

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 Middle School, Grades 7-8* 2019 Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [14 OUT OF 15]

Teen Talk – Middle School contains [14 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This program contains extensive explicit content for young students. Sexual scenarios from consensual to rape are discussed in depth. Students are taught details of how to use a condom and how to make condom use pleasurable and comfortable for vaginal and anal sex. Each student is given their own penis model to practice. Students also determine and write down their personal sexual limits which may or may not include abstinence. They are taught about contraception, consent, and where to find sexual health services. Students are also informed where to find contraception and abortions without parental consent.

This program uses the plural pronoun ‘they’ instead of ‘he/she’. It states numerous times that men can be born with female anatomy and women can be born with male anatomy. Students also read and discuss sexual scenarios between same-gender couples.

Target Age Group: 12-14 years old

Planned Parenthood Connections: Planned Parenthood is often referred to as a resource for these young students to receive sexual health services.

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>	“It is strongly recommended that <i>Teen Talk MS</i> be taught in mixed gender groups.” (p. viii) Students hold up a sign to show whether they agree or disagree with the following statements: “ Sex should be something special ; It’s obvious when someone wants to have sex; It’s OK to have sex with a lot of people ; People

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.

should always get tested for STIs **before having sex.**" (pp. 19-20)

Session 2 Objective: "Describe sexual and reproductive **body part functions** and locations." (p. 35)

Note: *Discussions of sexual body part functions can lead to talk of erection, ejaculation, and orgasm.*

"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. 39)

"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)

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

"Vagina – ...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." (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)

Students are given detailed, labeled **illustrations of the female and male external genitalia.** (pp. 46, 50)

The following prompts are recommended for class discussion:

- "Reasons **why teens choose to have sex**
- Reasons why teens choose not to have sex
- Ways to know for sure that **someone wants to have sex with you**
- Ways someone **knows they are ready for sex**" (p. 94)

"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)." (p. 96)

"Genital skin-to-skin contact includes touching, rubbing, or **grinding of someone's naked genitals against another person's naked genitals.** Explain to students that skin-to-skin contact means an infected area of a person's skin (ex: the genitals of a person with HPV) comes in contact with sensitive skin or an

open sore on another person. Examples of sensitive skin that may be at risk are the mouth or genitals.” (p. 104)

“Reasons **why teens choose to have sex**: They think having sex is fun; They are in the mood; They want to lose their virginity.” (p. 114)

“Reasons why teens choose to NOT have sex: Their partner is not ready and **sex is only good when both people are into it**; They don’t want their parents to find out; They are not sure of or not comfortable with their gender or sexual identity; They don’t have anywhere to do it; They are on the birth control pill, but they missed a couple of pills this month.” (p. 114)

“Ways to show affection WITHOUT having sex: Making a hickey (A hickey is essentially a bruise made from sucking on someone’s skin. Some people like hickies and others don’t...); Touching their bodies; **Touching each other’s genitals.**” (p. 115)

“Remember ... If you get an STI...

- They are very common. About 25% of all teens who have had sex will get an STI each year.
- Your partner needs to get treated too! Otherwise **they can give it to you again.**” (p. 178)

“My boyfriend and I have been dating for over a year now. I told him that I don't want to have sex until I'm married, and he accepted that. But then, a week ago, we were alone together and got a little carried away. **I allowed him to take my clothes off**, but when he tried to go further, I said ‘Let's stop, OK? I don't feel right about this.’ But he didn't stop. **He got on top of me and put his penis inside me.** As he was doing it, I was saying ‘Stop!’ but I didn't physically push him away. I was so shocked that he wasn't listening to me! Afterwards, I didn't know if I should be mad or not. We are still together, but he doesn't even think he did anything wrong.” (p. 234)

Session 11 Objective: “Explain 1 reason why someone **may choose to have sex** and choose not to have sex.” (p. 239)

“If people want to be sexual with each other but not actually have sex, **what are some sexual activities they can do with each other?**” (p. 245)

Role play scenario: “In this scene, Jordan is telling Jamie that their partner **keeps pressuring them to have sex** even though they have decided to wait. Have Jamie give Jordan some tips so Jordan is more prepared next time their partner asks to have sex.” (p. 246)

Role play scenario: “In this scene, Casey has been **trying to convince their partner to have sex**, but their partner isn't ready. Have Cameron convince Casey to stop pressuring their partner to have sex.” (p. 247)

