

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 2023 Edition, Student Textbook

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 11 OUT OF 15

Glencoe Health Human Sexuality 2023 contains **11 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 2023 Edition has some clear distinctions from the 2022 Edition. Students are taught more in depth that sexual orientation and gender identity occur on a spectrum. They are taught to always affirm another person's sexual identity. This edition also discusses STD protection for oral and anal sex. Like the prior edition, it includes fairly extensive instruction on condom use and 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.

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.

Note: 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.

“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)

“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)

“**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)

“**Affirmative consent**, or a mutual agreement, should always be given in any type of sexual situation, even in romantic partnerships.” (Student Text, p. 93)

“Remember that **consent must be given by both people before sexual activity continues**. Affirmative consent is a legal requirement in many states. Asking and listening to a sexual partner is very important step [sic] in avoiding any potential situation of coercion or date rape. Affirmative consent cannot be given by anyone under the influence of drugs or alcohol. If sexual activity continues without affirmative consent, it is considered rape.” (Student Text, p. 95)

Note: These reminders of affirmative consent in the chapter on preventing sexual abuse do not reference the fact that all states have a legal age of consent, and minors younger than that cannot legally consent to sexual activity.

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

“The female condom, or inside condom, is a polyurethane (nonlatex) pouch that **can be used for vaginal or anal sex**.” (Student Text, p. 78)

Note: Female condoms are not FDA-approved for anal sex.

“Dental dams are **used during oral sex** to prevent transmission of any STDs. These latex sheets can be bought over-the-counter. Use a dental dam to **cover the vagina or anus before oral sex**. Put on lubricant first, then one partner holds the dam in place during oral intercourse. A clean condom cut open can also be used as a dental dam.” (Student Text, p. 79)

<p><i>these high-risk sex acts.</i></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>“LGBTQ+ is a common acronym meaning lesbian, gay, trans, queer/questioning, and the + allows room for additional terms such as intersex, asexual, etc.” (Student Text, p. 88)</p> <p>“Sexual orientation is about whom a person feels sexually and romantically attracted to. Sexual orientation is not the same as gender identity. Transgender individuals, for example, can have the same range and spectrum of sexual orientation as cisgender people. People use many different terms to describe their sexual orientation. Some of the most common are:</p> <ul style="list-style-type: none"> • Homosexual describes an individual who is sexually and romantically attracted to people of the same gender. • Heterosexual describes an individual who is attracted to people of the opposite gender. • Bisexual describes an individual who is romantically and sexually attracted to people of both genders. • Pansexual describes an individual who is romantically and sexually attracted to individuals regardless of gender or sex. • Asexual describes an individual who so far has had no romantic or sexual feelings for others. • Queer describes a person who is not heterosexual. • Questioning and Curious can both be used to describe an individual who is not certain yet about their sexual orientation.” (Student Text, p. 88) <p>“Homophobia describes an irrational fear, prejudice, or discrimination toward members of the LGBTQ+ community. It is most often based on ignorance.” (Student Text, p. 89)</p> <p>“The term coming out refers to recognizing that you are LGBTQ+ and telling others. When a person recognizes that he or she is LGBTQ+, the person has come out to oneself. When a person tells others that he or she identifies as being LGBTQ+, he or she is coming out to others.” (Student Text, p. 89)</p> <p>“Ways to be supportive to someone who has come out include:</p> <ul style="list-style-type: none"> • Responding with positivity; • Showing gratitude that the person chose you to share this important news with; • Not disagreeing with or questioning anything that’s been shared; • Asking the person what you can do to support them; • Respecting the individual’s privacy by not sharing the news with others; • Asking if they can share any resources if you feel you need to learn more; and • Offering to attend an LGBTQ+ or gay-straight alliance meeting or gathering together.” (Student Text, p. 90) <p>“Lesson 2 Review:</p> <ol style="list-style-type: none"> 1. Define the terms transgender, cisgender, nonbinary, homosexual,

	<p>bisexual, heterosexual, and questioning.</p> <ol style="list-style-type: none"> 2. What is the difference between gender identity and sexual orientation? 3. How have attitudes in American society changed toward the LGBTQ+ community over recent decades? What has contributed to this change?" (Student Text, p. 91)
<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 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>"Masturbation means touching one's own genitals for sexual pleasure. People masturbate to relieve sexual tension and experience sexual pleasure. Masturbation is a natural, personal activity. It is one way to relieve sexual tension without any possible negative side effects. Issues can arise when the behavior becomes obsessive (extremely habitual), but overall, masturbation is a safe and natural way to get to know your body and teach yourself sexual satisfaction." (Student Text, p. 86)</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</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. After removing the condom, make a knot to keep the fluids inside, and dispose of it." (Student Text, p. 78) <p>"The female condom, or inside condom, is a polyurethane (nonlatex) pouch that can be used for vaginal or anal sex. It protects against pregnancy and STDs. If used correctly, it is 95 percent effective; however, typically, it is 79 percent</p>

<p><i>provide complete protection against pregnancy or STIs.</i></p>	<p>effective. 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. 78)</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. Heat also destroys latex, so 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>“Dental dams are used during oral sex to prevent transmission of any STDs. These latex sheets can be bought over-the-counter. Use a dental dam to cover the vagina or anus before oral sex. Put on lubricant first, then one partner holds the dam in place during oral intercourse. A clean condom cut open can also be used as a dental dam.” (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 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</i></p>	<p>“Abstinence is a deliberate decision to avoid certain behaviors that may be risky or harmful, including unprotected sexual activity and the use of alcohol, tobacco, and other drugs.” (Student Text, p. 21)</p> <p>Note: <i>The text later uses the proper definition of abstinence, which is avoiding any sexual activity. Even if using the term “unprotected sexual activity” was a misprint, it can still lead teens to believe that so-called “safer sex” behaviors are acceptable.</i></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 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>

good options for children.

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 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.

“For **individuals who have male sex traits**, testosterone causes the shoulders to broaden and facial, underarm, and pubic hair to grow. The voice deepens and muscles develop. The bones become longer and larger. For **individuals who have female sex traits**, estrogen and progesterone cause breast development, growth of underarm and pubic hair, and widened hips.” (Student Text, p. 13)

Note: *The prior edition of this textbook used the terms “male” and “female” instead of “individuals who have male/female sex traits.”*

“Module 1 Assessment: Name three secondary sex characteristics that occur in **people who have male sex traits** and three that occur in **people who have female sex traits.**” (Student Text, p. 14)

“**Gender identity** refers to the way people view themselves in regard to their gender – male, female, **a blend of both, or neither.** A person’s gender identity may or may not be the same as the biological sex traits they were born with.” (Student Text, p. 86)

“**Gender dysphoria** refers to an individual’s feeling of discomfort around their sex or gender identity.” (Student Text, p. 86)

“**Nonbinary or Gender-nonconforming** describe individuals who do not identify as male or female, or identify as both. The ways nonbinary people represent their gender can vary widely. Many nonbinary individuals prefer to be referred to by the **pronouns they/them/their**, but ask first to confirm.” (Student Text, p. 86)

“**Transgender (trans)** describes an individual whose **gender identity differs from that of their biological traits.** For example, a person might be born with male genitalia but identifies as a female and wants to dress and be known in a way consistent with their gender identity.” (Student Text, p. 87)

“**Cisgender** describes an individual whose gender identity is consistent with their biological traits.” (Student Text, p. 87)

“**Intersexual** describes an individual born with both male and female biological traits.” (Student Text, p. 87)

“**Gender creative** describes an individual exploring their gender identity.” (Student Text, p. 87)

“**Gender questioning** describes an individual who is not certain yet about their gender identity.” (Student Text, p. 87)

“Some trans individuals decide to go through steps such as hormone therapy to **transition their bodies to physically match their gender.** Hormone therapy can also be a first step before surgery. In both cases, individuals go through months

	<p>of psychological and emotional therapy to make sure they are ready for these next steps. The process before surgery can go on for years. Surgery may involve implants or changes to an individual’s genitals. Not all trans individuals want to take hormones or have surgery. For some, steps such as changing their name – and being able to live as the gender they are – is enough.” (Student Text, p. 87)</p> <p>“It is important to remember that it is OK to explore gender identity in the same way many explore sexual orientation.” (Student Text, p. 88)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“The word contraception means prevention of pregnancy. Most birth control methods belong to one of the major contraceptive categories:</p> <ul style="list-style-type: none"> • Barrier methods • Hormonal methods • Fertility awareness methods (FAMs) • Permanent methods” (Student Text, p. 78) <p>“Barrier methods, like condoms, diaphragms, and cervical caps, are contraceptive devices that prevent fertilization by keeping sperm from reaching the egg... The condom, diaphragm, and cervical cap function by physically blocking the sperm. The spermicide, used with barrier method contraceptive devices, acts as a chemical barrier.” (Student Text, p. 78)</p> <p>“The male condom, or outside condom, is a thin sheath of latex, latex alternative, or animal tissue that is placed on the erect penis to catch semen... Condoms can be purchased at drugstores and supermarkets without any prescription or age requirement.” (Student Text, p. 78)</p> <p>“The diaphragm and cervical cap are barrier devices that are put into the vagina before sexual intercourse. They are typically around 85 percent effective in preventing pregnancy, although over 90 percent effective with correct use. It is only effective in preventing the spread of STDs if used in conjunction with a condom.” (Student Text, p. 79)</p> <p>“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)</p> <p>“To ensure the size is correct, most types of diaphragms must be first fitted by a health-care professional, such as a gynecologist, and therefore require a prescription.” (Student Text, p. 79)</p> <p>“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. 79)</p>

“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. 79)

“**Contraceptive foams, jellies, creams, and tablets** are non-prescriptive forms of birth control that contain a spermicide that can be bought over-the-counter. These are not effective forms of contraception on their own. Spermicide should be used with barrier method devices.” (Student Text, p. 79)

“To be effective, **the spermicide must be applied to the barrier device 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)

“Hormonal methods of contraception function by suppressing ovulation and preventing fertilization or implantation. These are useful for preventing pregnancy but have no effect against preventing STDs. Hormonal methods include **oral contraceptives, patches, vaginal contraceptive rings, and contraceptive injections, implants, and IUDs** (intrauterine devices). When used correctly, each is over 99 percent effective in preventing pregnancy.” (Student Text, p. 80)

“**Oral contraceptives, or birth control pills**, are hormone pills that, when taken correctly, create changes in the menstrual cycle that prevent pregnancy. They are not available over-the-counter. A female must visit a health care professional, such as a gynecologist, to obtain a prescription for birth control pills.” (Student Text, p. 80)

“**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. Using the patch carries a greater risk for blood clots than using oral contraceptives because the patch has higher levels of estrogen.” (Student Text, p. 81)

“**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, and then a new one is placed in at the end of the cycle. Another form of birth control should be used if the ring remains out of position for more than three hours.” (Student Text, p. 81)

“**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. 81)

“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 progestin, 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)

“**The IUD**, a T-shaped device inserted in the uterus by a health care professional, is made from copper or progesterone. It blocks the sperm on the way to the ovum to prevent pregnancy. Some IUDs can be left in for up to 12 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. **The emergency contraceptive pill (EC) can be taken up to 120 hours after having unprotected sex.** The EC prevents conception from occurring but does not act as a barrier against the spread of STDs and HIV. Use of emergency contraceptives is controversial. In some states, access to emergency contraceptives is limited to people over the age of 18. In some places a prescription is required; however, it is typically available over-the-counter at pharmacies.” (Student Text, p. 82)

“**Fertility awareness methods (FAMs)** are methods of contraception that involve determining the fertile days of the female’s menstrual cycle and avoiding intercourse during those days. With typical use, FAMs are about 80 percent effective.” (Student Text, p. 82)

“**Permanent contraceptive methods** involve a surgical procedure that makes male or female reproductive organs incapable of reproducing. These methods include vasectomy and tubal ligation.” (Student Text, p. 83)

“A **vasectomy is a sterilization procedure** for male reproductive parts in which each vas deferens is cut and sealed. It is a method of permanent birth control that works by keeping sperm out of the semen... Normally, a male’s semen will not be totally free of sperm until 15 or 20 ejaculations have occurred after surgery.” (Student Text, pp. 83-84)

“A **tubal ligation** is a sterilization procedure for female reproductive parts in which the fallopian tubes are cut and tied or clamped. This prevents sperm from reaching the ova... Tubal ligation is a more involved procedure than vasectomy and requires a hospital stay.” (Student Text, p. 84)

“A medically terminated pregnancy, also called an induced abortion, purposely ends a pregnancy. **Although an induced abortion is generally safe**, it is a surgery and carries the same risk as all surgeries. An induced abortion is a medical procedure and must be performed by qualified professionals in a medical setting. In addition, laws about terminating pregnancy differ from state to state. Induced abortion should never be considered a method of birth control.” (Student Text, p. 85)

Note: This sterile definition of abortion mentions nothing about the death of a

	<p><i>preborn baby in the womb. It also mentions nothing of the potential emotional, physical, and psychological consequences faced by the mother after the death of her baby.</i></p> <p>“Lesson 1 Review:</p> <ol style="list-style-type: none"> 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. Analyze. 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. Synthesize. Analyze the effectiveness and ineffectiveness of the following contraceptive methods in preventing STDs: diaphragm, birth control pills, FAMs, abstinence, condom. 7. Advocacy. 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)
<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>“Create a pamphlet that educates teens about consent in terms of sexual activity. Include definitions of consent and affirmative consent. Be sure to use catchy headlines, graphics, and other visuals to engage the reader.” (Student Text, p. 26)</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>“Trans and gender creative individuals continue to face discrimination... Unfortunately, trans people of color are especially vulnerable to discrimination and even violence. Many people still don’t understand that a person’s biological traits and gender do not always match. It is important to note that a number of cultures, including many ancient cultures, have accepted the idea of multiple gender identities, beyond the binary of male and female, for thousands of years. It is not a modern idea. Seeing gender identity as something that exists on a spectrum is helpful for an inclusive mindset.” (Student Text, p. 87)</p> <p>“We can see some changes happening in society that support a more inclusive mindset toward gender identity, such as gender-free public bathrooms, or</p>

	<p>having more than two options for gender on official documents. In day-to-day life, having an inclusive mindset toward trans, nonbinary, and gender creative people means:</p> <ul style="list-style-type: none"> • being accepting of any form of gender expression you see; • politely asking any openly trans or nonbinary person about their preferred pronouns and using them; • challenging your own bias when needed by reacting with positive and kind curiosity instead of being hurtful or cruel behind someone’s back; • never asking a trans person about personal details of hormone therapy or surgery; and • educating yourself on trans issues to counter misinformation when you hear it.” (Student Text, pp. 87-88) <p>“It is important to remember that only a few generations ago, most people understood very little about the spectrum of sexual orientation and gender identity. U.S. society has come a long way in its attitudes toward acceptance in a short time. But some cultures still believe in strict binary gender identity and traditional gender roles. In these cultures, anyone who does not follow the customary norms might be threatened. Even in a relatively open society, such as the United States, some LGBTQ+ [sic] individuals still feel that they must hide their sexual orientation from those in their lives.” (Student Text, p. 90)</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 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.,</i></p>	<p>“Exploring sexual feelings and understanding one’s sexual orientation is a process that can be equally positive and confusing for many teens... There are many groups to help offer support and information to teens as they explore their sexuality regardless of sexual orientation. Websites and organizations such as Scarleteen, Safeteen, and the LGBT National Health Center are all helpful resources to explore.” (Student Text, p. 89)</p> <p>“Teens who need support 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. There is also an online chatting option for those who cannot or do not want to call. Staff who take calls or</p>

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.InvestigatePPF.org)

respond to texts are trained to help people who are struggling with coming out, or who are considering suicide. All calls and chats are confidential, which means that no one will know that you called or texted or what you talked about to the counselor.” (Student Text, p. 90)