

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 *Teen Talk High School, Grades 9-12* *2019 Edition*

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Teen Talk High School 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: *Teen Talk High School* teaches explicit sexual material to youth as young as 14 years old. Students are taught how to consent to sex and negotiate sexual situations. They learn about all methods of birth control and are given detailed demonstrations of condoms and then practice the steps on penis models. Students are taught that sexual orientation and gender identity exist on a spectrum. They also learn where to access sexual health services and abortions without parental permission. *Teen Talk High School* makes sexual behavior seem mainstream for high school students and focuses on teaching 'safer sex' while abstinence gets only a passing mention. The goal of this program, as stated in the manual, is to help students become the "sexual health leaders of their schools."

Target Age Group: 14-18 years old

Planned Parenthood Connections: Planned Parenthood is frequently recommended to students as a sexual health resource. *Teen Talk High School* is aligned to the National Sexuality Education Standards which has a member of Planned Parenthood Federation of America on their Advisory Committee.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <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</i>	<p>"Penis – The organ that hangs outside of a male body, above the testicles. It is made of spongy tissue that fills up with blood and becomes erect when the body gets sexually excited, similar to the clitoris in a female body. When fully developed penises are erect, they are usually about five to seven inches long." (p. 38)</p> <p>"Erection – When the spongy tissue in the penis fills up with blood and becomes stiff. It usually occurs during sexual arousal, but a male body can get an erection any time, even while sleeping." (p. 39)</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.

active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

“Ejaculation – When semen, usually about a teaspoon, comes out of an erect penis.” (p. 39)

“Vagina – Menstrual blood passes through the vagina, and **a penis is inserted here during vaginal intercourse**. The walls of the vagina produce fluids to clean the vagina. 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.**” (p. 39)

“Clitoris – A nerve bundle that is the most sensitive part of the female body. **It contributes to orgasm** ... When a female body is sexually excited, the clitoris becomes filled with more blood than usual and becomes harder, similar to how the penis gets erect.” (p. 39)

“Vaginal fluid – The liquid that is **produced by the walls of the vagina when sexually excited**. This fluid keeps the vagina **lubricated during vaginal sex.**” (p. 40)

“Orgasm – **The peak of sexual arousal** when all the muscles that were tightened during sexual arousal relax, causing a very pleasurable feeling. This can happen during sexual touching or sexual intercourse. It's sometimes called ‘coming.’ **During an orgasm, many people's heart rates increase, their breathing quickens,** and their blood pressure rates rise. Muscles throughout their bodies spasm, especially those in the vagina, penis, uterus, and anus. Semen may spurt out of the penis (ejaculation), and vaginal fluid may flow out of the vagina.” (p. 40)

“No Easy Decision Scenario: A 15-year-old student lives in foster care. Her boyfriend was recently put in jail for selling drugs. A couple of days after he got locked up she **finds out that she is pregnant.**” (p. 153)

“No Easy Decision Scenario: A 16-year-old high school student recently **became sexually active with her boyfriend**. They were using a condom and it broke. As a result, she is pregnant.” (p. 153)

Abuse Scenario: “She pulled me close to her and started kissing me **and doing other sexual stuff**. I didn't want to, but she said ‘good partners take care of their girlfriend's needs.’ I felt trapped. Afterward, I told her I didn't like what had happened and I didn't give her my consent. She started crying, saying **that sex was the only way she knows how to show her love,** and if we only had sex more she could trust me.” (p. 225)

Unhealthy Relationship Roleplay: “And who's always driving you and you [sic] little friends around? Me. So act like you appreciate it for once. **We hardly even have sex anymore.**” (p. 233)

Relationship Situations: “Lilly tells you: ‘**I cheated on my boyfriend** because the relationship had become so predictable and I **needed some excitement**. He never found out and I'm not sure if I should tell him.’ What advice would you give to Lilly?” (p. 258)

Relationship Situations: “Hana tells you: ‘My best friend Mia has started dating this much older guy. She's 15 and he's like 21. She says she likes him because he's more mature than the boys our age, he buys her stuff, and he has a car. I know he's been **asking her to have sex with him ...**’ What advice would you give to Hana?” (p. 258)

Relationship Situations: “Carlos tells you: ‘My friend David **has been having sex with his girlfriend**, and I know they aren’t using birth control. He **doesn’t like condoms because they don’t feel as good**, and she’s afraid to get on the pill because she doesn’t want to get fat. They are using the pull-out method instead. I just learned in health class that the pull-out method is not very effective. Should I tell him he’s playing with fire?’ What advice would you give to Carlos?” (p. 259)

Relationship Situations: “Jonah tells you: ‘My girlfriend **just told me she’s pregnant**. I am NOT ready to have a baby. What do I do?’ What advice would you give to Jonah?” (p. 258)

“You ALWAYS **have the right to**:

- Dress Sexy – Don’t assume that if someone dresses sexy, they want sex.
- Just Kiss and Touch – **Kissing, touching, or getting naked with someone** DOES NOT mean you’re definitely going to have sex. The only way to know for sure what a person is comfortable doing, is to ASK!” (p. 269)

***Note:** While the above statements are technically true, this sends the wrong message to minors by effectively encouraging them to get naked with a partner as a safe alternative to having sex.*

Sexual Violence Scenario: “On the way to my house he pulled into a side street. He said he wanted to talk a little more. He started to kiss me, which was fine at first, but then it started to go further than I wanted it to go. **He started pulling of my clothes**. I told him to stop but he didn’t seem to hear me. I got scared and started to cry. **He was on top of me and I couldn’t get him off. I froze and he raped me.**” (p. 279)

Sexual Violence Scenario: “She got closer and started snuggling against me. Her lips were pretty and it reminded me of our kiss. I felt a connection, so I leaned in and kissed her. Then things started to move quicker. She started touching my thighs and reached for my zipper, but something told me this was going too far. I pushed her hands away and said ‘don’t.’ She looked at me unconvinced and kept going. I said ‘no, really, we gotta stop.’ **She looked down at my erection and said ‘but it looks like you want it.’** I didn’t know what to say. I didn’t want to hurt her feelings by rejecting her, or risk her telling others the private things she knows about me. But I didn’t say ‘yes.’ **She kept going and put her mouth on my penis.**” (p. 281)

“Dear Dr. Lupe: I’m a 16-year-old girl, and I have been dating this guy for about two months. We’ve kissed and held hands and stuff, but so far he hasn’t tried to go further sexually. It seems like he gets excited when we are together, but it always stops. **I’d like to have sex with him**, but I think he might be gay. **Why isn’t he trying to get me to go to bed with him? I thought all guys were interested in sex all the time.** What’s wrong with him? Is something wrong with me?” (p. 303)

“Dear Dr. Lupe: I have a boyfriend, and **we have had sex**. Sometimes I feel too young and immature to be having sex, but **now that I’ve started I don’t want to stop** because I want to make him happy, and I do love him. How can I make myself feel more comfortable with having sex?” (p. 303)

“Dear Dr. Lupe: I am 17-years-old and have been in a pretty serious relationship with this guy for the last six months. **We have sex a lot, and we are very safe and responsible about it.** My boyfriend is very considerate and is interested in making sure I have a good time, but he also likes to try new things. **Lately he’s been asking for us to**

	<p>try oral sex. I just can't seem to get into it. I don't want to disappoint him or make him think I'm boring, but I don't think this is something I want to try. What should I do?" (p. 304)</p> <p>Students discuss the following song lyrics and explanations:</p> <ul style="list-style-type: none"> • “Can I hit it from the back?” – Using words like ‘hit’ and ‘pound’ and ‘take it’ for sex make it seem like sex is supposed to be rough or violent. • ‘I make her bring that ass back because I like that’ – This artist is describing a situation that, in real life, would be considered sexual assault or rape. ‘Making’ someone do something sexual because you ‘like it’ is NEVER OK. • ‘I'm the man with 12 inches she love to lick’ – 12 inches is not a realistic penis length, and both men and women agree that penis length has little to do with sexual pleasure. Some women do not like to give oral sex at all. He cannot assume that she wants to without asking first. • ‘You're freaking like a pro’ – The implication is that the woman knows what she is doing so well that she is having sex like a prostitute. This is another example of putting pressure on women to know exactly what they are doing sexually so that men will want them.” (p. 321) <p>“The average adult penis size when erect is: 5-7.” (p. 349)</p> <p>“A volunteer will stand in front of their team and place one of the anatomy cards on their forehead so that the rest of the class can see it, but the volunteer can't. The volunteer's team has 30 seconds to try and get the volunteer to guess the word... If the volunteer guesses the correct word, that team gets a point.” Words students guess include the following: Penis, hymen, clitoris, vagina, testicles, vulva, and pubic hair. (p. 363)</p> <p>Role play scenario: “Jaime and Sam are students at [Insert your school] High School and have been dating for six months. They have had sex a few times but always used a condom. They are making out in Jaime's room.” (p. 376)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“Define consent as: Active (“yes” to sex is given), based on equal power (of consent age, sober, not in a vulnerable position - awake), a choice (not pressured) and a process (on going conversations of what is okay and not okay; able to change their mind at any time).” (p. 6)</p> <p>“Partners should discuss and both give affirmative consent before sex can happen. Review what needs to take place for there to be consent.” (p. 185)</p> <p>“Write the word ‘consent’ on the whiteboard. Ask students for their own definition of what sexual consent means. Define consent as an agreement between participants to engage in sexual activity. Remind students that consent is: active, based on equal power, a choice and a process.” (p. 268)</p> <p>“You ALWAYS have the right to: Change your mind – A person can revoke their consent at any time, even during sex. If someone says ‘no’ or ‘stop’ during sex, their partner MUST stop.” (p. 269)</p> <p>“Physiological signs of arousal (e.g. erection, vaginal lubrication, increased heart rate, quickened breathing) do not always reflect someone's emotional interest in engaging in sex, and are not substitutes for affirmative consent.” (p. 270)</p>

“California State Law:

- **YES means YES.** Silence means NO. If you are unsure, ASK.
- If a person says ‘Yes’ to sex while drunk, the ‘Yes’ DOES NOT count.
- If both people are intoxicated, **the person who starts the sex** is held responsible.” (p. 271)

“**Consent is permission or a mutual agreement** to do something.” (p. 273)

Mapping My Future Worksheet: “**I will obtain consent** from my current or future partners by _____.” (p. 309)

“Jordan and Jaime have been dating for a year and have been having sex for six months. Both have had sex with previous partners as well, but neither has been tested for STIs recently. They are not consistent about condom use - sometimes they use one, sometimes they don't. Jordan has been feeling recently that condoms are really important and that they should use one every time. Jordan wants to tell Jaime about the decision, but knows that Jaime thinks that sex with condoms doesn't feel as good. **Jordan feels it's time to talk seriously about the situation.**” (p. 313)

“Lupe and Taylor have been dating for three months and have had sex a few times. Taylor enjoys it and wants to continue trying new things and experimenting with sex. Lupe was anxious about having sex in the first place and now feels like they really weren't ready and wants to take a step back and slow things down. Lupe isn't sure how to tell Taylor that they don't want to have sex anymore. Taylor feels that Lupe keeps changing their mind. **They both want to talk about their sexual relationship and what they are going to do in the future.**” (p. 313)

***Note:** Notice the gender-neutral names and use of the pronouns ‘they’ and ‘their’ in singular form. This is either to signal a relationship with a transgender individual or to set this up as a same-gender relationship.*

