CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool[1] 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

Essential Health Skills for Middle School – Human Development, Relationships, and Sexual Health Companion Text, 4th Ed.

Published by Goodheart-Wilcox

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 7 OUT OF 15

Essential Health Skills for Middle School – Human Development, Relationships, and Sexual Health Companion Text, 4th Ed. **contains 7 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 companion text was developed for use with the *Essential Health Skills for Middle School* textbook and aligns with the National Sex Education Standards. The text includes chapters on puberty, development, reproduction, relationships, violence, STIs, and sexuality topics such as sexual orientation, gender identity, contraception, and masturbation. Students are also encouraged to advocate to their peers on sexual topics.

Target Age Group: Ages 11-14 (Grades 6-8)

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *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,*	"The penis contains tissues that can fill with blood. When that happens, **the penis becomes stiff**. This is called an *erection* and happens during sexual stimulation." (p. 22) "Like the penis, the *clitoris* fills with blood **during sexual stimulation**." (p. 23) "**Sexuality**: A person's biological sex, sexual feelings, sexual orientation, gender identity, and gender expression" (p. 118) "Sexuality is a part of human life. A person's sexuality is a part of their identity. You do not have to be sexually active or even interested in sex to learn about

[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.	your sexuality. Sexuality is about more than your sexual anatomy, chromosomes, or body parts. **Parts of sexuality include a person's biological sex, sexual feelings, sexual orientation, gender identity, and gender expression**." (p. 119) "People in male puberty may begin to have erections, **in which the penis lengthens and hardens**. Erections can occur in response to sexual excitement or for no reason at all." (p. 132) "Sexual excitement, or arousal, is normal. Arousal can be caused by sexual thoughts, daydreams, or images. Young people may develop crushes on celebrities or people they know. **Young people in male puberty may also experience erections and wet dreams**, or ejaculations that occur during sleep." (p. 132)
2. TEACHES CHILDREN TO CONSENT TO SEX *May teach children how to negotiate sexual encounters or how to ask for or get "consent" from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.* *Note: "Consent" is often taught under the banner of sexual abuse prevention.*	**No evidence found.**
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.*	**No evidence found.**
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *Normalizes or promotes acceptance or exploration of*	"**Sexual orientation**: Lasting pattern of romantic and sexual attraction" (p. 118) "**Homophobia**: Hostility, anger, exclusion, and violence directed at LGBTQ+ individuals" (p. 118) "Sexual orientation is the lasting **pattern of a person's romantic and/or sexual**

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.	**attraction to other people**. Various terms are used to describe sexual orientation. People may or may not identify themselves using these terms." (p. 125) "**Heterosexual or Straight**: For men, being sexually attracted to women. For women, being sexually attracted to men" (p. 125) "**Gay or Lesbian**: Being sexually attracted to someone of the same gender" (p. 125) "**Bisexual**: Being sexually attracted to someone of the same gender and other genders" (p. 125) "**Asexual**: Not having sexual attraction to anyone" (p. 125) "Not all young people develop these feelings at the same time… **Some know their sexual orientation early in puberty**. Some people may know earlier in childhood, and some later… Many factors, including a person's genes, environment, and experiences, influence a person's sexual orientation. Some factors are unknown." (p. 125) "Reading Checkpoint: What are two examples of terms people may use to **describe a sexual orientation**? State the terms and their definitions." (p. 125) "Reading Checkpoint: When might a person come to **understand their sexual orientation**? Explain." (p. 125) "**LGBTQ+ stands for *lesbian, gay, bisexual, transgender,* and *queer or questioning***. The plus sign is used to include people with other sexual orientations and gender identities. The acronym *LGBTQ* is sometimes expanded to include *I (intersex)* and *A (asexual)*." (p. 125) "Assess how well your school promotes acceptance, tolerance, and **unity among people of all sexualities**. It includes how students are treated by school staff and other students. Use the following steps to improve your school climate: 1. In small groups, discuss ways to improve the school climate for all students to feel accepted, regardless of sexual orientation or gender identity. One student in the group should take notes about these suggestions. 2. As a class, share these suggestions. Choose three to five suggestions that are realistic for your school. 3. Share your class suggestions with a student club that promotes acceptance, tolerance, and unity. **If a club like this or a safe zone does not exist at your school, consider creating one**. Work with the club to carry out the suggestions." (p. 127) "An ***ally* in the LGBTQ+ community** is a person who supports the rights and safety of other people who are LGBTQ+. Anyone can be an ally of the LGBTQ+ community. LGBTQ+ allies include many people who are heterosexual or

