

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 *IN-clued* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

IN-clued 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 inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: The *IN-clued* program is alleged to be “an evidence-based sexual health education program designed to reduce unintended pregnancies and/or sexually transmitted diseases (STDs) among lesbian, gay, bisexual, transgender, and/or queer and questioning (LGBTQ) young people, ages 14-19, across the United States” (Program Summary, p. 1). In reality, this is one of the most extreme programs available to teach radical gender ideology and normalize a wide spectrum of sexual orientations and gender identities. It has all of the harmful elements found in a CSE curriculum such as detailed instruction on condom use and promotion of contraceptives but is tailored to an audience of LGBT-identifying youth.

The program includes both a youth workshop and a workshop for health centers. Excerpts from both are included in this analysis because youth peer educators are used to help facilitate the health center workshops.

Target Age Group: Ages 14-19

Planned Parenthood Connections: This program was written and published by Planned Parenthood.

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</i></p>	<p>“I am an asexual gay teen who feels pressure to have sex from my friends. They don’t believe me when I say I’m not interested.” (Get Clued In, p. 1)</p> <p>“Sex and intimacy look all sorts of ways. Knowing how to describe the behaviors you engage in or may engage in is important: Mouth on a penis, vagina, vulva or anus; Penis in vagina or anus; Touching a person’s genitals; Rubbing genitals, clothes on or off; Making out; Fingers in a person’s vagina or anus; Touching one’s own genitals, with or without partner(s); Using a vibrator on self or</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.

graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

partner(s); Using a variety of sex toys, with or without a partner.” (Get Clued In, p. 4)

“**Being sexual with someone can feel great**, but it can feel even better if you and your partner(s) know you’re emotionally, physically, and sexually safe.” (Get Clued In, p. 5)

“Sexual behavior: Refers simply to the **types of sexual activities** in which one chooses to engage.” (Health Center Appendix 1: Glossary of Terms, p. 5)

“I’m a 19-year-old gay guy who **sometimes has sex with my best friend who’s a girl**. I don’t think it’s a big deal, and it’s different than other sex to me because we’re friends.” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 5)

“I’ve been experiencing pain when we have penetrative sex, and **my girlfriend wears a strap-on**.” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 6)

“I’ve been with my boyfriend who’s trans for over a year now, **and we’re sexually active**. I’m seeing someone new (assigned sex: male, pronouns: they/them) now, and I’m really excited about them. (Health Center Appendix 11: Patient Simulation Character Profiles, p. 8)

Societal **messages about gender and sexuality**:

- “Girls aren’t interested in sex the way guys are.
- It’s bad to have more than one sexual partner.
- Gay men are promiscuous.
- Lesbians don’t have real sex.” (Health Center Curriculum Presentation Session 1 Script, p. 13)

“Standing in a line facing the audience, take turns reading one tip at a time out loud:

- Don’t assume that I am having sex
- Don’t assume that I am NOT having sex
- **Don’t assume that ‘having sex’ means the same thing to me as it does to you**
- If I am having sex, don’t assume I understand how my body works
- Don’t look at me and assume that I am straight
- Don’t look at me and assume that I am gay
- Remember that even if I identify as straight, I may also have sex with someone of the same gender as me
- Remember that even if I identify as gay, **I may also have sex with someone of another gender**
- Keep in mind that my gender identity may not match how my body looks
- Please remember that I am capable of making good decisions about sex
- Please give me an opportunity to discuss sexual health – I may be waiting for you to ask” (Health Center Curriculum Presentation Session Script 2,

pp. 9-10)

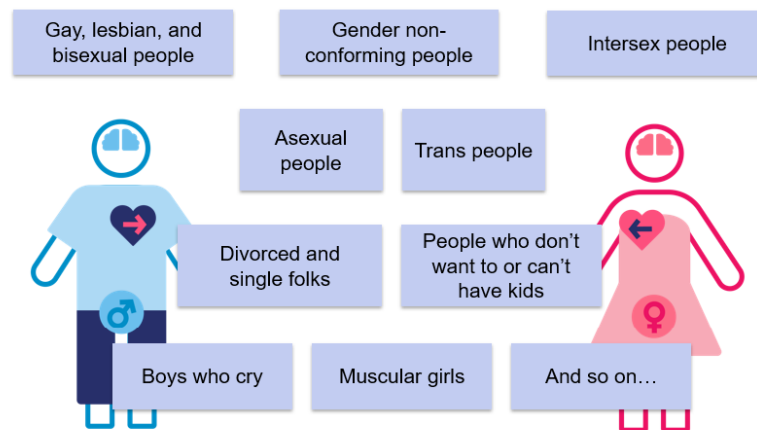
“As compared to their heterosexual peers:

- Lesbian and bisexual youth experience twice the risk of unintended pregnancy.
- **LGBTQ youth have significantly more sexual partners.**
- LGBTQ teens are at an increased risk of STIs, including HIV.” (IN-clued 1 Pager Youth and Clinic: Inclusive Healthcare Youth and Providers Empowered, p. 2)

“Participants watch a video created by and for the IN-clued program... Participants then directly **apply their learning from the video to the sexual behaviors in which they currently engage** or intend to engage in the future.” (Youth Program Manual, p. 6)

Who doesn't fit in the “boxes” of “binary thinking” and traditional sexual identities?

Who doesn't fit in these boxes?



INclued

(IN-clued Health Center Workshop PowerPoint, Slide 25)

“How common is it for **lesbians to have sex with boys**, or gay boys to have sex with girls?” (Health Center Workshop Practice Questions, p. 2)

“Behaviors that could lead to STDs:

- **Oral sex** on a vulva, without a barrier
- Oral sex on a penis, without a condom
- **Anal sex** with shared use of a toy/dildo, without a condom
- Any sexual behavior while drunk or high
- **Rimming** (oral sex on an anus), no barrier
- Fingering/finger popping (digital pleasure to a vulva or anus), no finger cot or glove
- Mutual masturbation touching each other's genitals, no finger cots or gloves

- **Harmonica job** (oral sex on shaft of the penis, avoiding the head)
- **Tea bagging** (oral sex on a scrotum)
- Vaginal sex with shared use of a toy/dildo, without a condom” (Youth Appendix 3: Sexual Behavior Card Instructions, p. 1)

“Behaviors that could lead to pregnancy:

- **Penis-anus sex**, without a condom
- **Group sex** (any types of behaviors), some latex/polyurethane
- Group sex (any types of behaviors), no latex/polyurethane
- **Penis-vagina sex**, without a condom” (Youth Appendix 3: Sexual Behavior Card Instructions, p. 1)

“**Low or no risk behaviors:**

- Penis-vagina sex with a condom
- Penis-anus sex with a condom
- **Fingering**, with barrier
- Showering or bathing together
- **Naked massage**
- **Rimming** (oral sex on an anus) using a dental dam, cut-open condom, or plastic wrap
- Dry humping (rubbing genitals together), some clothing on
- Oral sex on a vulva with a cut-open condom/dental dam or plastic wrap
- Oral sex on an entire penis using a condom
- Watching someone masturbate
- Watching people have sex together (with their consent)
- Closed-mouth kissing
- Tongue (‘French’) kissing
- Hugging
- **Group sex** (any types of behaviors), all with latex/polyurethane
- **Bondage play** – no penis-vagina, penis-anus, or oral sex
- Vaginal sex, using a dildo, with a condom
- **Fisting** (inserting all fingers/fist into the vagina or anus), with a latex/polyurethane glove
- Solo masturbation (touching one’s own genitals for pleasure)
- Cybersex (sex talk via phone, Skype or other technology, often with masturbation involved)
- Rubbing penis between body parts of another person (breasts, chest, feet, etc.)” (Youth Appendix 3: Sexual Behavior Card Instructions, pp. 1-2)

“I’ve also been **experimenting sexually with other guys that I meet online**, not always with protection, and I have lots of mixed feelings about this: excitement, fear, embarrassment, confusion, did I mention excitement?” (Health Center Workshop Appendix 11: Patient Simulation Character Profiles, p. 1)

“Recently, I started having pain when I urinate. I’ve **slept with a couple different guys in the last six months**, but I’ve used protection every time (well, when it comes to anal but not during oral sex). I know I need to get tested, but I’m really

nervous. I don't know what I would do if I had an STD." (Health Center Appendix 11: Patient Simulation Character Profiles, p. 4)

"Sexual & Reproductive Health – Our own capacity or ability (or lack thereof) to reproduce, our feelings about and experiences with reproduction, and **the behaviors and attitudes that play a part in sexual health and enjoyment**. This includes factual information about sexual anatomy, sexual activities, reproduction, contraception, STI prevention, and self-care, among others." (Youth Workshop Supplemental Activities Toolkit, p. 35)

"**Sexual Behaviors & Practices** – What we or others actively do sexually to enact or express our sexuality. Who is doing what when it comes to their own body parts and/or those of a sexual partner or partners, sex toys or other objects." (Youth Workshop Supplemental Activities Toolkit, p. 36)

"Now we're going to explore some specific **experiences related to sexuality** that a person may have throughout their life. Give each participant a few cards with statements on them. They are to decide when this experience may possibly first occur for someone in the United States. They are to then **place the card with the appropriate age card**.

- Strong need for physical affection
- Possibility of physical or sexual abuse
- Sensory or sexual dysfunction
- Get treated for a sexually transmitted infection
- Possibility of **masturbation**
- Possible pleasure from kissing and touching
- Questions sexual values of family/culture
- Greater awareness of attraction to specific traits, such as gender, physical attributes, or personality traits
- Erections
- Vaginal lubrication
- Wet dreams occur
- 'Crises' or 'revelations' lead to different sexual behaviors or sexual values
- **Experience sexual pleasure**
- Make decisions about birth control and/or STD prevention
- Learn 'gender identity'
- Learns and uses words about sex
- Possible unintentional exposure to pornography
- Possible intentional viewing of pornography" (Youth Workshop Supplemental Activities Toolkit, pp. 27, 39-44)

"**Circle of Sexuality: Sensuality Scenario:** A close friend tells you that they really want to be sexually active, but they are embarrassed about the way their body looks. What could you say or do?" (Youth Workshop Supplemental Activities Toolkit, p. 49)

"**Circle of Sexuality: Sexual Behaviors and Practices Scenario:** At a friend's house, people start a game sharing about what they have done sexually. One of

	<p>your friends is teased for ‘being a virgin.’ What could you say or do?” (Youth Supplemental Activities Toolkit, p. 49)</p> <p>“When you hear someone say that they’ve had sex, or hear the word sex in a song or in health class, what do you think people are talking about?’ Solicit a response or two. In most cases, penis-in-vagina sex will be one of the first examples provided. ‘Yes, typically when the word sex is being used it’s referring to penis-in-vagina sex between a cisgender man and a cisgender woman. Let’s take a moment to check in about language: What does cisgender mean?’” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 10)</p> <p>“We know, looking at all the behaviors listed on the board, that sex and intimacy can look all sorts of ways, and be different for each person. When discussing sex with someone like a doctor, or even a potential partner, it’s important to be very specific about which behaviors you mean when you talk about sex. This can help you protect your and your partners’ sexual health.” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 13)</p> <p>“Catch Phrase is a game of speed, like hot potato! The goal is to not be the person holding the bowl when the timer goes off; you need to get the team to guess the word on your card as fast as possible so you can pass the bowl to the person next to you and not get caught with it. If you’re holding the bowl when the buzzer goes off, you’re out!’ Students play this game with the following terms: queer, genderqueer, lesbian, gay, bisexual, pansexual, intersex, questioning, ally, straight, cisgender, transgender, sexual orientation, gender, drag king, drag queen, sex toy, health center, provider, birth control, STDs, asexual, binary, biological sex, assigned sex, coming out, gender expression, gender identity, heteronormativity, cisnormativity, homophobia, attraction, safer sex, condoms, dental dams, sex, oral sex, anal sex, vaginal sex, HIV/AIDS, gender non-conforming, non-binary, gender roles, gender diverse, sexual identity, support network, marriage equality, RuPaul’s Drag Race, unicorns, rainbows, It Gets Better, Angels in America, activism, justice, intersectionality, Modern Love, Tinder, Grindr, OKcupid, patriarchy, Gay Straight Alliance, snow cone, lioness, Glee, Hamilton the Musical, Fun Home, culture, fluidity, ping pong balls, masturbation, polyamory, love, cat walk, zine, feminism, consent, glitter, voguing, lube, make out, fairy, Sense8, The Fosters, Boy Band, The L Word, Tutus, Beyonce” (Peer Educator Training Manual, p. 17; Peer Workshop Appendix 5, pp. 1-4)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them. While this</i></p>	<p>“Before using any of these methods, there are two steps that must happen first...</p> <ul style="list-style-type: none"> • Step 1: Decide if you are ready for the sexual activity. • Step 2: Give consent and get consent from your partner(s).” (Get Clued In, p. 5) <p>“What is consent anyway? Consent: To make a mutual, voluntary, and informed decision between clear-minded, of-age participants before ANY and</p>

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.

EVERY sexual act. Every state has a different legal definition of consent, which is why it is important to ensure you and your partner(s) agree to what’s going to happen.” (Get Clued In, p. 5)

“Which statement do you think best describes sexual consent?”

- Sexual consent is when there is a verbal (communicated) ‘yes’ from all involved.
- Sexual consent is when, simply, both people are into what’s happening sexually.
- Sexual consent is when body language (non-verbal cues) is clear.
- Sexual consent is when it’s a process, always a question, consent of one thing does not equal consent of something else.

No matter which one you picked, you are correct! All of the above statements describe sexual consent. Remember – consent cannot be assumed. It must be clearly expressed!” (Get Clued In, p. 5)

Steps to condom use: “Decide if you’re ready to have sex. Discuss. **Give consent to and get consent** from your partner(s).” (Get Clued In, pp. 8-10)

“Sexual Power and Agency:

- **Power to influence, consent, and/or decline**
- Power over others; using sex to manipulate, control, or harm other people
- Agency is a person’s capacity to act: what a person has the right, ability, or power to do.” (Youth Supplemental Activities Toolkit, p. 37)

“Ask the group what the first step should always be before engaging in any of these behaviors. **The correct answer is ‘get consent.’** Ask the group to define consent and provide a clear definition if needed. A definition for consent that can be shared is: ‘A verbal, informed, and enthusiastic YES given consistently throughout sexual and intimate activities.’” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 12; Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, p. 13)

“Remember, the first step of using any of these safer sex supplies is to **make sure everybody consents to engage in the sexual activities taking place.** This means that the people involved in sex need to talk to each other and decide together that they each want to do what they’re doing.” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 15-16; Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, pp. 17-18)

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.

“What is sex, anyway?” Answers include: “**mouth on a penis, vagina, vulva or anus; penis in vagina or anus**; fingers in a person’s vagina or anus.” (Get Clued In, p. 4)

“Types of sex: **mouth to genitals** (oral sex); **penis to anus** (penetrative).” (Get Clued In, p. 7)

“When used consistently and correctly, internal condoms can reduce the risk of pregnancy and transmitting or acquiring sexually transmitted diseases (STDs), **during vaginal or anal sex.**” (Get Clued In, p. 9)

“When **engaging in oral sex on a vulva or anus**, dental dams can reduce the risk of transmitting or acquiring sexually transmitted diseases (STDs).” (Get Clued In, p. 10)

“The sexual activities that can put someone at risk for acquiring an STD are any activities that include genital-to-genital contact, **genital-to-anus** contact, **mouth-to-genital** contact, or **mouth-to-anus** contact. This includes the use of sex toys that have contacted vaginal, anal or seminal fluid.” (Get Clued In, p. 16)

“Behaviors that could lead to STDs:

- **Oral sex** on a vulva, without a barrier
- **Oral sex** on a penis, without a condom
- **Anal sex** with shared use of a toy/dildo, without a condom
- Any sexual behavior while drunk or high
- **Rimming** (oral sex on an anus), no barrier
- Fingering/finger popping (digital pleasure to a vulva or anus), no finger cot or glove
- Mutual masturbation touching each other’s genitals, no finger cots or gloves
- **Harmonica job** (oral sex on shaft of the penis, avoiding the head)
- **Tea bagging** (oral sex on a scrotum)
- Vaginal sex with shared use of a toy/dildo, without a condom” (Youth Appendix 3: Sexual Behavior Card Instructions, p. 1)

“Behaviors that could lead to pregnancy: **Penis-anus sex**, without a condom” (Youth Appendix 3: Sexual Behavior Card Instructions, p. 1)

“Low or no risk behaviors:

- **Penis-anus sex** with a condom
- **Rimming** (oral sex on an anus) using a dental dam, cut-open condom, or plastic wrap
- **Oral sex** on a vulva with a cut-open condom/dental dam or plastic wrap
- **Oral sex** on an entire penis using a condom
- