

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 materials and curricula. For more information, visit www.stopcse.org.

Analysis of
Big Decisions: Making Healthy, Informed Choices about Sex
4th Edition 2016
Based on 15 Harmful CSE Elements

HARMFUL CSE ELEMENTS SCORE = 15/15

Big Decisions: Making Healthy, Informed Choices about Sex (4th Edition) 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 appropriate for children. Having several of these elements should definitely disqualify such materials for use with children.

Program Description: Big Decisions is described as a “Texas-friendly abstinence-plus curriculum for teens available free on the internet.” Big Decisions is a “10-session active learning curriculum” authored by Healthy Futures founder, Dr. Janet Realini. ***Big Decisions is designed primarily for 8th and 9th grade students (children ages 13 to 15).*** “The curriculum reaches thousands of students across Texas and is used by more than 23 Texas school districts, including Austin, Irving, Waco, Houston, El Paso, San Marcos, Northeast Independent School District, and San Antonio School District, as well as by many agencies.” While described as “abstinence-plus,” the curriculum fails to establish abstinence as the preferred standard and doesn’t stress that standard as the goal. Instead, the curriculum focuses on preparing children, and even encouraging them, to be sexually active.

Planned Parenthood Connections: Big Decisions is promoted by Planned Parenthood and its affiliates and other abortion advocates. Big Decisions is taught by Planned Parenthood in some school districts, such as Lake Travis ISD in Texas.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM THIS CSE CURRICULUM
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences,</i></p>	<p>“...it is essential that all youth learn how to reduce their risks when they do become sexually active ...” (pg. 10) <i>[Note: Rather than stressing abstinence as the standard, this curriculum focuses on preparing children for sexual activity.]</i></p> <p>“It is important in this first lesson to specifically include and respect students who have been pregnant (or caused a pregnancy) or parenting.” (pg. 29) <i>[Note: While the program states that abstinence is the preferred standard, it doesn’t stress that standard as the goal. There is no recommendation to include and respect abstinent youth, but, instead, the recommendation is to recognize or encourage those who have been sexually active.]</i></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.

attractions, fantasies or desires.

“As an ice-breaker, ask the class to mention some commonly used (“street” or “slang”) names they may have heard for genital body parts, including (one at a time) the penis, vagina, breasts, and testicles.” (pg. 89)

[Note: This activity is often used in sex education to desensitize young people to sexual terms and activities to break down their natural modesty.]

“Reproductive Anatomy... What is the name of this body part (pointed out in both ‘Circumcised’ and ‘Uncircumcised’ parts of the diagram), that allows for sexual stimulation and sexual intercourse? [Shaft of Penis] ... the ‘head’ of the penis, which is very sensitive? [Glans of Penis] ... the tip of the glans, where urine and semen leave the body? [Opening of the Urethra] ...” (pgs. 91, 106)

“**These diagrams show penises** that are flaccid, or soft. When someone is sexually aroused or excited, the penis may have an erection (or ‘boner’ or ‘hard on’). When the penis gets hard, it tends to point upward.” (Lesson 4, pg. 92)

“As I point to and describe each body part, please say out loud the name of the part ...” (pg. 93)

“What is the name of this body part, which is a **sensitive outgrowth of tissue that allows for sexual stimulation?** [Clitoris]... thin layer of tissue, that covers part of the vaginal opening-the tissue that is sometimes referred to as a ‘cherry’... stretched or torn with the first vaginal sex, that is when a penis enters the vagina... [Hymen]...” (pgs. 94, 106)

“In this game, we will consider the pathway—or journey—of the sperm cells. The sperm’s journey is about how the sperm gets from where it is formed in the body to where it leaves the body during ejaculation, or **when the person has an orgasm, or ‘cums’**. Each ‘Sperm’ will have to put his or her team in order—from left to right—of how the sperm travels from where it forms in the body through its journey to ejaculation outside of the body. The first team to get into the correct order wins.” (pg. 97)

“In this game, we will consider the pathway—or journey—of the egg. The egg’s ‘journey’ is not about **when the person has an orgasm, or ‘cums.’** This journey commonly happens about once a month, with or without orgasms or ‘cumming.’” (pg. 97)

In this activity, the reasons students may have to remain abstinent are listed under “Reasons to Wait” and include: “Think they are too young to have sex” and “Don’t feel ready.”” (pg. 144)

[Note: Big Decisions is designed primarily for 8th and 9th grade students (ages 13 to 15). A child’s brain at this age is not fully developed, particularly when it comes to risk taking and understanding consequences. To suggest children at this age should decide whether they are “too young” for or “ready” for sex, sends the message that they could determine they are old enough and that they are ready. Children at this age are unable legally to consent to sex in many states as the law recognizes that, developmentally, they simply are not ready.]

Activity 5.2, “Is This Abstinence?” includes cards that are to be categorized in one

	<p>of three columns: “Abstinence,” “May be Abstinence, but may Still Want to Avoid,” and “Not Abstinence.” Activities listed under “May be Abstinence, but may Still Want to Avoid” include, “Touching Buttocks,” “Touching Breasts (Outside Clothes),” “Touching Breasts (Inside Clothes),” “Touching Genitals (Outside Clothes),” “Being Alone Together,” “Taking Clothes Off,” “Drinking Alcohol When Together,” “Taking Drugs While Together,” and “Sexting – Texting a Naked Picture of Yourself.” (Lesson 5, pgs. 146-147)</p> <p>“...asks the students to imagine that they and their partner have been having vaginal sex and using no contraceptive method ...” (pg. 191)</p> <p>The “WITHDRAWAL” Method Information Sheet states “WITHDRAWAL (“Pulling Out”) ... works as long as it is used correctly every time ... Withdrawal is FAIRLY effective [at preventing pregnancy] ... It is free, and it does not require a prescription.” (Lesson 7, pg. 199)</p> <p>Role Plays [Note: Throughout this curriculum, role plays repeatedly depict minors, under the legal age of consent, engaging in sexual activity. For example, see below.]</p> <p>Activity 9.2, Situation #1 After School, is a role play with “Angel and Friend” that portrays, in part: “Do you have a condom?... No, but this feels good... Let’s go to my bedroom.” (pg. 273)</p> <p>Activity 9.3, Situation #2 Prom Night, is a role play in which the students write their own situation. The instructions state: “Maybe the one who doesn’t want to have sex just changed their mind. Or maybe they don’t want to have sex without <u>both</u> a latex condom <u>and</u> birth control. <u>You and your team</u> write the situation.” (pg. 274)</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.</i></p> <p>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</p>	<p>“Key Messages -> Having sex with someone is a BIG DECISION...” (KEY MESSAGES Poster, pgs. 8, 40)</p> <p>“Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (pg. 129)</p> <p>“... it is important to know that ‘sex’ is something that both partners agree to.” (Lesson 5, pg. 130)</p> <p>[Note: Students practice negotiation skills to consent to sexual activity as an acceptable behavior just as long as they use a condom and birth control for male and female role plays or use a condom for male and male role plays. (pgs. 273-274)]</p> <p><i>Big Decisions is designed primarily for 8th and 9th grade students (ages 13 to 15) and taught throughout the State of Texas where the legal age of consent for sexual activity is 17. Minors under the legal age of consent to engage in sexual activity should not be participating in role plays depicting how to negotiate sex. Big Decisions does not include the consent laws as part of the curriculum presented to the students. Instead, “Issues around Consent for Sexual Activity” are briefly addressed in “Facilitator Notes” and footnotes. Facilitators are told that they “may want to look up their state law to better understand the legal situation for young people in their state. However, these laws can be complex and sometimes difficult to state succinctly. Facilitators should be cautious about telling students what their state law says.” (See pgs. 154-155)]</i></p>

<p>3. NORMALIZES ANAL AND ORAL SEX</p> <p><i>Introduces these high-risk sexual behaviors to children and may normalize them. May omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and oral and anal cancer rates associated with these risky sex acts.</i></p>	<p>“And someone can have sex without stretching or tearing their hymen. For example, someone could have oral sex, which means a person’s mouth on another person’s genitals. Note that the class will discuss the definition of sex a little more in the next lesson.” (pg. 101)</p> <p>Activity 5.1 states: “Key Points to elicit and reinforce include: Even the experts don’t have one consistent definition. Different people consider many different activities to be ‘sex’, but pretty much all definitions of ‘sex’ include sexual intercourse, which means: Vaginal Sex which refers to a penis inside a vagina; Oral Sex, which is when one person puts their mouth on another person’s genitals (that is, on the other person’s vulva or penis); and Anal sex, which is when a penis goes inside another person’s anus.” (Lesson 5, pg. 130)</p> <p>“Is <u>This</u> Abstinence?” Activity 5.2 includes “Cards for Small Groups” and asks students to decide which of these could be considered abstinence: “Vaginal Sex (Penis in Vagina),” “Oral Sex (Mouth on Genitals),” and “Anal Sex (Penis in Anus).” (Lesson 5, pgs. 146-147)</p> <p>In the role play in Activity 9.2, the facilitator is instructed to tell the students that “Angel’s Friend can be a person of any gender.” (pg. 273)</p> <p><i>[Note: Therefore, the sexual activity negotiated in this role play could be anal sex between two males, and, anal sex is portrayed as acceptable if using a condom. The FDA has NOT approved any condom for anal sex.]</i></p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Promotes acceptance of and/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>“<i>Big Decisions</i> is also intended to be inclusive, welcoming and ‘safe’ for youth who are lesbian, gay, bisexual, transgender, questioning or of any sexual minority. The language of <i>Big Decisions</i> is chosen carefully so as not to exclude anyone.” (pg. 10)</p> <p>“This example reinforces respect for all students—whatever their name; their race or ethnicity; their clothing; their sexual orientation; or their gender.” (pg. 29)</p> <p>In Relationship Role Plays with Chris and Alex, “Note that the names in this role play are chosen so that the parts can be played by students of any gender.” (Lesson 3, pg. 71)</p> <p>“It is important to maintain a safe, respectful, and inclusive learning environment for all students, including lesbian, gay, bisexual, transgender, and students who are questioning or unsure of their orientation or gender.” (pg. 87)</p> <p>“Activity 9.2 provides a relatively structured role play between “Angel” (a male) and “Angel’s Friend,” which can be a person of any gender... The students of each pair then reverse roles and act out the scenario again...” (Lesson 9, pg. 264)</p> <p>Teacher reads to students “Please note that Angel’s friend can be a person of any gender.” (pg. 268)</p>
<p>5. TEACHES CHILDREN ABOUT SEXUAL PLEASURE</p> <p><i>Teaches children about sexual pleasure. May tell them they are</i></p>	<p>“Some people think that sexual sensations are more intense without circumcision—but others disagree.” (pg. 100)</p> <p>“... masturbation... brief definition (touching oneself for pleasure) ...” (pg.128)</p> <p>“Sex can be fun and feel good. Having sex can help two people to feel closer to</p>

<p><i>entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure.</i></p>	<p>each other.” (Lesson 5, pg. 132)</p> <p>“Columbia University’s Go Ask Alice! recently updated its website and offers one definition of ‘sex’ as: ‘...any act involving contact with the [genitals or anus] between one or more consenting people for the purpose of sexual pleasure ...” (pg. 141)</p> <p>In the Reasons to Have Sex Chart in Activity 5.1, “For Pleasure” and “For Fun” are listed as “Reason[s] to Have Sex” with “Maybe” listed as the answer for whether these are “Healthy, strong reason[s]?” to have sex. Comments state “Sex is pleasurable for many people” and “sexual desire can be one part of a healthy decision ...”</p> <p>“Activity 6.4: Pressure Situation: The Party... “Come on, let’s do it. It will feel good.” (pg. 175)</p> <p>In Role Play Activity 9.2 Angel’s friend starts touching him under his clothes and says “...this feels so good. . . Let’s go to my bedroom.” (pg. 273)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, making children more vulnerable to pornography use, sexual addictions or sexual exploitation. May describe masturbation or provide instruction on how to masturbate. May encourage children to engage in mutual masturbation.</i></p>	<p>“If someone asks about masturbation, give a brief definition (touching oneself for pleasure) and acknowledge that this can be a controversial topic. Let the class know that masturbation is something that many people do. It does not have risks of pregnancy or of STIs, and it does not cause health problems. However, some families, and some religions, do not approve of masturbation... In considering how to classify whether masturbation is “OK” or “Not OK” to do if a person wants to abstain from sex, the facilitator can say that there may be personal, family, or religious reasons to avoid it. Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (pgs. 128-129)</p> <p>“... some people may think that touching genitals through their clothes is OK to do and still consider themselves to be abstinent.” (pg. 135)</p> <p>“Is <u>This</u> Abstinence?” Activity 5.2 includes “Cards for Small Groups”: “Touching Genitals (Outside Clothes)” and “Touching Genitals (Inside Clothes).” (Lesson 5, pgs. 146-147)</p> <p>“The facilitator should indicate that the “Go Ask Alice” definition of sex includes [Touching Genitals (Inside Clothes)] because it is contact with another person’s genitals or anus. However, some definitions of sex do not include touching.” (pg. 147)</p> <p>“However, some activities consistent with abstinence, such as genital touching...” (Lesson 7, pg. 193)</p> <p>“... soon they are kissing and touching.... When Angel’s friend starts touching him under his clothes...” (Activity 9.2, Situation #1: After School, pg. 273)</p>
<p>7. EROTICIZES CONDOM USE</p> <p><i>May use sexually explicit methods (i.e., penis and vagina models, seductive role play, etc.) to promote condom use to children. May provide medically</i></p>	<p>“KEY Messages... Teens who have sex need to:</p> <ul style="list-style-type: none"> • Use latex* CONDOMS, correctly, every time, to reduce the risk of HIV and other STIs; <u>and</u> • Use effective CONTRACEPTION to prevent pregnancy <ul style="list-style-type: none"> * or polyurethane or polyisoprene, if allergic to latex” <p>(KEY MESSAGES Poster, pgs. 8, 40)</p> <p>“In upcoming lessons, you will learn more about contraception and preventing</p>

<p><i>inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>pregnancy, as well as more about condoms and reducing the risk of STIs and HIV.” (pg. 159)</p> <p>During Contraceptive Method Bingo, the following clue is given: “This is effective in reducing the risk of HIV and other STIs.” (Abstinence, Condoms) ... This is important to know, because most methods do not reduce the risk of STIs. Latex condoms (or polyurethane or polyisoprene, if latex allergic) both prevent pregnancy AND reduce the risk of HIV and other STIs.” (pg. 186)</p> <p>“Condoms and withdrawal work, although they are not as effective as abstinence and hormonal methods. On the other hand, they do not require a visit to a health provider.” (Lesson 7, pg. 190)</p> <p>“No prescription is required. There is no age limit to purchasing condoms. Condoms can be bought at grocery stores and drug stores. Free condoms are available at Health Department clinics ... Condoms can slip off or break, especially if not used correctly. Slippage and breakage happen with about 1 to 3 percent of condoms.” (Lesson 7, pg. 198)</p> <p>In the Index Card Activity 8.1, “Wearing latex gloves each time they shook hands. This could represent using condoms. Point out that using latex (or polyurethane or polyisoprene, if latex-allergic) condoms correctly, every time a person has sex can reduce the risk of getting—and giving someone—STIs, including HIV.” (pg. 230)</p> <p>“We don’t need a condom. We can be careful. Besides, I don’t have a disease or anything... Going to get condoms will spoil the moment... Don’t worry. Nothing bad will happen... OK, OK. I’ll wait until we have a condom.” (Lesson 9.2, Situation #1: After School, pg. 273)</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.</i></p>	<p>“KEY MESSAGES... Having sex with someone is a BIG DECISION” (KEY MESSAGES Poster, pg. 8,40)</p> <p>“It is important in this first lesson to specifically include and respect students have been pregnant (or caused a pregnancy) or parenting. <i>Big Decisions</i> should be inclusive of these students and help them to make healthy decisions about sex for their future. This includes decisions about when and whether to have (or cause) another pregnancy.” (pg. 29)</p> <p>“This is a special program ... that is designed to help you make healthy and informed decisions about sex.” Lists the following “big decisions”:</p> <ul style="list-style-type: none"> • “Deciding when and if to have children, or more children” • “Deciding when and if to have sex” • “Deciding how they will prevent an unplanned pregnancy, if they have sex.” (pg. 31) <p><i>[Note: While “if” they have sex is included in the list, abstinence is not emphasized or encouraged.]</i></p> <p>“The facilitator should approach the lesson with this perspective, helping to foster an understanding of the importance of the material for youth as they are becoming independent and responsible adults.” (pg. 86)</p> <p><i>[Note: Big Decisions is designed primarily for 8th and 9th grade students (ages 13</i></p>

