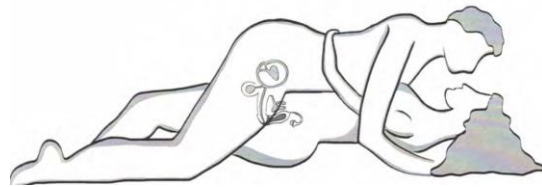
(Teacher's Manual, p. 482)

**"Erection (erect penis)"**



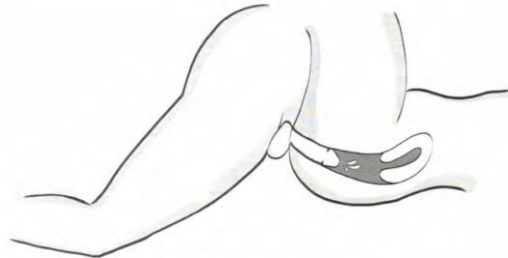
(Teacher's Manual, p. 483)

**"Sexual Intercourse (vaginal sex)"**



(Teacher's Manual, p. 484)

**"Ejaculation (penis releasing semen during sex)"**



(Teacher's Manual, p. 484)

## 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.*

"Teen Talk AAA was designed for students 10-18 years old to: ...**Increase** refusal and **negotiation skills**." (Teacher's Manual, p. vii)

"What must someone do before they have sex with someone? A. **Ask politely and wait for the 'YES'**; B. Hold hands; C. Buy them gifts; D. Not sure." (Teacher's Manual, p. 15)

**"Consent** is permission or agreement to do something, and it is **required before engaging in any sexual behavior** with a partner. If a person wants to participate in a sexual behavior, they should ask the other person for consent and listen to the answer. It is completely normal to feel a bit nervous when initiating physical contact, and someone should discuss these feelings with their partner. Partners may also have conversations about their expectations for preventing pregnancy and/or STIs, as these are two possible outcomes of sexual behavior with a partner." (Teacher's Manual, p. 142)

**"Define the word 'consent'** and explain why it is important.

- Because it shows respect for a partner's body and boundaries
- Because someone needs consent to do anything sexual with another person
- Because touching something without their permission is illegal (this is considered sexual assault)." (Teacher's Manual, p. 143)

"What would you say if a partner is **pressuring you to have sex**? 'I'm just trying to show you I love you. Don't you love me?'" (Teacher's Manual, p. 195)

**"Define consent and the importance of consent in a relationship.**

- Consent: is having permission to do something, e.g. asking for a hug and getting a yes. Remind students that **this is an ongoing conversation with their partner**, and that it is important to ask for consent for any activity. Communication is important in a relationship, so that both partners know each other's boundaries.



	<ul style="list-style-type: none"> <li>• For some students, it may be helpful to elaborate on consent and <b>discuss consent in regard to sexual activity</b>... Many things make up legal consent: <ul style="list-style-type: none"> <li>○ A person must be of legal age to consent to sex. (In the State of CA, someone must be 18 years of age or older to give consent.)</li> <li>○ <b>There needs to be affirmative consent.</b> Explicit verbal communication is the best way to give and obtain affirmative consent. For example, one person may ask, ‘Do you want to have sex?’ and their partner could reply with a verbal and enthusiastic ‘Yes.’” (Teacher’s Manual, p. 197)</li> </ul> </li> </ul> <p>“Both partners should discuss and <b>both give affirmative consent</b> before sex can happen.” (Teacher’s Manual, p. 231)</p> <p>“Depending on the age and cognitive level of your class, the video, Consent for Kids, may be shown <b>to reiterate what consent is and how to practice consent.</b> Link for the video: <a href="http://www.youtube.com/watch?v=3nhM9UIJic">www.youtube.com/watch?v=3nhM9UIJic</a>.” (Teacher’s Manual, p. 315)</p> <p>“Ask the class: What should you do <b>to ensure you have someone’s consent?</b> Ask for permission and listen to their answer! Verbally saying, ‘It’s OK if you hug me’ or ‘I would rather just give a high-five’ are ways of giving permission and agreeing on an action. Emphasize that every person has different boundaries and that’s OK, as long as everyone is respectful. That is why we <b>learn about consent and talk about personal boundaries.</b>” (Teacher’s Manual, p. 317)</p> <p>“Sexual Safety: NO means NO. Silence means NO. Always ask someone if you can touch them. <b>Wait for someone to say, ‘YES.’</b> If a person says ‘YES’ to sex after they drink alcohol or take drugs, the ‘YES’ does NOT count.” (Teacher’s Manual, p. 323)</p> <p>“True/False: <b>Before having sex, a person should talk to their partner</b> about what they are comfortable doing or not doing. Answer: True” (Teacher’s Manual, p. 361)</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>“Define the four sexual behaviors for the class:</p> <ul style="list-style-type: none"> <li>• Sexual Touching: This includes hand-to-hand contact (hand touching a penis, vulva, or anus) and genital skin-to-skin contact (touching or rubbing naked genitals against another person’s naked genitals)</li> <li>• <b>Oral Sex:</b> Using a mouth on a penis, vulva, or anus</li> <li>• Vaginal Sex: Inserting a penis into a vagina</li> <li>• <b>Anal Sex:</b> Inserting a penis into an anus.” (Teacher’s Manual, p. 133)</li> </ul> <p>“Why can’t you get <b>pregnant during oral sex?</b> There are no tubes in the body that connect the throat and the stomach to a female’s reproductive organs.” (Teacher’s Manual, p. 134)</p>

	<p>“How could somebody <b>get pregnant during anal sex</b>? The reason we include an asterisk for the risk of pregnancy from anal sex is because it is unlikely to cause a pregnancy this way but still possible... Anything that goes into the anus, including semen, must eventually come out. <b>Anal sex between a male and female</b> carries a risk of pregnancy because the female’s anus and vagina are so close together (about an inch apart), and semen could drip out of the anus and into the vagina, potentially leading to pregnancy.” (Teacher’s Manual, p. 134)</p> <p>Jeopardy question: “Name 2 types of sex. Possible answers: <b>Oral, Anal, Vaginal</b>” (Teacher’s Manual, p. 378)</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 sex.</i></p>	<p>“Teen Talk AAA emphasizes empathy for those who are often discriminated against, such as persons living with HIV, <b>transgender individuals, or those who identify as gay, lesbian, or bisexual</b>. Teen Talk AAA follows the guidelines of the American Psychological Association, which states that people do not choose their sexual orientation or gender identity (American Psychological Association, 2012).” (Teacher’s Manual, p. x)</p> <p>“Do you think it is easier or harder for <b>LGBTQ+ teens to find partners</b>? Why?” (Teacher’s Manual, p. 143)</p> <p>“Studies have shown that significant numbers of LGBTQ+ individuals have disabilities. Gender, sexual identity, and sexual orientation can be uncomfortable topics for some students to discuss, perhaps because of their personal values or understanding of what specific terms mean. As a result, <b>some students might make homophobic comments or actions and may personally be struggling with LGBTQ+ issues</b>. Remind students that homophobia of any kind will NOT be tolerated in your classroom.” (Teacher’s Manual, p. 157)</p> <p>“Attraction, which some people call <b>sexual orientation, refers to who you like or who you have a crush on</b>. Some people like men. Some people like women. Some people like both men and women. Some people like neither men nor women.” (Teacher’s Manual, p. 161)</p> <p>“<b>Sexual orientation</b> refers to a person’s sexual, romantic and/or emotional attractions to other people.” (Teacher’s Manual, p. 166)</p> <p>“<b>Heterosexual</b> refers to men who are sexually attracted to women, and women who are sexually attracted to men.” (Teacher’s Manual, p. 166)</p> <p>“<b>Gay</b> refers to people who are sexually attracted to their own gender (men attracted to other men).” (Teacher’s Manual, p. 166)</p> <p>“<b>Lesbian</b> refers to women who are gay (women attracted to other women).” (Teacher’s Manual, p. 166)</p> <p>“<b>Bisexual</b> (or bi) refers to people who are sexually attracted to two genders, typically men and women.” (Teacher’s Manual, p. 166)</p>

“**Coming out** refers to the process of letting other people know that you identify as gay, lesbian, bisexual, transgender, etc.” (Teacher’s Manual, p. 166)

“**Homophobia** is an irrational fear or hatred of non-heterosexual people based on myth, negative stereotypes, and misinformation.” (Teacher’s Manual, p. 166)

“**LGBTQ+** stands for: Lesbian, Gay, Bisexual, Transgender, Queer, etc. This acronym can often be seen with additional letters standing for Questioning, Intersex, Asexual, Pansexual, etc.” (Teacher’s Manual, p. 166)

“What does homosexual mean? – Throughout Health Connected’s curricula, we **do not use the term ‘homosexual’ because it is viewed as derogatory** by many in the LGBTQ+ community. Explain that it is a word used to describe people who are sexually attracted to their own gender, but that, today, people use the word ‘gay’ instead because homosexual can have a hurtful connotation due to its use in pathologizing people based on their sexual orientation.” (Teacher’s Manual, p. 167)

“Is it OK to say ‘queer’? What does it mean? – **Queer is an umbrella term that someone who is not heterosexual might use** if they don’t want to label themselves something so specific as ‘lesbian’ or ‘transgender.’ ‘Queer’ has been used as a derogatory term and is still used in that way sometimes. The general rule is a person can self-identify this way, but we should not place this identity onto others as it could be perceived as offensive.” (Teacher’s Manual, p. 167)

“Is being gay, lesbian, bisexual, or transgender a choice? – This question often confuses students and even other teachers. The answer is no. **The scientific community broadly supports the understanding that who an individual is attracted to is not a choice.** Who you are naturally attracted to is not a choice. Your actions, however, are your choice. Someone can be naturally attracted to others of their own gender but choose never to act on those feelings. A good question to ask is, ‘Why might someone who is gay choose to marry someone of a different gender, even if they were not sexually attracted to them?’” (Teacher’s Manual, p. 167)

“We **use the term partner** rather than boyfriend/girlfriend to be more inclusive.” (Teacher’s Manual, p. 188)

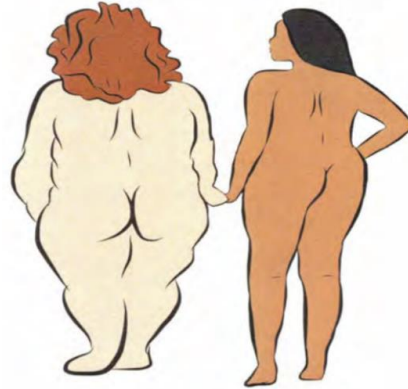
“Hi, my name is Amanda. I just met Charlie and I think she is awesome. **She makes me laugh and I think I like her more than just friends.** I asked if she wanted to grab coffee with me and she said yes! When we met up for coffee we had a great time, and she even touched my arm. While we were walking out of the coffee shop, I asked if I could hold her hand. She said yes again! It feels so nice to be this intimate.” (Teacher’s Manual, p. 337)

“Cuddling.”



(Teacher’s Manual, p. 480)

“Being naked with a partner.”



(Teacher’s Manual, p. 482)

### 5. PROMOTES SEXUAL PLEASURE

*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.*

“Adding two drops of water-based or silicone-based lubricant to the inside of the condom before putting it on **can increase sensation and comfort**. Applying lubricant to the outside of the condom also **makes vaginal and anal sex more comfortable.**” (Teacher’s Manual, p. 230)

“My name is Carla. Yesterday, when I got home from school, I began to feel tingly all over. I went into my bedroom and closed the door. **Then I started touching myself. It felt really good.** Now I feel weird about it. Is something wrong with me?” (Teacher’s Manual, p. 335)

### 6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

*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.*

“What are things you can do in a private place? – Answer: sleep, study, read, listen to music, **masturbate**, take off or change clothes.” (Teacher’s Manual, p. 79)

“ALL BODIES – **May start masturbating** (touching one’s own private body parts).” (Teacher’s Manual, p. 88)

“MALE BODIES – The testicles produce sperm and semen may be released **during masturbation** or even during sleep (called a ‘wet dream’).” (Teacher’s Manual, p. 88)

“**Hand-to-genital contact** does not commonly transmit STIs, although it is still possible.” (Teacher’s Manual, p. 144)

*May also encourage children to engage in mutual masturbation.*

“Last week, **I took a picture of myself topless and sent it to my boyfriend.** At first, I was really nervous about it, but I wanted to show him I really like him.” (Teacher’s Manual, p. 334)

“My name is Carla. Yesterday, when I got home from school, I began to feel tingly all over. I went into my bedroom and closed the door. **Then I started touching myself.** It felt really good. Now I feel weird about it. Is something wrong with me?” (Teacher’s Manual, p. 335)

“May start **masturbating** (Touching one’s own private body parts).”



(Teacher’s Manual, p. 442)

“**Touching** private body parts”



(Teacher’s Manual, p. 481)

## **7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS**

*May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.*

“Unprotected vaginal and oral sex can also be risky for passing STIs. Using a **condom or dental dam to have protected sex** greatly reduces this risk.” (Teacher’s Manual, p. 144)

“Condom Demonstration Activity

- Order class set of condom training models... It is **ideal to have anatomically correct training models**. Zucchini, bananas, or even test tubes can also be used as a substitute.
- Purchase or inquire with county Public Health Department [sic] to **have enough condoms**, one for each student.” (Teacher’s Manual, p. 214)

“Internal Condom Demonstration Activity

- **Obtain female pelvic model** from local clinic or Public Health Department... It is ideal to have anatomically correct condom training models.
- Purchase over the counter or inquire with county Public Health Department [sic] for **free internal condoms**.” (Teacher’s Manual, p. 214)

“STEP 4: Open the package with hands [sic]

- Move the condom to the side before carefully tearing down one side of the package.
- Do not use scissors or your teeth since they are sharp and be careful of fingernails.
- Be careful **not to tear the condom** as you are opening it.” (Teacher’s Manual, p. 229)

“STEP 5: Check the direction of the condom.