	cisgender." (p. 128) "Reading Checkpoint: How can an individual and a community **support young people who are LGBTQ+**?" (p. 128)
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.*	**No evidence found.**

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. May also encourage children to engage in mutual masturbation.
	"During puberty, people might begin masturbating in response to sexual arousal. Masturbation is the self-stimulation of the reproductive organs. Masturbation is a sexual activity that **allows people to safely release sexual tension**." (p. 132)
	
	"Myths about masturbation can make young people feel embarrassed or guilty about masturbating. It is important to **know the facts about masturbation**." (p. 132)
	
	"Myths and Facts About Masturbation
	• Myths
	  ○ Masturbating is wrong, abnormal, and shameful.
	  ○ Masturbating can cause acne or blindness.
	• Facts
	  ○ **Masturbation is a normal and common response to sexual excitement**.
	  ○ Masturbation does not cause health conditions like acne or blindness." (p. 132)

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*	**No evidence found.**

provide complete protection against pregnancy or STIs.	
8. PROMOTES PREMATURE SEXUAL AUTONOMY *Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.*	**No evidence found.**
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD *Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. 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 "protected" sex as equally good options for children.*	"Ben knows that abstinence is a healthy sexual choice for young people to make. He knows **other birth control methods** can reduce the risk of pregnancy. He also knows pregnancies can still occur using these methods." (p. 89) ***Note:*** *Abstinence is not a birth control method. It is a lifestyle decision that should be the expected standard for minors.* "HIV prevention involves sexual abstinence, **using a condom**, not sharing needles, and taking medications that reduce transmission." (p. 116)
10. PROMOTES TRANSGENDER IDEOLOGY *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*	"**Biological sex**: Individual's sex, male or female, as determined by their sex chromosomes, genes, hormones, and reproductive organs" (p. 118) "**Gender**: Traits a society associates with a particular biological sex" (p. 118) "**Gender identity**: Deeply held thoughts and feelings a person has about their gender" (p. 118) "**Transgender**: Having a gender identity different from one's biological sex" (p. 118) "**Transphobia**: Discrimination and violence directed at people who are transgender" (p. 118)

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.	"At birth, babies are often **assigned a biological sex** based on the appearance of their external reproductive organs." (p. 120) "The traits people think are masculine and feminine are typically complete opposites. For example, this view may expect men to be aggressive and women to be passive. **This is an example of the *gender binary***, or the idea that the genders of man and woman are entirely opposite." (p. 121) ***Note:*** *This is an inaccurate definition of "gender binary." That term refers to the fact that there are only two genders: male and female. It is not related to gender traits.* "Gender identity is your deeply held thoughts and feelings about your gender… Some people identify with the gender identity associated with their biological sex. **These people are called *cisgender***. Some people may realize they do not identify with the gender identity assigned to them. This happens for many reasons." (pp. 121-122) "When people are ***gender non-conforming***, their appearance and behaviors do not align with the gender associated with their biological sex. A person with a **gender identity different from their biological sex is *transgender***. For example, a person may be born with female sexual anatomy but identify as a boy. Someone who is born with male sexual anatomy may identify as neither a man or a woman." (p. 122) "Some people view themselves as ***nonbinary***. This means their gender identity may fall outside of the categories of man or woman. For example, people may identify with no gender (***agender***) or two genders (***bigender***). Some people may have a ***fluid*****, or changing, gender identity**." (p. 122) "Some people prefer to use pronouns that match their gender identity. For example, a person who identifies as a woman might ask others to use *she/her* when speaking about her. A person identifying as a man might prefer to use *he/him*. Sometimes a person chooses to use **nongendered pronouns such as *they/them***. Using people's preferred pronouns is a way of respecting their identity." (p. 122) "Some people feel comfortable expressing their gender identity through their appearance and behaviors. Other people, however, may not feel comfortable or safe expressing their gender identity. People may **choose to change their appearance, clothing, and name to match their gender identity**." (p. 124) "Reading Checkpoint: **How are gender, gender identity, and gender expression related**? Provide an example of each in your explanation." (p. 124)
11. PROMOTES CONTRACEPTION/ABORTION TO	"**Birth control**: Any method that reduces the risk of pregnancy resulting from sexual intercourse; also called *contraception*" (p. 139)

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.*	"**External condom**: Object worn over erect penis during sexual activity" (p. 139) "**Internal condom**: Device similar to a pouch, which is placed inside the vagina" (p. 139) "**Oral contraceptives**: Pills that contain hormones to reduce the chance of pregnancy" (p. 139) "**Birth control patch**: Thin, plastic patch applied to the skin that works like a birth control pill" (p. 139) "**Vaginal ring**: Small, flexible ring that releases hormones to stop ovulation" (p. 139) "**Withdrawal**: Birth control method based on pulling the penis out of the vagina before ejaculation" (p. 139) "**Emergency contraception**: Birth control method used to prevent pregnancy when other birth control has failed" (p. 139) "**Sterilization**: Permanent birth control method in which a medical doctor performs a surgery to prevent sperm and egg from uniting" (p. 139) "**When selecting a type of birth control**, a person should consider the following: • personal goals • the method's effectiveness • the cost of the method • whether a doctor's prescription is needed • whether the method is permanent or reversible • the method's ease of use • whether the method helps prevent STIs" (p. 141) "Reading Checkpoint: List three factors you think are most important to consider **when choosing a type of birth control**." (p. 141) "**The external condom, or *male condom*,** is worn over the penis during sexual activity. The condom catches the semen released during ejaculation. An external condom fails in preventing pregnancy 13 percent of the time. Condoms made of latex (rubber) or plastic materials also protect against STIs." (p. 144) "An external condom **fits over the erect penis**. It must be applied before the penis touches the sexual partner's genitals in sexual activity. It is important to apply the condom before any contact with the genitals because the penis can release fluids containing sperm prior to ejaculation. The condom must be used throughout sexual activity. **A new condom must be used each time intercourse occurs**." (p. 144) "Do not use teeth or scissors to open the package, as this can damage the

	condom. If the package is wet or sticky, throw it out. **Do not use petroleum-based lubricants with a latex condom**. These substances will break down the latex." (p. 144) "Each condom package states an expiration date. Damaged or expired condoms should be thrown away. Condoms can become dry, brittle, and ineffective over time. They will not prevent pregnancy or STIs. **External condoms can be purchased without a doctor's prescription**. Some condoms are coated with *spermicide,* a substance that stops sperm from swimming and reaching the egg." (p. 144) "**The internal condom, or *female condom*,** is a plastic device similar to a pouch. The internal condom is placed inside the vagina. The internal condom catches semen during ejaculation. An internal condom fails in preventing pregnancy 21 percent of the time. The effectiveness of internal condoms can be improved by using spermicide. Internal condoms also reduce the risk for STIs." (p. 144) "The internal condom must be worn throughout sexual activity. **It must be applied before the penis touches a partner's genitals**. A new condom must be used each time intercourse occurs. It should not be worn when the partner is also wearing an external condom. The condoms could tear or move out of position, which reduces effectiveness." (p. 145) "Each condom package states an expiration date. Damaged or expired condoms will not prevent pregnancy or STIs. They should be thrown away. **Internal condoms can be purchased without a doctor's prescription**." (p. 145) "The ***contraceptive sponge*** is made of plastic foam and is about 2 inches in diameter. The sponge is inserted into the vagina and covers the cervix. It helps block sperm from entering the uterus. The sponge contains *spermicide,* which stops sperm from swimming. A contraceptive sponge fails in preventing pregnancy 14-27 percent of the time. It does not protect against STIs. **Therefore, a contraceptive sponge should be used in addition to a condom**… Contraceptive sponges can be purchased without a doctor's prescription." (p. 145) "The ***diaphragm*** is a flexible, cup-shaped disk that covers the cervix. The diaphragm helps block sperm from entering the uterus. A diaphragm fails in preventing pregnancy 17 percent of the time. It does not protect against STIs, however. The reusable diaphragm comes with directions for insertion, removal, and care. A person must use it each time intercourse occurs. A diaphragm **requires a doctor's exam and prescription**." (p. 145) "The ***cervical cap*** is a flexible cup that covers the cervix (Figure 11.3.5). Like the diaphragm, the cervical cap helps block sperm from entering the uterus. A cervical cap fails in preventing pregnancy 17 percent of the time. It comes with directions for insertion, removal, and care. The cervical cap **requires a prescription from a healthcare professional**." (p. 145)

	"Reading Checkpoint: Choose two barrier methods discussed. **Explain how they are used**, what they protect against, and any other relevant information." (p. 145) "Reading Checkpoint: Which barrier methods require a prescription from a healthcare professional and **which can be purchased at a store**?" (p. 145) "**Oral contraceptives**, also called *birth control pills* or *the pill,* contain hormones that reduce the risk of pregnancy by preventing ovulation (Figure 11.3.6). The pill is taken by mouth, or *orally,* at about the same time every day. The pill fails in preventing pregnancy 7 percent of the time. Skipping even one pill increases the chance of becoming pregnant. Oral contraceptives do not protect against STIs. A **prescription from a healthcare professional is needed** to purchase the pill." (p. 146) "The **birth control patch** (often called the *patch*) is a thin, two- to three-inch, plastic patch applied to the skin like a bandage. The patch contains the same hormones as the birth control pill, but hormones in the patch are absorbed through the skin. Each patch comes with directions that should be followed exactly. The patch fails in preventing pregnancy 7 percent of the time." (p. 146) "The **vaginal ring** is a small, flexible ring inserted into the vagina. The ring contains the **same hormones as the birth control pill**, but the hormones are absorbed inside the vagina (Figure 11.3.7). The vaginal ring comes with directions for storage, insertion, and removal. The vaginal ring fails in preventing pregnancy 7 percent of the time." (p. 146) "The ***birth control shot*** is an injection of a female hormone to stop ovulation. The birth control shot fails in preventing pregnancy 4 percent of the time. A healthcare professional must give the shot every three months." (p. 146) "The ***birth control implant*** is a flexible, toothpick-sized rod that holds a female hormone that stops ovulation. A doctor inserts the implant under the skin of the upper arm. It can be left in place for three years. The birth control implant fails in preventing pregnancy 0.1 percent of the time." (p. 147) "An ***intrauterine device (IUD)*** is a small, I-shaped device that is inserted into the uterus by a doctor (Figure 11.3.8). Two types of IUDs exist: **hormonal IUDs and copper IUDs**. Hormonal IUDs thicken cervical mucus and prevent ovulation. The copper IUD is thought to interfere with sperm movement, fertilization, and implantation. IUDs last for years. Hormonal IUDs fail in preventing pregnancy 0.1-0.4 percent of the time and copper IUDs fail 0.8 percent of the time. Both types of IUDs can be removed by a doctor if a person wants to become pregnant." (p. 147) "Even when partners agree to use birth control, mistakes can happen. A barrier method might break or move out of place, for example. Sometimes, a person uses a method incorrectly or even forgets to use it. In these cases, a person might **use emergency contraception to help prevent pregnancy** (Figure

	11.3.9). This method of birth control **can only be used for a few days after sex**, however. One form is a copper IUD, which interferes with fertilization and implantation. Another form is a hormone pill. Two common pills are *ella®* and *Plan B One-Step®.* These pills stop ovulation and fertilization." (p. 147) "Emergency birth control methods do not stop a pregnancy that has already occurred. Emergency birth control also does not reduce the risk of STIs and should not be used regularly. **Emergency contraception pills can be purchased without a prescription**. A copper IUD needs to be inserted by a doctor." (p. 148) "Reading Checkpoint: Choose two hormonal methods discussed. **Explain how they are used**, what they protect against, and any other relevant information." (p. 148) "Reading Checkpoint: What method of birth control can be **used after sexual intercourse** to prevent pregnancy?" (p. 148) "The ***fertility awareness method*** *(FAM)* relies on knowing when an egg can be fertilized. Intercourse is avoided in the three to five days before ovulation, and on the first and second day after ovulation. To know when an egg is released, a person can track changes in female body temperature or the mucus in the vagina. A medical professional can help a person track their ovulation." (p. 148) "**FAM is only somewhat helpful for preventing pregnancy**. FAM is not recommended for those who do not have a predictable, regular menstrual cycle. This includes most young people because their bodies are still developing. Many couples who use FAM do not use the methods regularly and correctly. As a result, FAM fails in preventing pregnancy 2-23 percent of the time. Furthermore, FAM does not prevent STIs. FAM is best for adult couples who are married." (p. 148) "**Withdrawal, or *pulling out,*** is one of the least effective birth control methods when used alone. A person using this method pulls the penis out of the vagina before ejaculating. This may keep sperm out of the vagina and reduce the risk of pregnancy." (p. 148) "Withdrawal is not an effective method of birth control. Withdrawal is difficult to time. **It is not always easy for a person to withdraw during sexual excitement**. Fluid containing sperm often leaks from the penis before ejaculation and can lead to pregnancy (Figure 11.3.10). Withdrawal also does not protect people from STIs." (pp. 148-149) "Sterilization is the **only permanent birth control method**. It is a surgery performed by a doctor that prevents the sperm and egg from uniting. Sterilization prevents pregnancy, but not STIs." (p. 149) "Sterilization can be done in both male and female reproductive systems. Male sterilization involves a **surgery called a *vasectomy.*** In a vasectomy, the *vas deferens* are closed. This prevents sperm from leaving the testes. Vasectomies

	fail in preventing pregnancy 0.15 percent of the time. **Female sterilization involves *tubal ligation*.** In this procedure, the fallopian tubes are cut or sealed. This surgery makes it impossible for sperm to reach an egg. Tubal litigation [sic] fails in preventing pregnancy 0.5 percent of the time." (p. 149) "Reading Checkpoint: **Explain the fertility awareness method** and why this method is not recommended for young people to prevent pregnancy." (p. 149) "Reading Checkpoint: **Describe sterilization** and who it is recommended for." (p. 149)
12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY *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.*	"With a partner, choose one **topic related to sexuality** that was discussed in this lesson. Educate others about your chosen topic. **Create a poster, flyer, social media post, or other creative product about your topic**. In your product, include a slogan about acceptance and information on your chosen topic. Also include a valid community resource that can provide support on sexuality. Be prepared to share your message with the class." (p. 129) "Many school and community programs encourage abstinence and help people make responsible sexual decisions. With a partner, research **programs that advocate for the reproductive health of young people**. Identify one program and research it further. Create a vlog, blog post, flyer, or other product summarizing its mission, service provided, contact information, and other relevant information. Share the program with the class." (p. 150) "With a partner, **create a health-enhancing message about pregnancy prevention** to other young people creating awareness and a sense of responsibility. In your message, include how choosing abstinence is the most responsible decision for young people. Decide how you will display your message and **to whom you want to share it outside of the classroom**. Share your message with the class and receive feedback. Make necessary changes, and with your teacher's permission, share your message with the appropriate audience." (p. 150)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	**No evidence found.**
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *May instruct children they have rights to confidentiality and privacy from their parents. May*	**No evidence found.**

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.	
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 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.InvestigateIPPF.org)*	**No evidence found.**