

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 ***Glencoe Health: Human Sexuality*** **2022 Edition**

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 8 OUT OF 15

***Glencoe Health Human Sexuality 2022* contains 8 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 has some positive points. It affirms that education about sexuality is the right and responsibility of parents. It uses an accurate definition of abstinence and encourages abstinence until marriage in order to prevent pregnancy and STDs. It does not include instruction on sexual pleasure. However, the curriculum does teach a spectrum of sexual orientations and gender identities. It also includes fairly extensive instruction on a wide variety of birth control methods.

Target Age Group: Grades 9-12 (Ages 14-18)

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<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, attractions, fantasies or desires.</i></p>	<p>No evidence found.</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.

<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>Note: <i>This textbook does say, “A teen who is under the age of consent cannot legally agree to become sexually active. If one person is under the age of consent, the other person can be charged with a crime” (p. 22). However, the book then goes on to teach students how to give and receive sexual consent. This is clearly a mixed message to teens.</i></p> <p>“Getting consent means that a couple must stop while they are sexually aroused and determine whether both of them give consent for sexual activity to begin. Both people must agree to give consent. If not, sexual activity should not take place. In some states, partners are required to obtain affirmative consent, or ‘yes means yes’ consent. Affirmative consent is the clear and voluntary agreement to engage in sexual activity.” (Student Text, p. 22)</p> <p>“Giving or refusing consent requires the use of communication skills. Each person should communicate their feelings assertively. They should also listen to each other. If one person says no, the other person must stop.” (Student Text, p. 22)</p> <p>“Consent should be freely given. This means that both parties agree to engage in sexual activity. One person should not intimidate or threaten the other person to become sexually active. If threats or intimidation are used, the request for sexual activity becomes coercion. If this occurs, affirmative consent is not granted. Consent cannot be freely given if a person is coerced.” (Student Text, p. 22)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>No evidence found.</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</i></p>	<p>“Sexual orientation is part of a person’s personality. It is the way people view themselves and their attraction to others. People use many different labels to describe their sexual orientation and gender identity. A few of the most common are:</p> <ul style="list-style-type: none"> • Homosexual describes an individual who is romantically and sexually attracted to people of the same gender. • Bisexual describes an individual who is romantically and sexually attracted to people of both genders. • Heterosexual describes an individual who is attracted to people of the opposite gender. • Transgender describes individuals whose gender identity differs from

<p><i>homosexuality or homosexual sex.</i></p>	<p>others of their gender. They can be heterosexual, homosexual, or bisexual. A transgender person may choose to live as his or her opposite gender...</p> <ul style="list-style-type: none"> • Questioning describes an individual who questions their own identity and orientation. • LGBTQ+ is a common acronym meaning lesbian, gay, bisexual, transgender, or questioning.” (Student Text, p. 87) <p>“Coming out describes the process of telling people about one’s homosexuality.” (Student Text, p. 87)</p> <p>“Homophobia describes an irrational fear, prejudice, or discrimination towards homosexuals. Homophobia is most often based on fear and ignorance.” (Student Text, p. 87)</p> <p>“A person who is deciding about coming out should consider these tips before coming out.</p> <ul style="list-style-type: none"> • Define the reasons to come out. • Avoid coming out when angry. • Avoid coming out to someone who may cause physically [sic] harm. • Avoid telling bullies or someone who will tell others without permission.” (Student Text, p. 89) <p>“Lesson 2 Review:</p> <ol style="list-style-type: none"> 1. Define the terms <i>homosexual, bisexual, and heterosexual.</i> 2. What is a stereotype? 3. What are some myths about sexual orientation? Explain why they are unfounded.” (Student Text, p. 90)
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>No evidence found.</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, which may make children more vulnerable to</i></p>	<p>“Some people believe that masturbation is a natural part of growth and development, while others believe it is wrong and unhealthy. Masturbation means touching one’s own genitals for sexual pleasure. People masturbate to relieve sexual tension. For some people, masturbation is a responsible alternative to sexual intercourse. This is because it relieves sexual tension but poses no risk of pregnancy or contracting STDs. Other people choose not to masturbate for a variety of reasons, including religious beliefs.” (Student Text, p. 86)</p>