- Check which direction it rolls (You can visually check all the students’ condoms or ask students to check each other’s condoms to make sure they understand this step).
- The fold should go down, out, up, and in, like a sombrero, **to easily be applied to a penis.**” (Teacher’s Manual, p. 230)

“STEP 6: Pinch the tip and roll down the base of an erect penis.

- Squeeze the tip of the condom.
- While squeezing the tip with one hand, **roll the condom down the base of the penis** with the other hand.
- By squeezing the tip, a reservoir is created for the semen to be deposited. If the reservoir is not there, the semen may drip out of the condom or cause a breakage.” (Teacher’s Manual, p. 230)

“STEP 7: Remove the condom.


- After ejaculation, hold on to the base of the condom **as the penis is withdrawn from the partner’s body** to help ensure it’s not left in the partner.
- Remove the condom from the penis taking care not to spill the semen.” (Teacher’s Manual, p. 230)

“Internal condoms, sold as FC2, are also known as insertive condoms because **they go inside of an anus or vagina rather than roll onto a penis.** Sometimes they are called female condoms. However, since they can go **inside an anus** and everyone has an anus, we will refer to them as internal condoms.” (Teacher’s Manual, p. 231)

“STEP 4: Insert condom

- Open the internal condom to show the class. Explain that the internal condom is about the same length as an unrolled condom, but the width is different because it is not made to go on a penis, it is made to **line the inside of a vagina for protection.**
- While pinching the inner ring, gently insert the condom into vagina. A person can **use their finger inside the condom** to help push the ring further back underneath the pelvic bone for a more comfortable fit. The thin and strong material of the condom will adjust to the body heat to conform to the vagina.
- The outer ring of the condom should still be outside the vagina, covering part of the labia which can help with additional protection from skin-to-skin STIs.” (Teacher’s Manual, p. 231)

“We will learn the proper steps to using a condom by playing a matching game. Students will be working in groups of 3-5, by table or individually. Each group or person will receive a sheet with the condom step pictures. Using scissors, cut out all of the pictures. The goal is to place the correct pictures in the correct box on the Condom Step Grid based on the description for each step.” (Teacher’s Manual, p. 233)

1. Store condoms in a cool, dry place	2. Ask for consent!	3. Check package & expiration date	4. Open carefully with hands
			
5. Check the direction it rolls	6. Pinch tip and roll to base	7. Remove carefully without spilling	8. Tie a knot and throw into trash
			

(Teacher’s Manual, p. 237)

### 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.*

“Teen Talk AAA was designed for students 10-18 years old to:

- Increase knowledge and **decision-making capacity** about pregnancy prevention, STI protection, and birth control...
- Clarify personal values
- Increase **self-efficacy to engage in protective sexual health behaviors**
- Increase knowledge about accessing clinical services.” (Teacher’s Manual, p. vii)

“Alfonso and Noel are in high school. After high school, they have decided they would like to go to college or get good jobs. They have been dating for six months and are in a healthy, committed relationship. **They have decided they are ready to start having sex.** Both of them have had sex with other people in the past but have never been tested for STIs or HIV.” (Teacher’s Manual, p. 244)

“If a teen **decides to have a baby**, they should see a doctor for\_\_? Answer: Prenatal Care.” (Teacher’s Manual, p. 269)

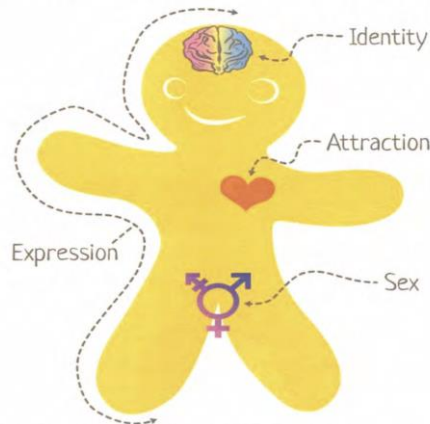
“Ahmad and Catherine are in love. They have not discussed marriage because they feel they are too young. **Recently, they decided they are ready to start**

	<p><b>having sex.</b> Catherine told Ahmad at the beginning of their relationship that she has an STI.” (Teacher’s Manual, p. 244)</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>“While abstinence is the best way to prevent a pregnancy, many methods are FDA-approved and proven to be very effective at preventing pregnancy. If students have the most up-to-date accurate medical information on birth control, they will be <b>more likely to obtain birth control and use it correctly</b>, which can lower the rates of unplanned pregnancies.” (Teacher’s Manual, p. 213)</p> <p>“Introduce today’s session by explaining to the class that <b>if someone chooses to have sex, there can be potential risks</b> involved.” (Teacher’s Manual, p. 289)</p> <p>“Use a condom or dental dam <b>every time you have sex.</b>” (Teacher’s Manual, p. 277)</p> <p>“Dental dams should be used <b>when performing oral sex on a female.</b>” (Teacher’s Manual, p. 373)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</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>“Throughout the curriculum, we <b>use the pronoun ‘they’ instead of ‘he/she.’</b> Until recently, this was not grammatically correct; however, it is now recognized as a generally accepted pronoun to ensure students of all gender identities feel included and respected.” (Teacher’s Manual, p. x)</p> <p>“Be inclusive: <b>Use nonjudgmental language.</b> Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; <b>is gay, lesbian, bisexual, transgender or intersex;</b> doesn’t know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.” (Teacher’s Manual, p. 69)</p> <p>“For this version of the activity, you will need to create three poster boards, one each with the following labels: MALE BODIES, FEMALE BODIES, and ALL BODIES. (Instructors note: Please be sensitive to students whose bodies <b>may need medical interventions to go through the puberty process.</b>)” (Teacher’s Manual, p. 86)</p> <p>“Gender Identity: Gender Identity refers to how a person feels inside. Some people feel inside like they are a man. Some people feel inside like they are a woman. <b>Some people are born with body parts that don’t match how they feel inside.</b> For example, some people may be born with female body parts, but may feel like a man inside. A person who feels this way may identify as Transgender.” (Teacher’s Manual, p. 160)</p>



**“Androgynous:** Some people may choose to express their gender with a mixture of masculine and feminine elements. This is referred to as androgynous.” (Teacher’s Manual, p. 161)

### GENDERBREAD PERSON



(Teacher’s Manual, p. 163)

“Introduce the activity by saying that **there is a difference between body parts (‘biological sex’) and how we feel (‘gender’)**. To review, use the Genderbread Person diagram... Explain this activity as a way for us to think about the different pressures that people of all genders face about the way they dress, act, and express themselves.” (Teacher’s Manual, p. 165)

“Gender identity **refers to how a person feels inside and is not physical**. It may or may not correspond to the sex assigned at birth or other sex characteristics.” (Teacher’s Manual, p. 166)

“Gender expression refers to how a person communicates their gender to the outside world. For example, a person’s appearance, dress, behavior **may present in a masculine, feminine or androgynous way**. It may or may not represent one’s gender identity.” (Teacher’s Manual, p. 166)

“Transgender refers to a person whose **gender identity does not correlate to the sex they were assigned at birth** based on their external anatomy.” (Teacher’s Manual, p. 166)

“Non-binary refers to people **who do not identify with either of the binary genders** (men and women.)” (Teacher’s Manual, p. 166)

“Gender Non-Conforming (GNC) describes when one’s gender identity or expression **does not correlate to the sex they were assigned at birth** and/or the social norms expected of them.” (Teacher’s Manual, p. 166)

“**Intersex** refers to a person who is born with physical characteristics of both male and female bodies.” (Teacher’s Manual, p. 166)

**Note:** ‘Intersex’ is often inaccurately defined as a third gender, but it is not. It is scientifically defined as a Disorder of Sexual Development.

“Transphobia is an **irrational fear or hatred of trans and GNC people** based on myth, negative stereotypes, and misinformation.” (Teacher’s Manual, p. 166)

“**LGBTQ+ stands for:** Lesbian, Gay, Bisexual, Transgender, Queer, etc. This acronym can often be seen with additional letters standing for Questioning, Intersex, Asexual, Pansexual, etc.” (Teacher’s Manual, p. 166)

“**Gender Identity** – how a person feels inside (this is different than sex, which is physical)

- Woman – How does a person know they are a woman? (e.g. they feel like a woman)
- Man – How does a person know they are a man? (e.g. they feel like a man)
- Transgender – a person whose **sex assigned at birth does not match their gender identity**. There are many different ways that people understand their trans identity. For example:
  - Trans man – a person with typical female body parts, hormones, and/or DNA who identifies as a man
  - Trans woman – a person with typical male body parts, hormones, and/or DNA who identifies as a woman
- Non-Binary – a person who **does not identify with either of the two dominant genders in our society:** ‘man’ and ‘woman.’ For example:
  - **Gender fluid** – A person who moves fluidly between different gender identities
  - **Genderqueer** – A person who does not follow or fit into traditional gender categories
  - **Agender** – a person who does not identify with any particular gender
  - **Gender neutral** – a person who does not identify with any particular gender.” (Teacher’s Manual, p. 173)

**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.*

“Which type of birth control method **helps protect against pregnancy and STIs**? A. Birth control pill. B. Condom. C. Ring. D. Not Sure.” (Teacher’s Manual, p. 15)