Teen Talk Jeopardy Question: “What needs to be present **in order for consent to take place?**” (p. 335)

“Consent is:

- **Active** – Just because a partner didn't say ‘no’ doesn't mean they have given consent. Ask, because only ‘YES’ means ‘YES.’
- **Based on Equal Power** – If someone is underage, drunk, asleep or in another vulnerable position, they cannot consent.
- **A Choice** – We must make sure our partners feel free to say ‘yes’ or ‘no’ without pressure. If we aren't willing to take ‘no’ for an answer, consent cannot happen.
- **A Process** – Consent requires ongoing conversations with lots of trust. Just because someone says yes to making out doesn't mean they want to do anything else. You can change your mind at any time.” (Session 8 PowerPoint, Slide 4)

3. PROMOTES ANAL AND ORAL SEX

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

“It is recommended to always have the penis covered **when near the vagina, anus, or mouth** to prevent getting or spreading STIs and undesired pregnancy.” (p. 71)

“Explain to the class the three types of sex that are included in the definition of ‘having sex’ are:

- **Oral Sex:** Putting the mouth on someone's penis or vulva.
- **Vaginal Sex:** Putting your penis inside of someone's vagina.
- **Anal Sex:** Putting your penis inside of someone's anus.” (p. 104)

“Withdrawal Method/Pull-Out Method: ... During **vaginal or anal sex**, the penis is removed from the **vagina or anus** before ejaculation occurs.” (p. 105)

“The internal condom ... is a soft, thin, plastic pouch that is **inserted into the vagina or anus** to catch the pre-ejaculatory fluid and semen that come out of the penis before and during sex. The inner ring should be used for vaginal sex, but **removed for anal sex.**” (p. 109)

“Condoms should be used for **oral, anal, and vaginal sex.**” (p. 110)

“Define STI: Sexually Transmitted Infection. An infection you can get through sexual intercourse or contact with an infected person (**vaginal sex, anal sex, oral sex, genital-to-genital contact**).” (p. 163)

“Latex or polyurethane barriers, such as condoms or dental dams (a cut-open condom that makes a square) can act as protection **during oral, anal, and vaginal sex.**” (p. 163)

“Applying lubricant to the outside of the condom also makes **vaginal and anal sex** more comfortable.” (p. 186)

“Internal condoms, sold as FC2, are also known as insertive condoms because they are inserted **inside of an anus or vagina** rather than roll [sic] onto a penis.” (p. 187)

“Although the internal condom is not FDA approved for **anal intercourse**, people may adapt for use during anal sex for STI protection (by removal of inner ring).” (p. 188)

“Out of the 4 following activities, which has the least risk of transmitting STIs? **Vaginal sex, anal sex, oral sex on a penis, oral sex on a vulva?** Answer: oral sex on a vulva.” (p. 194)

“True/False: A dental dam is something you can use **while performing oral sex** on a vulva to prevent STIs. TRUE.” (p. 348)

4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR

Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual

“When using this activity, keep in mind that **not all students are/will be in relationships with the opposite sex.** When appropriate, modify language to include diverse types of couples.” (p. 4)

Session 3 Goals: “Understand the diversity of sexual and gender identities and the importance of being inclusive of all gender and sexual identities; Understand that sex, gender, gender expression, and **sexual orientation** are different and each **fall on a spectrum of identities.**” (p. 81)

“**Sexual orientation describes the gender(s) to which a person is attracted.** Some definitions of sexual orientation include both sexual attraction (being interested in sexual contact with someone) and romantic attraction (being interested in having a relationship with someone), while other definitions separate out the two. Many people experience both sexual and romantic attraction together, but some may describe them as being separate (see Asexual definition for more).” (p. 89)

sex.

“**Hetero-flexible**: mostly heterosexual, but occasionally attracted to one’s own gender” (p. 89)

“**Questioning**: still figuring out attraction” (p. 89)

“**Gay**: men attracted to men, but also used as an umbrella term for anyone who is attracted to their same gender” (p. 89)

“**Lesbian**: women attracted to women” (p. 89)

“**Bisexual**: attracted to two genders (typically this is attraction to men and women)” (p. 89)

“**Pansexual**: attracted to many or all types of people” (p. 89)

“**Asexual**: experiencing little to no sexual attraction towards others” (p. 89)

“**Queer**: an umbrella term for any non-heterosexual person” (p. 89)

Abuse scenario: “I met Taylor my first day of high school. I was immediately attracted to her; she was older and had so much confidence. I've had crushes on other girls before, but never dated one. When she asked me out, I was so excited! On our date, **she said she had come out to her family as lesbian**, but they weren't supportive. It broke my heart to see how hurt she was. She thought it was best to keep our relationship a secret from our families and friends.” (p. 225)

Students role play a healthy vs. unhealthy relationship **between a gay couple**. (pp. 239-240)

Students role play a healthy vs. unhealthy relationship **between a lesbian couple**. (pp. 241-242)

Relationship Situations: “Quinn tells you: ‘My friend Bella and I have been **having sex off and on for a year**. We aren’t dating, we just have sex casually when we feel like being together. Lately I’ve been feeling guilty about it because **my parents know I’m a lesbian** but told me I should wait until I am in a committed relationship to have sex. Can we stay friends with benefits?’ What advice would you give to Quinn?” (p. 258)

“Dear Dr. Lupe: **I’m a 16-year-old lesbian**. I know my friends and family would just freak out if they knew, so I'm not out to anyone. I've even been dating the same guy for about a year as a cover. The problem is he wants to have sex. I definitely don't want have [sic] sex with him. I feel I need to keep my cover up until I go to college and can be myself. Until then, I just don't know what to say to him. **Having sex with a guy just isn't what I'm into**. What should I do?” (p. 303)

“Julie and Erica have been seeing each other ever since they met last year. Julie has told all of her family and friends that **she is lesbian**, and is a member of her school's Gay-Straight Alliance. **Erica has not told anyone that she is gay or that she has a girlfriend**. She tells people that she and Julie are ‘best friends,’ not girlfriends. Erica has been feeling uncomfortable lately because Julie keeps pressuring her to come out to her parents. Erica doesn't feel ready for this big step, and is really scared to find out how her family will react. She also feels badly because she knows it hurts Julie to keep their

	<p>love a secret. Both girls really want to talk about how they feel.” (p. 313)</p> <p>“Greg and Tony have been best friends for two years. Their friendship has grown a lot from sharing good times and supporting each other through hard times. Recently, they have both been feeling romantic towards one another. Greg and Tony are both wondering how the other feels. Greg is afraid that Tony doesn’t like him romantically because sometimes Tony talks about other guys. Tony is concerned that being romantic might mean a risk of losing a good friendship. Their feelings for each other are growing stronger, and they both want to figure out what they should do.” (p. 313)</p> <p>Teen Talk Jeopardy Question: “What does LGBTQQIA stand for?” (p. 335)</p> <p>Teen Talk Jeopardy Question: “What is the different [sic] between Asexual, Bisexual, and Pansexual?” (p. 335)</p> <p>“After you have chosen your actors, explain that the couples in the role-play could be any gender couple - it doesn't really matter because any person having sex can be at risk of STIs.” (p. 375)</p> <p>Role play scenario: “Jaime meets Jordan at a party. They have gone on a few dates and are really starting to like each other. One night they are hooking up and Jaime realizes that s/he should tell Jordan that s/he has herpes.” (p. 378)</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>“The inner labia come together to form a protective hood around the clitoris, which is a small bundle of nerve endings and erectile tissue that hardens and enlarges like the penis during arousal. This is the only organ in the human body that exists solely for the purpose of pleasure.” (p. 69)</p> <p>“When a male body is sexually aroused, the spongy tissue in the penis fills with blood. This is called an erection, and it typically happens before ejaculation.” (p. 71)</p> <p>“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.” (p. 186)</p> <p>“Each [internal] condom contains a silicone-based lubricant and can be used with oil- and water- based lubricant to increase sensation and comfort.” (p. 188)</p> <p>STI Jeopardy Question: “Your friend doesn’t use condoms because ‘they don’t feel as good.’ Give your friend 3 pieces of advice. Answer: Inform your friend about the risks of getting or giving an STI; encourage them to get tested; tell them to try different types of condoms; try different lubes; put lube in the tip of the condom.” (p. 195)</p> <p>“True/False: Females can have orgasms during sexual dreams. TRUE.” (p. 348)</p> <p>“The only body part on the human body which has no purpose other than pleasure is: Clitoris.” (p. 349)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part</i></p>	<p>“Dear Dr. Lupe: I learned in my health class that masturbation is considered healthy and normal. But I do it every day, sometimes more than once a day. Is this normal? Can you masturbate too much?” (p. 302)</p>

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.

“True/False: **If you masturbate too much** you can have health problems, such as running out of sperm. FALSE.” (p. 348)

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.

“Although teens may know where to obtain condoms, knowing how to properly use a condom **through a hands-on demo** affords students the practice with the specific steps required for proper condom usage.” (p. 159)

“Materials Needed: Condom Demonstration

- **Condom training models**, one for each student
- Condoms (e.g. lubricated and a few non-latex material condoms), **one for each student**” (p. 160)

“Materials Needed: Internal Condom Demonstration

- **Pelvic model**, one for instructor
- **Internal condom**, one for instructor” (p. 160)

“**Order class set of condom training models.** It is ideal to have anatomically correct condom training models. **Zucchini, bananas, or even test tubes** can also be used as a substitute.” (p. 160)

“**Obtain female pelvic model** from local clinic or Public Health Department ... It is ideal to have anatomically correct condom training models.” (p. 160)

“**Distribute a condom training model** and a latex condom to each student.” (p. 185)

“**Start the condom demonstration with the class:**

- Step 1: Store condoms in a cool, dry place
- Step 2: Ask for consent
- Step 3: Check the package and expiration date
- Step 4: Open the package with hands
- Step 5: Check the direction of the condom
- Step 6: Pinch the tip and roll down the base of an erect penis
- Step 7: Remove the condom
- Step 8: Tie a knot and throw it into the trash” (pp. 185-186)

“Pinch the tip and **roll down the base of an erect penis.** Squeeze the tip of the condom. As you are squeezing the tip, roll the condom down the base of the penis, do not release the pinch **until the condom is fully on the erect penis.** 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. 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.” (p. 186)

	<p>“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.” (p. 186)</p> <p>“We will learn the proper steps to using an internal condom with a female pelvic model and a real internal condom.” (p. 187)</p> <p>“Start the [internal] condom demonstration with the class:</p> <ul style="list-style-type: none"> • Step 1: Ask for consent • Step 2: Check out the package • Step 3: Open the package • Step 4: Insert condom • Step 5: Remove the condom • Step 6: Dispose of the condom” (pp. 187-188) <p>“While pinching inner ring, gently insert the condom into vagina. A person can use their finger inside of 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.” (p. 187)</p> <p>“The internal condom does not have to be removed immediately after male ejaculation. The condom should be removed prior to standing to avoid the semen from spilling out. Twist the part of the condom that is outside of the vagina to hold the semen inside. Gently remove the condom from the vagina without spilling the semen. Tie the condom in a knot to keep semen from leaking out.” (p. 188)</p> <p>“Tip: Use water-based lubrication to prevent the condom from ripping. ‘Lube’ can be found in your local drugstores/clinics.” (p. 191)</p> <p>“Dear Dr. Lupe: I am a 17-year-old-guy, and I've been having sex for a couple of months now. I don't like the way condoms feel, but I don't want to get any diseases. Is there any way to make condoms feel better?” (p. 302)</p> <p>Teen Talk Jeopardy Question: “List the steps of how to put on a condom correctly (starting from before you open package).” (p. 335)</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>“If students know where in their community then can go to for free to low-cost birth control, STI testing, pregnancy testing, etc. they will be more likely to access these services now and in the future which is beneficial for their sexual health.” (p. 3)</p> <p>“Explain to the class: You will be passing out a resource worksheet for them to keep if they have future questions regarding sexual health topics. The resource sheet details local clinics a minor of ANY AGE has the right to access for medical care related to the prevention or treatment of pregnancy.” (p. 27)</p> <p>“Ask the class: If you needed to go to a clinic, how would you get there?” (p. 27)</p> <p>“Condoms are available at most teen health clinics or can be bought at any pharmacy or supermarket.” (p. 110)</p> <p>“To get emergency contraception, a person can go to a clinic, a health care provider or a pharmacy. It is available at most clinics, and people of all ages and genders are able to</p>

	<p>buy it directly from a pharmacy without an ID or a prescription.” (p. 115)</p> <p>“Before doing the activity, it is suggested that students review: Names of clinics where they can get condoms for free.” (p. 185)</p> <p>“Tip: Use water-based lubrication to prevent the condom from ripping. ‘Lube’ can be found in your local drugstores/clinics.” (p. 191)</p> <p>“True or False: At clinics, teens can get free sexual health services such as condoms, birth control, STI testing, and pregnancy testing. TRUE.” (p. 205)</p> <p>“After visiting/calling the clinic, do you feel like you are ready for the responsibilities that come with having sex?” (p. 371)</p> <p>“Explain to class [sic] that STIs can happen to anyone who is having sex and there are many ways for people to protect themselves from STIs if they ever choose to have sex.” (p. 375)</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>“They receive information that helps them expect positive outcomes for a given behavior, like using birth control or remaining abstinent.” (p. vi)</p> <p>“What methods best help prevent against pregnancy AND many STIs? Not having sex (abstinence), condoms (if used correctly and used every time)” (p. 140)</p> <p>“Session 6 Goal: Increase the likelihood of condom use when a person decides to have sex.” (p. 159)</p> <p>“As such, it is important that teens who have sex also recognize the importance of getting tested regularly for STIs, make sure their partner is tested, and that there is communication between partners about preventing the spread of STIs.” (p. 159)</p> <p>“There have been significant advancements in the treatment and prevention of HIV over the last 30 years and students will learn that along with not having sex, reducing the number of sexual partners they have, and engaging in committed, monogamous relationships (such as marriage), there are new medications like PrEP and PEP that can also significantly reduce a person's chance of contracting HIV.” (p. 159)</p> <p>“Ask, how can someone lower the chance of getting an STI?</p> <ul style="list-style-type: none"> • Not having oral, anal, vaginal sex or genital-to-genital contact. • Latex or polyurethane barriers, such as condoms or dental dams (a cut-open condom that makes a square) can act as protection during oral, anal, and vaginal sex. • Get tested with your partner before sex. • Communicate with your partner about previous sexual experiences. • Limit your number of sexual partners.” (pp. 163-164) <p>“Ways to Stay Protected [from STIs]:</p> <ul style="list-style-type: none"> • Not having sex • Using an external or internal condom or dental dam <i>every time</i> during vaginal, anal, or oral sex” (p. 166) <p>STI Flow Chart has the following points:</p> <ul style="list-style-type: none"> • “Sex is SAFER when you know your partner’s sexual past. Have you asked?”

- List TWO questions to ask your partner **before having sex**.
- Did you **use a condom or a dental dam** every time?
- Tip: **Use water-based lubrication** to prevent the condom from ripping.
- Tip: Condoms are also a **great form of birth control!**" (p. 191)

STI Jeopardy Question: "Name 3 things you can do to lower your chance of getting an STI. Answer: Not having sex; **use condoms**; **reduce number of partners**; get tested; communicate; not use drugs and/or alcohol; **have sex with one person** who only has sex with you; be in a committed relationship (such as marriage)." (p. 195)

STI Jeopardy Question: "Name 4 things you should do before becoming sexually active with a partner. Answer: Communicate about **sexual history**, wants, needs, expectations; get tested; **get a birth control method**; get consent; think about and communicate your sexual limits." (p. 195)

"True or False: Teens who go to clinics are brave and mature for **caring about their health and their partners' health**. TRUE." (p. 205)

"True or False: **Sexually active teens** should be tested for STIs every year. TRUE." (p. 205)

Peer Refusal Scenario: "You and your partner have been dating for around 2 years now. **You have had sex before**, but always with a condom. You are worried about STIs and want to keep yourself safe. Your partner has recently been complaining that none of their friends use condoms because it doesn't feel as good. Use the Be FIRM model to talk to them about **why using condoms is important to you**." (p. 295)

"What would you say **if your partner didn't want to use protection**? Imagine you are **considering having sex** with the person who is speaking:

- "You don't need to worry about STIs. I haven't been with anyone else.
- We'll just be careful, I promise nothing will happen.
- Why do you want me to get tested? Do you think I'm dirty or something?" (p. 299)

"Dear Dr. Lupe: I am 16, and I have been dating my girlfriend for six months. **We only had sex a few times** but now she missed her period and she thinks she might be pregnant. I really don't want a baby! What should I do if she is pregnant?" (p. 302)

Mapping My Future Worksheet: "Fill in the map below based off personal values and information learned during Teen Talk HS.