	<p>Role play scenario: “In this scene, Sam is telling Skylar that the only way for Skylar to keep their partner is to have sex with them. Have Skylar stick up for their decision to wait to have sex.” (p. 250)</p> <p>“I’m 14 years old, and I know this guy named Blake who is also 14. We first met when we were just seven and I had recently transferred to his school. I had liked him for a while, but then at a friend’s camping party, we both got very drunk and I asked him if he’d make out with me. He said yes, and that he liked me too. After a while, we went into Blake’s tent, and he asked me if I was ready. I knew what he meant. We messed around for a little, and the last thing I remember was him putting the condom on. The next day he gave me the cold shoulder and told me we made a mistake, that things between us were going nowhere.” (p. 264)</p> <p>“My first time was when I was 15, and my boyfriend at the time was 17. We had been dating for six months when it happened. I’m not sure why I gave in, but one thing led to another and soon he asked me if I was ready, and I was, so I said yes. He was very gentle, and he pulled out before he came. First mistake: no condom. He started wanting sex every time we saw each other, and he never wanted to use a condom. After this went on for a while, I told him that we needed to slow down and be more careful by using protection. I never thought I would come across a guy who would be so against using a condom!” (p. 264)</p> <p>“We got in the backseat and began to make out again. After a while, I took one of the condoms and tried to fit it onto my penis. I had never put on a condom before, so it felt kind of awkward. But it was better than risking pregnancy, especially with a one-night stand. When I pulled my penis out afterwards, I was horrified – the condom broke! Fortunately, neither of us had STIs, and she didn’t get pregnant either. I was lucky that time, and after going through a scare like that, I’ll know better next time.” (p. 265)</p> <p>“Last year I had this friend, Mariana, who was kind of like a friend with benefits. We’d done everything but sex ... I just didn’t want to do that with her. We were watching a scary movie and making out when suddenly I felt her on top of me. She was pulling my jeans off. I said no at first, but she has such a sweet face that I eventually gave in. So, we had sex in her basement, on the couch.” (p. 265)</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</i></p>	<p>“Teen Talk MS was designed for students 12-14 years old to: Increase refusal and negotiation skills.” (p. vii)</p> <p>“Define consent as: <u>Active</u> (‘yes’ to sex is given), <u>based on equal power</u> (of consent age, sober, not in a vulnerable position – awake), <u>a choice</u> (not pressured) and <u>a process</u> (on going conversations of what is okay and not okay; able to change their mind at any time).” (p. 6)</p> <p>“Consent is permission or a mutual 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 respect their answer.” (p. 96)</p>

“consent” to sex.

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

Step 2 in condom demonstration: “Ask for consent. Partners should discuss and both **give affirmative consent before sex can happen**. Review what needs to take place for there to be consent.” (p. 182)

“Explain that **consent is when people mutually agree to do something sexual**. This requires ongoing conversations about what they would like to do together.” (p. 228)

“Ask the students to brainstorm **the things that make up legal consent**, and write them up as they are brainstormed:

- Ask: The clearest way to know whether someone wants to have sex is by asking them questions and listening to the answer. This means that someone has to ask a question, e.g. ‘Do you want to have sex?’
- ‘Yes!!!’: A person must **give affirmative consent** – it cannot be passive. Just because a person doesn’t say ‘no’ or ‘stop’ doesn’t mean they are consenting.
- Sober: Everyone needs to be sober and conscious, meaning a clear state of mind free from alcohol or drugs.
- 18+: In the State of CA, a person must be 18 years or older to give legal consent.
- No Pressure: There cannot be any pressure or force. Agreement has to be voluntary and not coerced.” (p. 229)

“Write the Be FIRM model on the board and explain to the class that standing up for oneself is a skill that can be learned and practiced in many different situations.

- **Figure out your boundaries** – the first step is to figure out your own boundaries, what you are okay doing and trying and where your limits are. Be honest and clear with yourself. If you don't know what your boundaries are, it is hard to share those with a friend or partner.
- **Inform them** – You can't expect others to know how you feel unless you tell them. Use a clear and strong voice and **tell your friend or partner what your boundaries are**.
- **Reason why** – tell them why this is important to you (e.g. "It is against my values," or "I am uncomfortable going further because I don't feel I am ready').
- **Make a suggestion** – after saying "no," recommend something else to do instead.” (p. 242)

“What is the only way to **know for sure if someone wants to have sex** or not? Answer: If they tell you.” (p. 291)

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.

Session 4 Objective: "Define **oral, anal, and vaginal sex.**" (p. 93)

Four types of sexual behavior are described:

- "Sexual Touching – This includes hand-to-genital 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" (p. 96)

"Unprotected **anal sex** can easily transmit STIs such as HIV, so it carries the greatest risk. Unprotected vaginal and **oral sex** can also be risky for passing STIs." (p. 99)

"Introduce today's session to the class by telling students we're going to discuss what **oral, anal, vaginal sex** is." (p. 104)

"Does **oral sex** count as having sex? Why or why not?" (p. 116)

Instruction for female condom use: "If using for **anal sex**, remove inner ring before inserting into anus." (p. 143)

Instruction for withdrawal: "Remove penis from vagina **or anus** before ejaculation." (p. 143)

"Ways to Stay Protected: Using an external or internal condom or dental dam every time during **vaginal, anal, or oral sex.**" (p. 164)

"While it is possible to contract an STI through sharing needles, blood transfusions, etc. the main way that they are passed is through **oral, vaginal, and anal sex.**" (p. 173)

"Applying lubricant to the outside of the condom also makes **vaginal and anal sex** more comfortable." (p. 183)

"Internal condoms, sold as FC2, are also known as internal 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." (p. 184)

"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. 185)

"Define sexually transmitted infection (STI): An infection or disease you can contract through sexual intercourse or sexual contact with another person. Contact can be **oral, vaginal, anal**, or genital-to-genital." (p. 186)

"Helpful tips: Applying lubricant to the outside of the condom also makes

	<p>vaginal and anal sex more comfortable.” (p. 190)</p> <p>“What are 2 things people can use during oral sex to help protect them from STIs? Answer: Condoms and dental dams.” (p. 289)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Teen Talk MS emphasizes empathy for those who are often discriminated against, such as persons living with HIV, transgender individuals, or those who identify as gay, lesbian, or bisexual. Teen Talk MS follows the guidelines of the American Psychological Association, which state that people do not choose their sexual orientation or gender identity.” (p. viii)</p> <p>“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)</p> <p>Session 3 Objectives: “At the end of this session, students will be able to: Define sex, gender, gender expression and sexual orientation; Describe what LGBTQ+ means.” (p. 77)</p> <p>“This session establishes a common understand and language of sexual orientation, gender identity and expression (SOGIE). This topic is presented early on in Teen Talk MS to establish a foundation of understanding of these topics throughout the rest of the course. Gender, sexual identity and sexual orientation can be uncomfortable topics for some middle school students to discuss, perhaps because of their personal values or understanding of what specific terms mean. As a result, some students might make homophobic comments or actions.” (p. 77)</p> <p>“There are four key aspects to understand – Sex, Gender, Expression and Sexual Orientation. Each of the four categories can are [sic] connected, but also distinct. Most of these identities have two opposing ends, but there are many people who tend to fall somewhere in between. It is also possible for people to identify outside of these identities.” (p. 80)</p> <p>“Biological sex falls on a spectrum, meaning there is a range. We typically discuss this spectrum as ‘Male’ ‘Female’ and ‘Intersex.’” (p. 80)</p> <p>“Attraction: There are two main types of attractions people feel: romantic and sexual. Romantic attractions are when someone feels ‘in love’ or emotionally drawn to someone. Sexual attractions are when someone feels ‘turned on’ or physically drawn to someone. The term ‘sexual orientation’ describe a person's identity associated with their sexual attractions. Sometimes people fall in love with the same people they find themselves sexually attracted to. Sometimes people fall in love with multiple genders but are sexually attracted to one gender. This is an example of when romantic and sexual attraction are not the same.” (p. 83)</p> <p>“Gay or Lesbian: This term refers to someone who is attracted to their same</p>

gender. 'Gay' can refer to men who like men, or to women who like women. 'Lesbian' typically only refers to women who like other women." (p. 83)

"Bisexual: Bi means two. This term refers to people who are attracted to two genders, typically 'men' and 'women.'" (p. 83)

"Asexual: This term refers to people who do not experience sexual attraction. This is also an umbrella term; there are many different ways that people experience asexuality. This does not mean they do not fall in love; they can want to be in a relationship that is romantic, they could want to snuggle and have intimacy, they just might not want to do anything sexual." (p. 84)

"Pansexual: Pan means any or all. This terms [sic] refers to people who can find many different people attractive, regardless of their gender or biological sex. For example, someone who is pansexual might find themselves attracted to men, women, non-binary people, trans people, gender queer people, and many more!" (p. 84)

"There is no risk of pregnancy **between male bodies when engaging in anal sex.**" (p. 99)

"There is no risk of pregnancy between **two male bodies or between two female bodies** when engaging in sexual touching." (p. 99)

"A few weeks ago, **I broke up with my girlfriend**, and to get back at me, she sent some **pictures of me topless** to all her friends. Now everyone at school has seen them, and this group of older girls has started harassing me." (p. 234)

"Note to Instructor: This activity contains true stories adapted from different people's first sexual experiences. **Stories were collected from heterosexual and gay teens and reflect their individual experiences.** Be sure to warn the students that homophobia of any kind will NOT be tolerated in your classroom and that students who do not act respectfully will be sent out." (p. 259)

Erik's scenario: "There was a huge spring break party at Paulina's house. Everyone was drinking and having a good time. **I met up with Nathan, the guy that I've been seeing for a few months now ...** We walked back into the house and found an empty bedroom. We started kissing, and before I knew it, he was putting on the condom and then we were suddenly having sex." (p. 262)

Courtney's scenario: "Lisa and I had been dating for over a year when we slept together for the first time. I had kissed a few guys before her, but **never another woman.** Let's just say that kisses from guys left me feeling bored, like there was something missing ... About 15 minutes into the movie, we started making out and decided to move upstairs to her room. I felt nervous but excited. Lisa began to move quickly, but I stopped her and said, 'We have all night. Let's take our time,' and she agreed. The next morning, I woke up next to her and **knew that being with a woman felt right to me.**" (p. 263)

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.

“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)

“I am made of sensitive tissue that protrudes from the center of where the labia minora and majora meet. Like the penis, I am **very sensitive to stimulation and can become erect during sexual arousal**. Answer: Clitoris” (p. 71)

“I fill up with blood and **become longer and harder when a male body becomes sexually excited**. Sometimes I can even grow when the body is very relaxed. Answer: Penis” (p. 71)

“Each condom contains a silicone-based lubricant and can be used with oil- and water-based lubricant **to increase sensation and comfort**.” (p. 185)

“Helpful tips:

- 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. 190)

“The only body part on either the male or female which has **no purpose other than pleasure** is: Clitoris” (p. 291)

“If your partner didn’t want to use condoms because **they don’t like how they feel**, what could you say to them?

- Try different brands of condoms
- Add more lubrication to the outside of the condom
- Add a drop of lubrication to the inside of a condom
- Try an internal condom
- Say ‘It’s not going to feel good if you get an STI.’” (p. 293)

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.

Students hold up a sign to show whether they agree or disagree with the following statement: **“It is normal to masturbate.”** (p. 19)

The following is described as one type of sexual behavior: “Sexual Touching – This includes hand-to-genital 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)” (p. 96)

“What was it like? Well, it’s difficult to describe, because I’d never really felt anything like it before. **I had masturbated before**, but sharing myself with someone I love and respect was really different and it felt so special.” (p. 262)

May also encourage children to engage in mutual masturbation.

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.

“Start explaining information with the most effective method in the center and help student fill in the remaining information by using birth control samples, a **pelvic model, and a condom training model** to explain how methods are used correctly.” (p. 122)

How the internal condom is used: “The inner ring should be squeezed and inserted into the vagina before vaginal sex. The outer ring stays on the outside of the vulva. **The penis should go into the pouch during vaginal intercourse. If the penis is removed during sex, it's important to make sure that it goes back into the pouch.** To remove, twist the outer ring to not spill semen and gently pull out the condom and dispose in the trash.” (p. 127)

Students **put the following condom use tips in order:**

- “Store in a cool, dry place
- Ask for consent
- Check package and expiration date
- Open carefully with hands
- Check the direction
- Pinch tip and roll down erect penis
- Remove carefully without spilling fluid
- Tie a knot and throw away into the trash” (p. 143)

Students **put the following internal condom use tips in order:**

- “Check expiration date
- Open carefully with hands
- If using for vaginal sex, squeeze inner ring and insert into vagina
- If using for anal sex, remove inner ring before inserting into anus
- Hold outer ring in place to make sure penis goes inside pouch
- Twist outer ring, remove carefully, and throw away into the trash” (p. 143)

Session 7 Materials Needed:

- **“Condom Training models, one for each student**
- Condoms, one for each student
- 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)

“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.
 - Check which direction it rolls.
 - The folds should go down, out, up, and in – like a sombrero, to easily be applied to a penis.
- Step 6: 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.
- 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 to not spill the semen.
- Step 8: Tie a knot and throw it into the trash.” (pp. 182-183)

“**Applying lubricant to the outside of the condom** also makes vaginal and anal sex more comfortable.” (p. 183)

“Start the **[internal] condom demonstration** with the class:

- Step 1: Ask for consent.
- Step 2: Check out the package.
- Step 3: Open the package.
- 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.
 - Pinch the inner polyurethane ring of the condom. This inner ring is not the same as the vaginal ring.
 - 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.
 - 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.
- Step 5: Remove the condom.
 - 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.

	<ul style="list-style-type: none"> • Step 6: Dispose of the condom.” (pp. 184-185) <p>“We will learn the proper steps to using a condom by playing a game. Students will be working in groups of 3-5 (or by table). Each group will receive an envelope with 11 strips of paper: 8 correct steps and 3 incorrect steps. The goal is to remove the incorrect steps, then sort the correct steps into their proper order.” (p. 189)</p> <p>“Name 2 good places to store condoms and one bad place. Possible Answers: Good places: drawer, container, loose pocket, purse, under the bed, etc. Bad places: wallet, glove compartment of a vehicle, bottom of a backpack where books can crush or pens can puncture the condom, anywhere hot, etc.” (p. 291)</p> <p>“Name 3 mistakes people commonly make when using condoms, causing them to fail:</p> <ul style="list-style-type: none"> • Using expired condoms • Ripping the condom when opening the package • Storing them incorrectly • Putting them on backwards • Using the wrong kind of lubricant (e.g. oil, lotion, etc. with latex) • Not pinching the top to remove air and leaving room for ejaculate • Using two condoms together” (p. 293) <p>This curriculum uses a film called <i>Toothpaste</i>. Two girls are debating whether to start a sexual relationship with their boyfriends, and they visit a pharmacy for ‘toothpaste,’ which is a euphemism for condoms. There is then a party with drinking, drugs, and suggestive dancing. Teens split into couples and find the bedrooms. One couple decides to wait to have sex, and the other (Christina and Bobby) has sex without using a condom. After that night, Bobby ignores Christina and won’t return her calls. Christina takes a pregnancy test which is positive. The film ends there. (p. 258)</p> <p>Note: <i>The message of the film is promoting condom use, not abstinence.</i></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>“Teen Talk MS was designed for students 12-14 years old to: Increase self-efficacy to engage in protective sexual health behaviors.” (p. vii)</p> <p>“Explain that people need to consider their values before making decisions about sex. This will help them determine what personal boundaries they do not want to cross.” (p. 96)</p> <p>“Have students write and complete the following sentence stem. Explain that his [sic] sentence will not be collected and is simply an opportunity for the students to reflect on their own decision to have sex or wait to have sex.</p> <ul style="list-style-type: none"> • If I’m with someone, I think it’s OK to _____, but not to _____.” (p. 116) <p>“Condoms are offered at teen clinics (see clinics list) and can be purchased at drug stores, pharmacies, grocery stores, and gas stations.” (p. 127)</p>

	<p>“Introduce today's session by explaining to the class that if someone chooses to have sex, there can be potential risks involved.” (p. 173)</p> <p>Session 11 Objective: “Discuss the decision-making process for having sex.” (p. 239)</p> <p>“By allowing students to think about and practice stating their sexual health values in a safe environment among peers, they will be better equipped to utilize these skills in their personal lives.” (p. 239)</p> <p>“Introduce the activity by saying that the decision to have sex or not have sex is personal and can involve many factors, including peer pressure.” (p. 245)</p> <p>“Explain to the class that the activity they will work on in class will help them identify their personal values and brainstorm ways to maintain healthy sexuality now and in their future.” (p. 255)</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>“Sexual experiences are much better when partners listen to and respect each other.” (p. 96)</p> <p>“Which methods help prevent pregnancy and protect against STIs as well? Not having sex, condom, and internal condom” (p. 132)</p> <p>The facilitator gives the following as an acronym created for the word ‘condom’:</p> <ul style="list-style-type: none"> • “Careful when handling • Over the counter • Needs lubrication • Don’t forget to use it every time you have sex • On the penis • Made out of latex or polyurethane” (p. 146) <p>Session 7 Goal: “Increase the likelihood of condom use when a person decides to have sex.” (p. 159)</p> <p>“...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>“Ways to Stay Protected: Not having sex; Using an external or internal condom or dental dam every time during vaginal, anal, or oral sex; Getting tested; Being monogamous or reducing number of sexual partners.” (p. 166)</p> <p>“What can I do to protect myself from STIs?</p> <ul style="list-style-type: none"> • Not having sex (abstinence) is the best way to avoid contracting STIs. • Using condoms correctly and consistently.

- **Communicate with your partner** about sexual experiences and STI history.
- Maintain a healthy, committed relationship, such as marriage.
- Do not have sex while under the influence of drugs or alcohol.” (pp. 177-178)

“Ways to Reduce STI Risk – How can you lower your chances of contracting an STI?