“Ask class ‘What is birth control?’ **Explain that we will learn about the different ways people may choose to prevent a pregnancy**, how to use each one and how effective each one is. There are many different methods of birth control that a person may use through their life to protect against pregnancy and some that also protect against sexually transmitted infections also known as STIs.” (Teacher’s Manual, p. 216)

“**Juan and Afia have had sex with other people**, so they need to use condoms to protect against STIs. Suggest they also both get tested for STIs. Since they are only 17, having a baby at this time could be difficult, so **using two methods of**

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

**birth control could be recommended**, such as hormonal method and a condom to also prevent against STIs.” (Teacher’s Manual, p. 240)

“Josephine should **take Emergency Contraception as soon as possible**, within at least 5 days for a contraceptive failure or unprotected sex; the sooner she takes it the more effective it will be. Josephine and Edgar should also discuss using an additional birth control method, such as a hormonal method, in case the condom breaks.” (Teacher’s Manual, p. 241)



(Teacher’s Manual, pp. 223-224)

“Since Ashley and Lorenzo have tested negative for STIs and are not sure if they would like to have children, **they could use any of the hormonal birth control methods if they are trying to find a birth control method besides a condom.** However, if they are not good about using condoms every time, they may not be good at using some hormonal methods such as a Birth Control Pill that requires a female to take it daily. A method that requires less attention might be better, such as the Ring, Shot, Implant, and IUD.” (Teachers Manual, p. 241)

“Giselle and Oscar are in a healthy, committed relationship and live together. Both of them have been tested for STIs and HIV and are negative. While they try to use condoms every time they have sex, sometimes they do not. **They would like to find a different birth control method they can use besides condoms.**” (Teacher’s Manual, p. 244)

“What is birth control? Answer: A method used to prevent pregnancy.” (Teacher’s Manual, p. 247)

“List one option for male bodies, all bodies, and female bodies that can be used to prevent pregnancy. Answer: Male Bodies: Condoms; Female Bodies: **Pill, Patch, Ring, Shot, Implant, and IUD**; All Bodies: Not having sex.” (Teacher’s Manual, p. 247)

“Ask the class: What is **one example of a hormonal method of birth control?** What is one example of a barrier method of birth control?” (Teacher’s Manual, p. 251)

“Note to Instructor: It is very important that instructors remain neutral on their personal views on abortion. **Abortion is controversial, and expressing one’s values on this subject may offend or hurt a student.** Teachers should NOT teach or express their own beliefs on this topic. The teacher should only teach what the legal options are for a person who is pregnant and the issues surrounding each option.” (Teacher’s Manual, p. 254)

Pregnancy option: “End the pregnancy with abortion.

- Abortion is ending a pregnancy by removing an embryo or fetus from the uterus.
- **In California, teens DO NOT need parental notification or permission to obtain an abortion. However, the majority of teens who have abortions do it with a parent’s knowledge.**
- No one can legally force another person to have an abortion **or prevent them from getting one** (including parents or partner).
- Medical Abortion – must be done within the first 10 weeks of pregnancy. The patient takes 2 medications; the first causes termination of the pregnancy and the second **causes the pregnancy to leave the uterus.** This process can take a few days and is **similar to a heavy period.**
- Surgical Abortion – although most are done in the first 12 weeks of the pregnancy, abortion is legal up to 24 weeks in California. This procedure is performed in a clinic or medical office, using a vacuum aspirator to **empty the uterus with gentle suction.** After 12 weeks, it is a more surgical procedure.
- In both types, the patient must return to the clinic for a follow-up visit.
- Both types of abortions can be paid for through Medi-Cal or Emergency Medi-Cal (in California).
- Discussion with a partner, parents, a professional, or a friend is encouraged before making a decision.
- Provide information on **local abortion providers, such as Planned Parenthood and Kaiser.**” (Teacher’s Manual, pp. 257-258)

***Note:** The above information given to students about abortion is woefully inadequate to properly inform. For example, stating that the second abortion pill “causes the pregnancy to leave the uterus” is inaccurate. A pregnancy is not an object, it is the period of time that a woman carries a pre-born child – 40 weeks for a full-term pregnancy. The unborn baby leaves the uterus. Stating that a chemical abortion is similar to a heavy period grossly understates the potential side effects that come with that procedure. Alleging that a surgical abortion “gently empties the uterus” conveniently eliminates mentioning the part of the procedure where the baby is dismembered in a way that is anything but gentle. Wording in these examples is intentionally used to present abortion as a mainstream option with few, if any, consequences to the mother.*

	<p>“Statistics to share with class: In 2011, 5% of teens age 15-19 in the U.S. became pregnant (over 550,000 in total)... 26% of those pregnancies were <b>ended with an abortion.</b>” (Teacher’s Manual, p. 258)</p> <p>“A person can <b>end a pregnancy with an ____?</b> Answer: Abortion” (Teacher’s Manual, p. 269)</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><b>No evidence found.</b></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>“Health Connected strives to ensure all young people feel confident and supported to make informed decisions about their own sexual health. This requires honest, unbiased, and medically accurate information. It also <b>requires a safe place for teens to articulate their values</b> and ample opportunities to engage with their peers and the adults in their lives about sexual health.” (Teacher’s Manual, p. v)</p> <p>“Explain that people need to <b>consider their values</b> before making decisions about sex. Healthy sexual experiences depend on trust, respectful communication, and a connection between partners.” (Teacher’s Manual, p. 141)</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 children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Name ONE local clinic where a teen can go for <b>FREE and CONFIDENTIAL sexual health services.</b>” (Teacher’s Manual, p. 15)</p> <p>“<b>Parent permission is NOT required for a minor to be excused during school hours for confidential services, which include appointments for sexual and reproductive health care.</b> Although parental notification or permission is not required for these confidential services, encourage your students to talk with a parent/ guardian/ trusted adult about their medical concerns and questions.” (Teacher’s Manual, p. 22)</p> <p>“In California, <b>teens DO NOT need parental notification or permission to obtain an abortion.</b> However, the majority of teens who have abortions do it with a parent’s knowledge.” (Teacher’s Manual, p. 257)</p>

	<p>“True/False: In many states, like CA, teens can get sexual health services at a clinic <b>without permission from their parents</b>. Answer: True (if not in CA, check out your state laws using <a href="http://teenhealthlaw.org">teenhealthlaw.org</a>.” (Teacher’s Manual, p. 63)</p> <p>Jeopardy question: “Teens <b>need permission from their parents</b> to get sexual health services at a clinic or doctor’s office. T/F. False.” (Teacher’s Manual, p. 378)</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><i>(For more information on how Planned Parenthood sexualizes children for profit see <a href="http://www.WaronChildren.org">www.WaronChildren.org</a> and <a href="http://www.InvestigatelPPF.org">www.InvestigatelPPF.org</a>)</i></p>	<p>“<b>Gay, Lesbian and Straight Education Network (GLSEN)</b> <a href="http://www.glsen.org">www.glsen.org</a> GLSEN works with instructors, policy makers, community leaders, and students to address anti-LGBT behavior and bias in schools.” (Teacher’s Manual, p. xii)</p> <p>“<b>Sex, Etc.;</b> <a href="http://www.sexetc.org">www.sexetc.org</a>; Provides information by and for teens, on a variety of sexual health issues.” (Teacher’s Manual, p. xii)</p> <p>“<b>Sexuality and U;</b> <a href="http://www.sexualityandu.ca/teachers">www.sexualityandu.ca/teachers</a>; Sexuality and U can help you teach students about puberty, contraception, STI prevention and sexual well-being with a compressive, positive approach to sexuality.” (Teacher’s Manual, p. xii)</p> <p>“<b>Sexuality Information and Education Council of the United States (SIECUS);</b> <a href="http://www.siecus.org">www.siecus.org</a>; SIECUS is the leading national nonprofit organization which affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects and disseminates information, promotes comprehensive information about sexuality and advocates the right of individuals to make responsible sexual choices.” (Teacher’s Manual, p. xiii)</p> <p>“What are some groups/organizations that can support teens who are gay, coming out, or thinking about coming out? This question provides a great opportunity to <b>refer the students to the back side of their resource lists for the LGBTQ+ resources</b>. It is also a good time to mention that Gay/Straight Alliance groups (now sometimes known as Gender/Sexuality Alliance groups) exist on many high school campuses and some middle school campuses.” (Teacher’s Manual, p. 167)</p> <p>“It is strongly advised that users of Teen Talk AAA <b>create a list of local services in their own area</b> for students receiving this curriculum. Many county departments can assist in gathering this information, as well as Family PACT: <a href="http://www.familypact.org">www.familypact.org</a>.” (Teacher’s Manual, p. 22)</p> <p>“FAQs for providers <b>on confidentiality and minor consent:</b> <a href="http://publichealth.lacounty.gov/dhsp/You/Adolescent_confidentiality_Toolkit.pdf">http://publichealth.lacounty.gov/dhsp/You/Adolescent_confidentiality_Toolkit.pdf</a>” (Teacher’s Manual, p. 22)</p> <p>“Pass out the Clinic and Resource Lists. Ask the class: What are some sexual health services a young person may receive from one of these clinics? <b>Which one of these clinics would you most likely go to?</b> If you need to go to a clinic, how would you get there? What are some qualities that would be important to you in a clinic?” (Teacher’s Manual, p. 23)</p>

“SF Peninsula Teen Clinics

- Daly City Youth Health Center; [www.dalycityyouth.org](http://www.dalycityyouth.org); (650) 877-5700; 350 90th St. (3rd Floor)
- Kaiser Teen Clinic (members only); [www.kaiserpermanente.org](http://www.kaiserpermanente.org); (650) 301-4475; 395 Hickey Blvd.
- **Planned Parenthood South SF**; [www.ppmarmonte.org](http://www.ppmarmonte.org); (877) 855-7526; 435 Grand Ave.
- **Planned Parenthood San Mateo**; [www.ppmarmonte.org](http://www.ppmarmonte.org); (650) 235-7940; 29 Baywood Ave.
- Mayview Community Health Center; [www.mayview.org](http://www.mayview.org); (650) 327-8717; 270 Grant Ave.
- Mayview Community Health Center; [www.mayview.org](http://www.mayview.org); (650) 965-3323; 900 Miramonte Ave. (2nd Floor)
- **Planned Parenthood Mountain View**; [www.ppmarmonte.org](http://www.ppmarmonte.org); (650) 948-0807; 225 San Antonio Rd.
- Lucile Packard Teen Clinic (Stanford); [www.stanfordchildrens.org/en/service/teens-and-young-adults](http://www.stanfordchildrens.org/en/service/teens-and-young-adults); 29 Baywood Ave
- Fair Oaks Health Center; [www.sanmateomedicalcenter.org](http://www.sanmateomedicalcenter.org); (650) 578-7141; 2710 Middlefield Rd.
- Kaiser Teen Clinic (members only); [www.kaiserpermanente.org](http://www.kaiserpermanente.org) (650) 299-2025; 910 Marshall Rd. (Birch Building)
- **Planned Parenthood Redwood City**; [www.ppmarmont.org](http://www.ppmarmont.org); (650) 503-7810; 2907 El Camino Real
- Sequoia Teen Wellness Center; [www.co.sanmateo.ca.us/sequoiatwc](http://www.co.sanmateo.ca.us/sequoiatwc); (650) 366-2927; 200 James Ave. (at Sequoia HS)
- Ravenswood Family Health Center; [www.ravenswoodfhc.org](http://www.ravenswoodfhc.org); (650) 330-7400; 1885 Bay Rd. (Suite A)
- Kaiser Teen Clinic (members only); [www.kaiserpermanente.org](http://www.kaiserpermanente.org); (408) 362-4740; 276 International Cir.
- **Planned Parenthood Blossom Hill**; [www.ppmarmonte.org](http://www.ppmarmonte.org); (408) 281-9777; 5440 Thornwood Dr. (Suite G)
- **Planned Parenthood Mar Monte**; [www.ppmarmonte.org](http://www.ppmarmonte.org); (408) 274-7100; 2470 Alvin Ave. (Suite 80)
- **Planned Parenthood Eastside**; [www.ppmarmonte.org](http://www.ppmarmonte.org); (408) 729-7600; 3131 Alum Rock Ave.
- **Planned Parenthood San Jose Central**; [www.ppmarmonte.org](http://www.ppmarmonte.org); (408) 287-7526; 1691 The Alameda” (Teacher’s Manual, p. 24)

“Teen Talk Resources

- General Info – [kidshealth.org/en/teens/sexual-health](http://kidshealth.org/en/teens/sexual-health)
- All About Puberty – [plannedparenthood.org/learn/teen/puberty](http://plannedparenthood.org/learn/teen/puberty)
- **AMAZE-ing Videos** – [amaze.org](http://amaze.org)
- Mobile Apps
  - They2ze – Trans-inclusive health resources
  - Refuge Restrooms – find safe and accessible restrooms
  - Awkwardornotapp.org – parent communication guide

- [Help Anytime, Any Reason – Kidshelpline.com.au/teen](http://Kidshelpline.com.au/teen)
- [Stories & Info – walkinourshoes.org](http://walkinourshoes.org)
- **LGBTQ+ Youth Initiative** – [sendtherightmessage.ca](http://sendtherightmessage.ca)
- [The Trevor Project – thetrevorproject.org](http://thetrevorproject.org)
- [Disability and Sexuality – amaze.org/video/puberty-disability-sexuality](http://amaze.org/video/puberty-disability-sexuality)
- [Legal Guide for Teens – teenhealthrights.org](http://teenhealthrights.org)
- [Judgment-free Talklineall-options.org](http://Talklineall-options.org)” (Teacher’s Manual, p. 32)

“The Genderbread Person image was produced by the website [itspronouncedmetrosexual.com](http://itspronouncedmetrosexual.com). Visit this website for more information and **updated, more advanced versions of the Genderbread Person.**” (Teacher’s Manual, p. 160)