- I'm going to protect against STIs by _____.
- I'm going to protect against unintended pregnancy by _____.
- **The clinic I will go to is _____**, and I will get there by _____.
- I will **obtain consent from my current or future partners** by _____." (p. 309)

"Tina and John met at a dance four weeks ago. They have gone out a few times to hang out with friends, and once they stayed at Tina's house and watched a movie. **Both Tina and John have had vaginal and oral sex with other partners and are now starting to get physical with one another**. Tina is at John's house, and they are both considering how far they would like to go with one another. Both are curious as to what these steps would mean for their relationship. Are they now a couple? Are they dating? Are they just 'hooking up'?" (p. 312)

	<p>“Maria and Joel have been having sex with each other for five months. Joel has been concerned lately because even though Maria is on the birth control pill, he notices that sometimes she forgets to take the pill. He worries that the pill is going to be less effective. He doesn't know how to talk to Maria about this because he doesn't want to hurt her feelings.” (p. 313)</p> <p>Teen Talk Jeopardy Question: “What are three questions a person should ask before engaging in sex?” (p. 335)</p> <p>“Besides not having sex, which of the following contraceptive methods listed below is the only one that can protect you from many sexually transmitted infections? Answer: Latex condom.” (p. 350)</p> <p>Students choose the best birth control method for this couple: “Jose and Maria are 17 and still in high school. Each of them wants to go to college after high school. They've been going out with each other for about six months. They've decided that they want to start having sex. Both Jose and Maria have had sex with other people, but have committed to each other that they won't see anyone else while they're together.” (p. 369)</p> <p>Students choose the best birth control method for this couple: “Al and Olivia are in high school. They hooked up at a party and have been sort of seeing each other since the party and having sex. They haven't really talked about what's going on or about birth control.” (p. 369)</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>“It is also important to remind students that some men have female anatomy, some women have male anatomy, and some people have a mixture or differently developed anatomy - emphasize the difference between gender (a feeling/identity) and sex (the physical body).” (p. 35)</p> <p>“Be inclusive and deliberate in your language about the physical bodies. Make sure students understand that we are discussing biological sex and body parts, not gender. Remind students that some men are born with female anatomy, some women are born with male anatomy, and some people are born with a mixture of male and female characteristics.” (p. 38)</p> <p>“Ask students, ‘Can anyone tell us how someone with a uterus becomes pregnant?’” (p. 50)</p> <p>Session 3 Goals: “Understand the diversity of sexual and gender identities and the importance of being inclusive of all gender and sexual identities; Understand that sex, gender, gender expression, and sexual orientation are different and each fall on a spectrum of identities.” (p. 81)</p> <p>“Gender identity describes the way a person feels internally and socially.” (p. 85)</p> <p>“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.” (p. 97)</p> <p>“If a person’s gender identity aligns with the gender they were assigned at birth based on their biological sex (e.g. a man with a typical male body or a woman with a typical female body), the person is defined as cisgender.” (p. 85)</p>

“If a person's gender identity **does not align with their biological sex** (e.g. a man with a typical female body or a woman with a typical male body), the person is **defined as transgender.**” (p. 85)

“**Trans** is an umbrella category that describes anyone whose **sex assigned at birth does NOT match their gender identity.**” (p. 86)

“Trans includes transgender people (those who have transitioned from man to woman or woman to man) **as well as genderqueer and non-binary people.** Non-binary describes a person who does not fit into the typical gender binary of men and women. **Non-binary people may identify with multiple genders,** fluctuate between genders, or not identify with any particular gender category.” (p. 86)

“There are many different terms used to **describe non-binary gender identities.** Some terms may be similar but have nuanced differences to people who identify with them:

- **Gender-fluid, bigender, and pangender** all refer to a person who identifies with multiple gender categories.
- **Gender-neutral, genderless, and agender** all refer to a person who does not identify with the concept of gender.
- **Genderqueer, gender non-conforming, and gender expansive** are more terms that people use to describe their experience of being non-binary. Each person's experience of being non-binary is unique, in the same ways that each person's experience of being a man or of being a woman is unique.” (p. 87)

“Some transgender people **may use they/them pronouns.** This is **now recognized as a grammatically correct way** to refer to a person in a gender-neutral way.” (p. 87)

“Another good method is introducing yourself first, using your pronouns (e.g. ‘My name is Sally and **I use she/her pronouns**’). That way, it gives the other person the opportunity to **share their name and pronouns** as well.” (p. 87)

“SOGIE is an acronym that stands for **sexual orientation, gender identity and expression.** Every person has these identities, not only people who are LGBTQ+.” (p. 97)

“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.” (p. 97)

“Coming out refers to the process of letting other people know **that you identify as gay, lesbian, bisexual, transgender,** etc.” (p. 97)

“**Transphobia** is an irrational fear or hatred of trans and GNC people **based on myth,** negative stereotypes, and misinformation.” (p. 97)

“**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.” (p. 98)

“This scenario may also bring up questions about hormone replacement therapy (HRT) and how a physical transition may affect fertility. While it is possible to become pregnant while on or after stopping testosterone therapy, **a trans man who becomes**

	<p>pregnant should stop taking hormones during his pregnancy and receive prenatal care from a healthcare provider. For more detailed information to better answer specific questions, explore current research on transgender men and pregnancy." (p. 151)</p> <p>"True or False: A female-bodied person can get birth control at a clinic without getting a vaginal/pelvic exam. TRUE." (p. 205)</p> <p>"True or False: Male-bodied people don't need to go to clinics. TRUE." (p. 205)</p> <p>"To increase students' empathetic understanding of the situation, it is ideal to have a person who does not identify as a boy read David's Story and a person who does not identify as a girl read Michelle's Story." (p. 277)</p> <p>Teen Talk Jeopardy Question: "What is the difference between sex and gender?" (p. 335)</p> <p>Teen Talk Jeopardy Question: "What is it called when one's body parts don't match how they feel inside?" (p. 335)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>"At the end of this session, students will be able to:</p> <ul style="list-style-type: none"> • Name 3 kinds of contraception. • Describe the proper use of 1 birth control method and where to get it. • State the effectiveness rate for one birth control method and whether or not it offers protection from STIs. • Understand differences between hormonal, barrier, or behavior birth control methods." (p. 101) <p>"Preparation: Collect birth control method samples. Local clinics or various birth control method distributors may offer samples. Some methods can be purchased at local drug stores. If you aren't able to get samples of the birth control methods, you may use pictures." (p. 102)</p> <p>"Set up 10 stations around the room. Each station's tray should include a Birth Control Station card and its matching birth control method." The methods taught at these stations are the following: Not Having Sex (Abstinence); Birth Control Pills; Patch (Xulane); The Vaginal Ring (NuvaRing); The Shot (Depo-Provera); Condom; Internal Condom; Emergency Contraception; Implant (Nexplanon); IUD (Mirena/Skyla or ParaGard)" (p. 102)</p> <p>"After this activity, discuss other methods of birth control available such as: Spermicide; Sponge; Diaphragm; Cervical Cap; Withdrawal Method/Pull-Out Method; Fertility Awareness; Tubal Ligation; Vasectomy." (pp. 104-105)</p> <p>"Emergency contraception is a method of birth control taken AFTER unprotected sex ... It is NOT an abortion pill." (p. 115)</p> <p>"Emergency contraception may be obtained BEFORE ever having sex, so it will be on hand when needed." (p. 115)</p> <p>"What is the definition of Birth Control? Any method used to help reduce a person's chance of getting pregnant or causing a pregnancy. It is not JUST birth control pills." (p. 138)</p>

“Where can you get birth control?”

- Hormonal methods – teen clinics (often free or low cost)
- Condoms – most stores, pharmacies, condom dispensers, gas stations, etc.
- Emergency contraception – teen clinics or pharmacies (available without a prescription)” (p. 140)

“California Education Code requires that instructors **objectively discuss all legal options available** to a person who becomes pregnant. This lesson defines each of those options – become a parent, **abortion**, adoption, and safe surrender – and considerations an individual should be aware of for each of those options.” (p. 145)

“Note to Instructor: It is VERY IMPORTANT that instructors **remain neutral on their personal views on abortion**. Abortion is controversial, and expressing one’s own 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.” (p. 145)

“Tip: Condoms are also a **great form of birth control!**” (p. 191)

STI Jeopardy Question: “Name 2 forms of birth control that also protect against STIs. Answer: Not having sex, **condoms, internal condoms.**” (p. 195)

“True or False: **Abortion services are provided** only at certain clinics. TRUE.” (p. 205)

“Dear Dr. Lupe: I’m a guy and have been sexually active for about a year now. I’ve been hearing about all the different STIs out there and it’s making me nervous. How do I talk to someone about safe sex without having them think I have an STI? **Are condoms the only way to protect myself?** I’ve had sex without condoms before and I didn’t get any bumps or rash or anything.” (p. 303)

“Gabe and Linda have been dating and both are ready to have intercourse. Gabe has been under the impression that Linda is a virgin and is not worried about whether she might have an STI. Linda is feeling confused because last summer she did have sex with her then boyfriend, and she is afraid to tell Gabe. Linda considered not telling him at all, but decided that she really wants to be totally honest with Gabe. She figures that going to a local clinic for STI testing would also be a good time for them **to get counseling on which birth control method to use.**” (p. 312)

Teen Talk Jeopardy Question: “**What two methods can be combined** for more effective protection?” (p. 335)

Teen Talk Jeopardy Question: “**Name two of the birth control methods** that also protect from STIs.” (p. 335)

Students choose a **sexual health topic to write a poem about**. The following is given as an example: “There once was a girl **with a patch**, Whose eggs she did not want to hatch. She remembered each week, Kept her patch game on fleek. She’s in luck, her skin tone’s a match!” (p. 345)

“Please **describe the difference between a medical and surgical abortion**. Answer: A medical abortion is caused by pills within the first two months of pregnancy. A surgical abortion is a surgery that usually happens within the first three months of a pregnancy.” (p. 353)

	<p>“Name 1 clinic you could go to in this county to get this [birth control] method for free and describe the route to get there either from your home or high school.” (p. 365)</p> <p>“Each group will receive a scenario about a couple deciding which birth control method to use. You will be given 5-10 minutes to read the scenarios and decide as a group which birth control method is right for your couple. After everyone is finished we’ll talk about each couple and why you chose that method for that couple.” (p. 367)</p> <p>Students choose the best birth control method for this couple: “Clark and Erin are in high school. Erin plans to graduate and go to college to become a veterinarian. Clark is planning to travel with his brother. They had sex last night and the condom broke. Erin is not on any other birth control.” (p. 369)</p> <p>What Would I Do? Worksheet: “Subtract the age when you think it would be okay to have sex (question 6) from the age you might want a baby (question 5), and write the number here _____. This is the number of years when I might be sexually active but not wanting a child. During these years I would need to think about preventing pregnancy each time I had sex.</p> <ul style="list-style-type: none"> • What method(s) of birth control am I going to use during those years? • What would I need to discuss with my sexual partner(s) before I could use this/these method(s) of birth control? • Where would I need to go or what would I need to do to get the method(s) of birth control I would want to use? • What is the correct way to use this/these method(s)? • How do the birth control methods I would want to use prevent pregnancy?” (pp. 387-388)
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Information given by the teacher can be shared. Frame it as an opportunity for students to be sexual health leaders of their schools.” (p. 6)</p> <p>“You will be able to work in small groups of 3-4 to come up with a 2-minute presentation on a method of birth control. Each group will be graded on their creativity, use of props, and answering the questions from the Lights! Camera! Action! Presentation Guidelines.” (p. 131)</p> <p>“You ALWAYS have the right to:</p> <ul style="list-style-type: none"> • Dress Sexy – Don’t assume that if someone dresses sexy, they want sex. • Just Kiss and Touch – Kissing, touching, or getting naked with someone DOES NOT mean you’re definitely going to have sex. The only way to know for sure what a person is comfortable doing, is to ASK!” (p. 269) <p>Note: While the above statements are technically true, this sends the wrong message to minors by effectively encouraging them to get naked with a partner as a safe alternative to having sex.</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</i></p>	<p>Students stand under an ‘Agree’ or ‘Disagree’ sign and defend their positions on the following:</p> <ul style="list-style-type: none"> • “Watching pornography can negatively affect a person. • Sexting is safer than having sex. • If someone flirts with you, it means they want to have sex. • It’s easy to tell when someone wants to have sex.

<p><i>regarding sex, sexual orientation or gender identity.</i></p>	<ul style="list-style-type: none"> • A person should be in love before they have sex. • Partners should talk about sex before they engage in it. • If a person has oral sex, they are still a virgin. • It's okay to have sex in your parent's house, even if they are home. • A lot of people my age are having sex. • It's easy to use condoms every time a person has sex. • All high schools should have condom vending machines. • Sexual orientation can change over time. • In a relationship, the feminine partner gets to decide how far they will go sexually. • If a person has an STI, they should tell their partner before having sex with them. • Clinics should have to tell parents before performing an abortion on a teen." (pp. 19-20)
<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>"Some teens may be worried about their privacy around their sexual health, so teaching them that that they have the right to access services, such as birth control and STI testing, without parent permission may help certain teens be more comfortable going to a sexual health clinic." (p. 3)</p> <p>"Parent permission is NOT required for a minor to be excused during school hours for confidential services which include appointments for sexual and reproductive services." (p. 27)</p> <p>"Certain things do NOT change our attraction ... Conversion therapy – literature on psychotherapeutic and religious conversion therapies shows that there is no evidence that conversion therapy is effective in changing someone's sexual orientation. In fact, not only is it not effective, conversion therapy has also been evaluated as being unethical, professionally irresponsible, and potentially harmful and traumatizing to patients in the long run." (p. 90)</p> <p>"Do you need to be 18 or have your parent's permission to get birth control?"</p> <ul style="list-style-type: none"> • Check with your state laws (California – NO) • Condoms – NO (in all states). You cannot be carded to buy condoms." (p. 141) <p>"In California, teens DO NOT need parental notification or permission to obtain an abortion." (p. 149)</p> <p>"True or False: Clinic staff cannot tell your parents that you went to a clinic for a pregnancy test, STI test, or birth control method. TRUE." (p. 205)</p> <p>"True or False: Teens do not need their parents' permission to receive the HPV vaccine. TRUE." (p. 205)</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</i></p>	<p>Students are given a resource sheet of local teen clinics. Eight of the 18 clinics listed are Planned Parenthood locations. (p. 28)</p> <p>"Teen Talk High School Resources:</p> <ul style="list-style-type: none"> • Find PrEP Near You, www.pleaseprepme.org • General Info, www.teensource.org, www.sexetc.org, www.scarleteen.com • Birth Control Basics, www.plannedparenthood.org/learn/birth-control • Love is Respect, www.loveisrespect.org • One Love Foundation, www.joinonelove.org/relationships-101

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 and www.InvestigatethePPF.org)

- Legal Guide for Teens, www.teenhealthrights.org
- **After-Abortion Support**, www.exhaleprovoice.org
- **Gender Spectrum**, www.genderspectrum.org/explore-topics/teens” (p. 32)

“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 refer the students to the back side of their **resource lists for the LGBTQ+ resources**. 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.” (p. 98)

“**Internal condoms are available** at teen health clinics, can be bought at a pharmacy with a prescription, or bought online at fc2.us.com.” (p. 109)

“**Condoms are available at most teen health clinics** or can be bought at any pharmacy or supermarket.” (p. 110)

“**To get emergency contraception**, a person can go to a clinic, a health care provider or a pharmacy. It is available at most clinics, and people of all ages and genders are able to **buy it directly from a pharmacy** without an ID or a prescription.” (p. 115)

“Provide information on **local abortion providers, such as Planned Parenthood** and Kaiser.” (p. 150)

Teen Talk Jeopardy Question: “Name **3 clinics where a person can get tested** for STIs and/or pregnancy.” (p. 335)

“If students live within the San Francisco Bay Area, **make a class set of appropriate teen clinic list** from ‘Local Teen Clinic’ lists. If students live outside the San Francisco Bay Area, create your own local clinic list with the Local Teen Clinics template and **make copies for each student**.” (p. 371)

“Explain to students that they should complete the Clinic Adventure by either **visiting or calling a local sexual and reproductive healthcare clinic**... After students have completed the assignment, review the handout in class. Ask the following discussion questions with students:

- **How did it feel to visit/call your clinic?** Was it comfortable? Why or why not?
- After visiting/calling the clinic, do you feel like you are ready for the responsibilities that come with having sex?” (p. 371)

“Clinic Adventure Directions: Fill the worksheet **while visiting or calling a local healthcare center**.

- Name of the clinic
- Address and phone number of the clinic
- The following services are available at this clinic (check all that apply). Birth Control; Prenatal Care; STI Treatment; HIV/STI Testing; Abortion; Adoption Referrals; Counseling; Other
- Does this clinic have a confidentiality policy?” (p. 373)

“Name 2 places in this county **where a teenager could go to get tested and treated** for STI.” (p. 383)

For more information on *Teen Talk High School*, see <https://www.health-connected.org/teen-talk-high-school>.