- Don’t have oral, anal, or vaginal sex, and avoid genital skin-to-skin contact
- **Always use barrier methods** (condom/internal condoms, dental dams, gloves) when having any type of sex
- **Get vaccinated** for HPV and Hepatitis B
- **Limit your number of sexual partners**
- Be in a mutually committed relationship, such as marriage
- **Communicate** with your partner about previous sexual experiences and prior infections
- **Get tested** with your partner before having sex” (p. 187)

STI Clues Activity – “I am an effective way to reduce STIs and prevent pregnancy. Possible answers include: **not having sex and condoms.**” (p. 188)

STI Clues Activity – “I am a question that would be good to **ask before having sex with someone.** Possible answers include: Do you want to have sex? When were you last tested and what were the results? Would you like to get tested with me? How will we prevent STIs and pregnancy?” (p. 188)

“The activities included, will help them practice articulating their own boundaries and negotiate their preferences **if they were to be in a relationship** using the sexual health knowledge they have acquired thus far in the course.” (p. 239)

“What are your **responsibilities to your partner in a sexual relationship?**” (p. 258)

The following checklist is provided to determine if those in given scenarios **were truly ready to have sex:**

- “Did the person have sex because they wanted to, not because they felt pressured or because they wanted to show off to their friends?
- Did the person ask their partner if they were ready? Did they know for sure that their partner also wanted to have sex?
- Did the person ask their partner about past sexual experiences? Did the couple create a plan to protect themselves from STIs?
- If a pregnancy is a possibility, did they use a birth control method every time? Did they talk about what they will do if a pregnancy occurs?
- Does the person look back at their decision to have sex with no regrets?” (p. 261)

	<p>“I'd known Dominic for a long time, but it wasn't until 11th grade that we started going out. That was two years ago, and we've been together ever since. After about a year, we both felt we wanted to have sex. We'd nearly done it anyway.” (p. 262)</p> <p>“I lost my virginity at the age of 15 with my girlfriend at the time, who was 16. We'd dated for almost six months before we decided to go all the way, even though we had explored each other's bodies before ... One day, I went over to her house and it happened. We started kissing and touching each other and spent about half an hour warming up. Then I attempted to put a condom on, but I didn't know what I was doing so I failed miserably (three times!) and I kept going soft from anxiety and nerves. We tried again a few minutes later and somehow managed to get the condom on properly. The whole thing lasted less than 10 minutes. I'm glad that I did it, and I don't regret what happened because we were safe about it and I was ready.” (p. 263)</p> <p>“The bottom line is that you need to use condoms every time you have sex.” (p. 307)</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>“...delivering the content in separate gender environments can create significant challenges for students who either do not identify with a specific gender or who are transitioning from one gender to another. California Education Code requires that school-based sexual health education programs be accessible to students of all orientations and gender identities. Providing the course in a mixed gender environment helps students of all gender identities feel included in the experience.” (p. viii)</p> <p>“Teen Talk MS emphasizes empathy for those who are often discriminated against, such as persons living with HIV, transgender individuals, or those who identify as gay, lesbian, or bisexual. Teen Talk MS follows the guidelines of the American Psychological Association, which state that people do not choose their sexual orientation or gender identity.” (p. viii)</p> <p>“Throughout the curriculum, we use the pronoun ‘they,’ instead of ‘he /she.’ 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.” (p. ix)</p> <p>“It is also important to remind students that some men have female anatomy and some women have male anatomy – this is the difference between gender (the feeling/identity) and sex (the physical body).” (p. 35)</p> <p>“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>“This session establishes a common understanding and language of sexual orientation, gender identity and expression (SOGIE). This topic is presented</p>

early on in Teen Talk MS to establish a foundation of understanding of these topics throughout the rest of the course. Gender, sexual identity and sexual orientation can be uncomfortable topics for some middle school students to discuss, perhaps because of their personal values or understanding of what specific terms mean. As a result, some students might make homophobic comments or actions.” (p. 77)

“There are four key aspects to understand – **Sex, Gender, Expression and Sexual Orientation**. Each of the four categories can be [sic] connected, but also distinct. Most of these identities have two opposing ends, but there are many people who **tend to fall somewhere in between**. It is also possible for people to identify outside of these identities.” (p. 80)

“**Sex and gender identity** are often confused or just lumped together, but they are actually **separate parts of one’s identity**. Your biological sex, or **sex assigned at birth**, is typically determined medically by your body parts, hormones, and DNA.” (p. 80)

“**Gender identity is different than** [sic] **biological sex**. Gender is how someone feels inside.” (p. 81)

“**Cisgender**: If someone is cisgender, that means that their sex assigned at birth matches their gender identity, or how they feel inside. For example, if someone is born with female body parts, hormones, and DNA and they also identify as a woman.” (p. 82)

“**Transgender**: If someone’s sex assigned at birth does not match with their gender identity, or how they feel inside, they might identify as ‘transgender.’ For example: if someone is born with female body parts, hormones, and DNA, and inside they feel like a man. There are many different ways that people understand their trans identity.” (p. 82)

“Non-binary is an umbrella term that includes many different identities; and refers to people who **do not identify inside the ‘man-woman’ binary**. Examples of different identities that fall under this umbrella are: **gender fluid, gender queer, agender, and gender neutral**.” (p. 82)

“**Expression**: How someone communicates their gender to the outside world. This is separate from gender identity.” (p. 83)

“**A person with a uterus** should take 1 pill every day at the same time for as long as they would like to reduce the chances of becoming pregnant if they are sexually active.” (p. 129)

Jeopardy question: “What is the difference between **cisgender and transgender**?” (p. 279)

11. PROMOTES

“At the printing of this edition of Teen Talk MS, minors of ANY AGE in California

CONTRACEPTION/ABORTION TO CHILDREN

Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.

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

may consent for medical care related to the **prevention or treatment of pregnancy** (California Family Code Section 6925). That includes consenting to **birth control and abortion** services.” (p. ix)

“**Unprotected anal sex** can easily transmit STIs such as HIV, so it carries the greatest risk. **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.” (p. 99)

“Students will learn that there are several methods of preventing a pregnancy and that certain ones may be easier to use depending on their body and lifestyle. It is important for students to know that **these birth control methods are easily accessible at a local health clinic** in California and students can qualify for free birth control through the Family PACT (Planning, Access, Care, Treatment) program.” (p. 119)

“**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.” (p. 119)

“Birth control are methods of protection a person can use throughout their life to protect against pregnancy and some that also protect against sexually transmitted infections or STIs ... Explain we will have a chance to learn **about all the different methods a person may choose to prevent pregnancy**, starting with the most effective methods.” (p. 122)

Students are given detailed information about the following methods, including how each can be acquired: Abstinence, external condom, internal condom, diaphragm & cervical cap, birth control pills, the patch, the vaginal ring, the shot, implant, IUD, emergency contraception, spermicide, sponge, vasectomy, tubal ligation, withdrawal method, calendar method. (pp. 127-131)

“**Emergency contraception** is a high dose of birth control hormones that reduces the chance of a pregnancy after a birth control failure such as a condom breaking, missing a birth control pill, forgetting to get the shot on time, or having unprotected sex.” (p. 129)

“Under what circumstances might someone **want to use emergency contraception (EC)**?”

- If the condom tore, broke, or slipped off during sex
- If the female missed their regular birth control pill or took it at the wrong time
- If the couple did not use any contraception
- If the female was forced to have sex without a condom” (p. 132)

Students **discuss steps to using various forms of contraception** then answer the following questions:

- “Which method seems the easiest? Why?”
- Which method seems the most complicated? Why?”

- What could make it difficult for teens to access or properly use these methods?
- What is a disadvantage of using a hormonal method? Possible answers include:
 - You must go to the doctor to get them.
 - They put hormones in the female body, which some people don't like.
 - They don't protect you from HIV and other STIs." (p. 141)

"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 ... This is an important opportunity for students to **reflect on their own values** about pregnancy while learning to be respectful of other values their classmates may have." (p. 149)

"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)." (p. 153)

"Medical Abortion - must be done within the first 10 weeks of a pregnancy. The patient takes 2 medications; the first causes termination of the pregnancy and the second causes the pregnancy tissue to leave the uterus. This process can take a few days and is similar to a heavy period." (p. 153)

"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 more of a surgical procedure." (p. 154)

"Although we loved each other a lot, at age 17 we certainly weren't ready for a baby, and we didn't want put our health at risk. So, we went together to the teen clinic and **sorted things out with birth control so that we wouldn't be worried.**" (p. 262)

Jeopardy question: **"What birth control methods are effective for 3+ years?"** (p. 279)

Jeopardy question: **"What two methods can be combined** for more effective protection?" (p. 279)

Jeopardy question: **"Name 2 birth control methods** and how to use each correctly." (p. 279)

	<p>“Which ... birth control method can you use to prevent pregnancy after sex? Emergency contraception.” (p. 289)</p> <p>“Name 3 options a female has if they become pregnant:</p> <ul style="list-style-type: none"> • Have an abortion • Place the baby for adoption • Continue pregnancy and raise a baby • Give it to a ‘safe haven’ after birth” (p. 292)
<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>No evidence found.</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“At the end of this session, students will be able to: State 2 values they hold about sexual health, relationships, or gender/sexuality.” (p. 3)</p> <p>“This session helps students understand the sources of their beliefs and values and practice articulating their personal beliefs in a peer environment. While this can feel uncomfortable for some students, it is critical that students have opportunities to consider their own values about gender, sexuality, and relationships in a facilitated classroom environment. This practice will help them build confidence in communicating their values with peers and partners.” (p. 3)</p> <p>Session 3 Objectives: “At the end of this session, students will be able to: Define sex, gender, gender expression and sexual orientation; Describe what LGBTQ+ means; Articulate their values held about sexual orientation and gender identity.” (p. 77)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without</i></p>	<p>“At the printing of this edition of Teen Talk MS, minors of ANY AGE in California may consent for medical care related to the prevention or treatment of pregnancy (California Family Code Section 6925). That includes consenting to birth control and abortion services. However, minors must be 12 years of age or older in order to consent to their own STI testing and treatment (California Family Code Section 6925). Additionally, public schools in California may not require parent permission to excuse a minor during the school hours for confidential services, which include appointments for sexual and reproductive services.” (p. ix)</p>

parental consent. May instruct children not to tell their parents what they are being taught about sex in school.

“It is an essential part of any good comprehensive sexuality education program to provide students with information on where to obtain sexual and reproductive health care, such as birth control, pregnancy testing, STI testing and treatment, etc. ... Be sure to tell your students not only where to obtain these services but that these services are often free, confidential **and do not require parental consent.**” (p. ix)

“What should you do if your parents/guardians discuss values that you don’t agree with?

- **Even though you may not agree with them**, it’s important to listen and let them finish.
- Try repeating some of what you just heard before saying something new.
- Sometimes you must agree to disagree. You can say, ‘I can see what you’re saying, but I don’t agree. I think that...’
- **If your parent/guardian starts to lecture or yell**, just gently remind them that you’re just asking questions.” (p. 21)

“Do you need to be 18 or **have your parent’s permission** to get birth control? **NO**” (p. 132)

“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.**)” (p. 153)

“A pregnant teen in California **does not need permission from their parent** to end their pregnancy with an abortion. TRUE” (p. 303)

Clinic Role-Play Script: “Hi, welcome to the clinic! First, I need to tell you that **I’m not allowed to share your private information with your parents** or anybody else. That’s the law. If I do, our clinic would get sued and I would lose my job.” (p. 306)

15. REFERS CHILDREN TO HARMFUL RESOURCES

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

“Teen Talk MS was designed for students 12-14 years old to: Increase knowledge about **accessing clinical services.**” (p. vii)

“It is an essential part of any good comprehensive sexuality education program to **provide students with information on where to obtain sexual and reproductive health care**, such as birth control, pregnancy testing, STI testing and treatment, etc. ... Be sure to tell your students not only where to obtain these services but that these services are often free, confidential and do not require parental consent.” (p. ix)

“Instructor Resources:

- ACLU of Northern California
- **Advocates for Youth**

treatment, abortions, etc.)

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

(For more information on how Planned Parenthood sexualizes children for profit see

www.WaronChildren.org and www.InvestigatePPF.org)

- Answers, Rutgers University
- California Latinas for Reproductive Justice
- Gay, Lesbian, and Straight Education Network (GLSEN)
- It's Your (Sex) Life
- **Planned Parenthood Federation of America**
- Sex, Etc.
- Sexuality Information and Education Council of the U.S. (SIECUS)
- Teen Health Rights" (pp. x-xi)

"At the end of this session, students will be able to: Provide the **names of 2 local health care providers** where they can access confidential medical services." (p. 3)

"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 resources 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.** However, minors must be 12 years or older to consent to their own STI testing and treatment. 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)

"Pass out the Clinic and Resources Lists. Ask the class: **If you needed to go to a clinic, how would you get there?**" (p. 27)

The Teen Clinic resource sheet lists **eight different Planned Parenthood clinics** in the San Francisco Peninsula area. (p. 28)

"Birth control pills **are available at teen clinics.** You must have a prescription to purchase them from a pharmacy." (p. 128)

"**Where can you get emergency contraception (EC)?**

- Teen clinics, your medical provider, pharmacies without a prescription (in CA)
- Call 1-800-323-1336 or visit www.EC-help.org" (p. 132)

"**What clinic would you recommend** someone to go to if they needed birth control or other sexual health services?" (p. 147)

"Provide information on **local abortion providers, such as Planned Parenthood and Kaiser.**" (p. 154)

"Before doing the activity, quiz students on: **Names of clinics where they can get condoms** for free." (p. 189)

Jeopardy question: "Name **two services a person can receive at a clinic.**" (p. 279)

Jeopardy question: **“Name 2 local teen clinics.”** (p. 279)

“Which of the following is NOT a place you can go for birth control, STI testing and treatment, and pregnancy testing and counseling (adapt these answers for your own area):

- a. Sequoia Teen Wellness Center
- b. Walgreens
- c. Planned Parenthood
- d. Daly City Youth Health Center” (p. 289)

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