<p><i>pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>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.</i></p>	<p>“For any condom to be an effective contraceptive, it must be used correctly:</p> <ul style="list-style-type: none"> • The condom must be unrolled onto the erect penis before there is any contact with the vagina. • There must be space between the tip of the penis and the end of the condom to leave room for semen. If there is no space, the condom could break or leak, allowing semen out. Some condoms have a built-in receptacle at the tip. • As soon as ejaculation occurs, the male must hold the condom in place while removing the penis from the vagina. If the condom is not properly removed, once the penis softens, the condom can slip off and release semen into the vagina.” (Student Text, p. 79) <p>“The female condom is a polyurethane pouch that fits inside the vagina. To be effective, it must be inserted before the penis comes into contact with the vagina. Like the male condom, it is available over-the-counter.” (Student Text, p. 79)</p> <p>“Petroleum jelly or other petroleum-based products should never be used with a latex condom. These products can dissolve latex and weaken the condom. Since heat also destroys latex, such condoms should not be stored in the glove compartment of a car or carried in a wallet for any length of time. They should be stored in a cool, dry place. Condoms should never be reused; they should be used only once and then discarded.” (Student Text, p. 79)</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>No evidence found.</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED</p>	<p>“Teens who are sexually active, or who are considering becoming sexually active, should know the laws in their state. These laws cover topics such as the age at which a teen can legally consent to become sexually active, a teen’s rights</p>

<p>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>regarding access to contraception, whether the information a teen shares with a doctor is confidential, and also about safe surrender laws, adoption, abortion, and parenting.” (Student Text, p. 76)</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>“People use many different labels to describe their sexual orientation and gender identity. A few of the most common are:</p> <ul style="list-style-type: none"> • ...Transgender describes individuals whose gender identity differs from others of their gender. They can be heterosexual, homosexual, or bisexual. A transgender person may choose to live as his or her opposite gender. • Intersexual describes an individual who was born with both male and female characteristics. • Questioning describes an individual who questions their own identity and orientation.” (Student Text, p. 87) <p>“Gender identity describes an individual’s sense of being male or female.” (Student Text, p. 87)</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>“Barrier methods are contraceptive devices that prevent fertilization by keeping sperm from reaching the egg... The condom, sponge, diaphragm, and cervical cap are all barrier methods that function by physically blocking the sperm. In contrast, spermicide acts as a chemical barrier.” (Student Text, p. 78)</p> <p>“The sponge is a disc-shaped polyurethane device that contains spermicide. It must be placed in the vagina prior to sexual contact and continues to work for up to 24 hours. The sponge must not be removed for at least six hours following sexual activity but should be discarded within 30 hours to prevent toxic shock syndrome. The sponge can be purchased without a prescription.” (Student Text, p. 79)</p>

abortion providers.

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

“The diaphragm and cervical cap are barrier devices that can be obtained only with a prescription. A contraceptive diaphragm is a soft latex or silicone cup with a flexible rim that covers the entrance to the cervix. A cervical cap is a thimble-shaped, soft latex cup that fits snugly over the cervix. Spermicidal jelly or cream is applied inside both the diaphragm and the cervical cap before insertion.” (Student Text, p. 79)

“The diaphragm must be placed in the vagina prior to sexual activity and left in for at least six hours after. **If intercourse is repeated, more spermicide must be inserted into the vagina** without removing the diaphragm. It can be left in the vagina for up to 24 hours, but leaving it in place longer increases the chance of toxic shock syndrome.” (Student Text, p. 80)

“Before inserting the cervical cap, the inside of the cup must be one-third full of spermicide. It is important to check that the cervix is completely covered. The cap **must stay in place for at least six hours after intercourse**, but never for longer than 48 hours.” (Student Text, p. 80)

“Contraceptive foams, jellies, creams, and tablets are non-prescriptive forms of birth control that contain a spermicide... To be effective, the **spermicide must be applied between 5 and 90 minutes before intercourse**. After intercourse, it is important that the female not bathe or douche; the spermicide must remain in place for six to eight hours to be effective.” (Student Text, p. 80)

“Oral contraceptives, or birth control pills, are hormone pills that, when taken correctly, create changes in the female body that prevent pregnancy. They are not available over-the-counter. A female must visit a health care professional to obtain a prescription for birth control pills.” (Student Text, p. 81)

“The patch is a hormonal contraceptive method that works by releasing estrogen and progesterin to stop ovulation. It is only available by prescription. The patch can be worn on the lower abdomen, buttocks, or upper body and must be replaced every week for three weeks each month.” (Student Text, p. 82)