	<p>to 15).]</p> <p>“Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (pgs. 128-129)</p> <p>“Sex is a personal decision, and people should follow their conscience about what is right and moral to do.” (pg. 144)</p> <p><i>[Note: Remember, this material is for 13- to 15-year-olds. Disadvantages are given for each type of contraception in Activity 7.2 and 7.3, but there is no mention of negative consequences of sexual activity. (See pgs. 193-200)]</i></p> <p>Activity 9.3 Situation #2: Prom Night: “Maybe the one who doesn’t want to have sex just changed their mind. Maybe they don’t want to have sex without a latex condom. Or maybe they don’t want to have sex without both a latex condom and birth control. You and your team write the situation.” (pg. 274)</p>
<p>9. MISCONSTRUES ABSTINENCE</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard and the main goal of the program. May mention abstinence only in passing. May teach children that all sexual activity—other than “unprotected” vaginal and oral sex is acceptable, and even healthy. May present abstinence and having sex using condoms as equally good options for young children.</i></p>	<p>“Big Decisions encourages all 8th and 9th grade students to wait to have sex until they are older. However, it is also important to help youth who have sex to use both condoms and contraception to reduce their risks of both STIs and pregnancy. Moreover, it is essential that all youth learn how to reduce their risks when they do become sexually active—hopefully, when they are adults.” (pg. 10)</p> <p><i>[Note: Big Decisions emphasizes that students need to “learn how to reduce their risks” rather than how to avoid risks.]</i></p> <p>“Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (pg. 129)</p> <p><i>[Note: Big Decisions fails to set an expected standard for abstinence. Instead, the messages for students are to wait until they are older, until they are ready, or until they think they can handle the responsibilities. A student may decide they are older the next day, ready the next week, and able to handle the responsibilities next year.]</i></p> <p>Facilitators are told to acknowledge that “The definition of “sex” is a bit complicated... Therefore, abstaining from these activities – abstinence- can be a bit complicated, too” (pg. 133)</p> <p>Students are told to sort cards into 2 groups: “Those activities that are OK to do if a person wants to choose abstinence; and Those activities that are NOT OK to do if a person wants to choose abstinence.” (pg. 134)</p> <p>Facilitator tells the students to “Leave room in the middle of these two columns for a third column ... Create the new middle column ‘May be Abstinence, but May Still Want to Avoid’... There are some activities that <u>technically</u> may be abstinence, but that a person choosing abstinence may want to avoid anyway.” (pg. 134)</p> <p>“And some of these activities may be abstinence from sex, but they are <u>illegal</u> and should be avoided for that reason.” (pg. 135)</p> <p>“For example, some people may think that touching genitals through their clothes is OK to do and still consider themselves to be abstinent.” (pg. 135)</p> <p>“Every person has to set their own limits and decide for themselves what they will</p>

	<p>do and what they won't do." (pg. 135)</p> <p>"Abstinence is not having sex. The sperm do not enter the vagina, so the egg is not fertilized." (Lesson 7, pg. 184)</p> <p>"What is it? Abstinence means not having sex... How does it work to prevent pregnancy? The penis does not touch the vaginal area, so sperm cannot enter the vagina to fertilize an egg." (Lesson 7, pg. 193)</p> <p><i>[Note: Big Decision teaches that students can participate in any sexual activity, other than intercourse, and still be considered abstinent.]</i></p> <p>"Protection from Pregnancy" Activity 7.3 shows failure rates on a continuum between 0 and 100 out of 100 couples. Contraceptive Effectiveness for "Implant" and "IUD" are shown to be "MOST Effective" consistent with Abstinence, with the cautionary note "Consistently and Correctly" on Abstinence. (Lesson 7, pg. 219)</p> <p><i>[Note: Big Decisions makes no mention and gives no attention to "return to abstinence" messages for students who have been sexually active.]</i></p>
<p>10. PROMOTES UNSCIENTIFIC 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 gender 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 may be helped with mental health intervention.</i></p>	<p>"Big Decisions is also intended to be inclusive, welcoming and 'safe' for youth who are lesbian, gay, bisexual, transgender, questioning, or of any sexual minority. The language in Big Decisions is chosen carefully so as not to exclude anyone." (pg. 10)</p> <p>"It is important to maintain a safe, respectful, and inclusive learning environment for all students, including lesbian, gay, bisexual, transgender, and students who are questioning or unsure of their orientation or gender... not all students who identify as males have a penis and testicles. Likewise, not all who identify as female have a vagina and a uterus." (pg. 87)</p> <p>"The first group of slides shows the body parts typical of people who are assigned male gender at birth.... The second group of slides shows the body parts typical of people who are assigned female gender at birth." (Lesson 4, pgs. 91, 93)</p> <p><i>[Note: When showing explicit drawings of male and female genitalia, no reference is made to male and female. (See pgs. 102-108)]</i></p> <p><i>Big Decisions 2016 departs from the 2009 version by no longer representing biological facts of human male and female anatomy to underage minors. The 2009 edition titles the male and female reproductive system diagrams, but those labels are missing from the 2016 edition. The 2009 edition of Big Decisions does not mention the words "transgender, lesbian, gay, or bisexual."</i></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</i></p>	<p>"KEY Messages...</p> <p>Teens who have sex need to:</p> <ul style="list-style-type: none"> • Use latex* CONDOMS, correctly, every time, to reduce the risk of HIV and other STIs; <u>and</u> • Use effective CONTRACEPTION to prevent pregnancy" <ul style="list-style-type: none"> * or polyurethane or polyisoprene, if allergic to latex" <p>(KEY MESSAGES Poster, pgs. 8, 40)</p> <p>"What I Will Do to Protect My Goals and Dreams: (for example, not have sex; or use latex* condoms, correctly, every time I have sex); or use <u>both</u> latex* condoms correctly, every time <u>and</u> contraception.)" (pg. 57)</p>

<p><i>abortion providers. May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“The most effective methods are abstinence (used consistently and correctly), the Implant and the IUD.” (pg. 190)</p> <p>“Teens who do not choose abstinence need to use effective contraception to prevent pregnancy and latex condoms every time, in order to reduce their risks of getting or spreading STIs.” (Lesson 7, pg. 191)</p> <p>“The implant is one of the MOST effective methods ... No need to remember to do something to prevent pregnancy.” (Lesson 7, pg. 194)</p> <p>“IUDs are one of the MOST effective methods available. Typically, none or 1 of 100 couples will become pregnant in a year ... No need to remember to do something to prevent pregnancy.” (Lesson 7, pg. 195)</p> <p>“The shot is VERY effective... No need to remember to do something during sex to prevent pregnancy. Nothing can be seen or felt or discovered when the shot is given.” (Lesson 7, pg. 196)</p> <p>“Contraceptive Effectiveness Line-Up” Activity 7.3 shows: “Of 100 couples using this Method, how many will be PREGNANT by the end of the first year?” Effectiveness for “Implant” and “IUD” are shown to be at a similar “MOST Effective” rate to Abstinence. “Shot” and “Pill/Patch/Ring” are considered “VERY Effective” and “Condom” and “Withdrawal” are listed as “FAIRLY Effective.” (Lesson 7, pg. 219)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED/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 controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“The sexual health content includes... basic sexual rights...” (pg. 7)</p> <p>“The group that gets a method’s sheet will act as the ‘expert’ on that method for the next activity, ‘Method Bingo.’... Other methods, if mentioned by students, can be noted and state what they are... you will be able to tell the rest of us what the sheet says about your method, if needed.” (Lesson 7, pg. 184)</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 early sex, sexual orientation or gender identity.</i></p>	<p>“...the goal is to help students develop their own ideas and decisions.” (pg. 27)</p> <p>“Because of the way our culture views sexuality, it may feel uncomfortable at first to have conversations about it.” (pg. 33)</p> <p>“Some faiths teach that it is important to wait until marriage to have sex. The decision about whether to have sex is a personal one.” (pg. 144)</p> <p>[Note: Big Decisions fails to “present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons” and neglects to “direct adolescents to a standard of behavior” of “abstinence from sexual activity before marriage” as required by Texas Education Code 28.004.]</p>

<p>14. UNDERMINES OR VIOLATES 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>“... the goal is to help students develop their own ideas and decisions.” (pg. 27)</p> <p>One of the rules for the class is: “What happens in the group stays in the group. There should be no telling others outside the group what a particular student says ...” (pg. 34)</p> <p>“Help the students connect the parent goals that seem different (e.g., to get married as one of the first things to do) to the fact that times change, too.” (pg. 67)</p> <p>Teacher is instructed to tell students, “What I hear in this class is confidential; that is, I will not tell others about what I hear ...” (pg. 35)</p> <p>“These worksheets are not to take with you. The worksheets will be collected at the end of the class.” (Lesson 4, pg. 91)</p> <p>“Some teens want to wait to have sex because their parents’ values are important to them too. Ultimately, the decision to have sex is up to the young person themselves.” (pg. 145)</p> <p>“Surveys show that most parents think teens should wait to have sex until they are older and can handle the responsibilities.” (pgs. 157-158)</p> <p><i>[Note: This comment is footnoted to a study that evaluated surveys of parents and adolescents. Parents surveyed “opposed pre-marital sexual intercourse both in general and for their own Adolescents.”</i> https://www.acf.hhs.gov/sites/default/files/fysb/20090226_abstinence1.pdf <i>The wording “older” and “can handle the responsibilities” in Big Decisions could be considered a challenge to the target audience of 13 to15-year-olds.]</i></p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES, LIKE PLANNED PARENTHOOD</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p>Please Note: <i>A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p>	<p>“The facilitator should indicate that the “Go Ask Alice” definition of sex ...” (Activity 5.2, pg. 147)</p> <p>“It is helpful if the facilitator can call one or two of the local resources to ask about what students might expect there, Facilitators can ask: how they handle calls from young people; if an appointment is needed; whether free condoms are available; and the hours the clinic is open.” (pg. 228)</p> <p>“Make and keep a health clinic appointment to get tested for HIV/STIs, if sexually active,” and “Be more likely to visit a health clinic that provides STI/HIV testing.” (Appendix 1, Logic Model, Performance Objectives, pg. 297)</p> <p><i>[Note: Big Decisions is promoted by Planned Parenthood and its affiliates. This curriculum is taught by Planned Parenthood in some school districts, such as in Lake Travis ISD in Texas.]</i></p>