“The vaginal contraceptive ring is another prescribed hormonal contraceptive method that releases progesterin and estrogen to stop ovulation. It is a flexible ring that is put into the vagina and left in place for three weeks of every cycle. It is removed during the menstrual period. Another form of birth control should be used if the ring remains out of position for more than three hours.” (Student Text, p. 82)

“The contraceptive injection is a birth control procedure in which a female receives an injection once every three months to prevent ovulation. The shot contains the hormone progesterin, which stops ovulation in most women.” (Student Text, p. 82)

“In a **contraceptive implant**, a thin rod is placed under the skin on the upper arm by a nurse or doctor. The rod releases the hormone progesterin, which thickens the cervical mucus and prevents sperm from fertilizing the egg. It can

also work by preventing ovulation altogether. This device can last up to three years.” (Student Text, p. 82)

“Pregnancy does not occur immediately after two people engage in sexual activity. In fact, sperm can live inside the body for up to six days waiting for an egg to fertilize. **An emergency contraceptive pill can be taken up to 120 hours after having unprotected sex.** The pill prevents conception from occurring. Using the pill does not act as a barrier against the spread of STDs and HIV.” (Student Text, p. 82)

“Permanent contraceptive methods involve a surgical procedure that makes a male or female incapable of reproducing. These methods include **vasectomy and tubal ligation.**” (Student Text, p. 82)

“Lesson 1 Review:

1. Name two hormonal methods of contraception and explain how each works.
2. **Explain the proper way to use a male condom.**
3. List four possible side effects of the birth control pill.
4. Explain how barrier methods of contraception work. Identify one method that is designed for males and one that is designed for females.
5. Using a scale of 1 to 5 (with 1 being the most effective), **analyze the effectiveness and ineffectiveness of each of the following** contraceptive methods in preventing pregnancy: diaphragm, birth control pill, spermicide, abstinence, male condom.
6. Analyze the effectiveness and ineffectiveness of the following contraceptive methods in preventing STDs: diaphragm, birth control pills, FAMs, abstinence, condom.
7. Create a concept for a poster that compares various methods of contraception and shows why abstinence from sexual activity is the only birth control method that is 100 percent effective in preventing pregnancy and STDs, including HIV/AIDS.” (Student Text, p. 85)

“Ask students to conduct research to find credible websites providing state-specific information on **a minor’s rights related to access to contraception.** Ask students to write a report describing the source of their information and why they believe it to be a credible source.” (Teacher’s Edition, p. 76)

“Ask students to **research the history of one form of birth control** discussed in this lesson. Ask them to find out where and when it was first used and how it has changed over the years. Have students write a paragraph summarizing their findings.” (Teacher’s Edition, p. 77)

“Ask students to **list the advantages and disadvantages** of the various forms of birth control discussed in this lesson.” (Teacher’s Edition, p. 78)

“Have students **research and evaluate the safety and effectiveness of FDA-approved condoms and other contraceptives** in preventing HIV, other STDs, and pregnancy. Students should include information on and compare the success

	<p>and failure rates of each type of contraceptive. Have students organize their results in a table.” (Teacher’s Edition, p. 78)</p> <p>“Explain to students that methods using spermicide and birth control pills cannot prevent transmission of STDs. In order to protect against STDs, such methods must be used in conjunction with the male condom.” (Teacher’s Edition, p. 79)</p> <p>“Have students select an option for dealing with an unplanned pregnancy. Students should research this option and write a paper that describes its impact and what should be considered. If appropriate, have volunteers share their papers with the class. Sum up the lesson by stating that there are many controversial issues surrounding the topic of sexuality, and everyone needs not agree.” (Teacher’s Edition, p. 90)</p> <p><i>Note: This curriculum takes a morally neutral position on abortion, though it does say that abortion should never be used as a form of birth control.</i></p> <p>“Have students use the decision-making process to evaluate the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention. Remind students to consider the options and the possible outcomes of each option along with the influence of values on the decision. Have students record their answers in their health journals.” (Teacher’s Edition, p. 115)</p>
<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>No evidence found.</p>
<p>14. UNDERMINES PARENTS OR</p>	

<p>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>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>“Teens who are struggling with coming out have a resource that can provide help and advice. The Trevor Project operates a free, 24-hour, 7-day-a-week hotline (1-866-488-7386) for LGBTQ+ youth. Staff who take calls are trained to help people who are struggling with coming out, or who are considering suicide. All calls are confidential, which means that no one will know that you called or what you talked about to the counselor.” (Student Text, p. 90)</p>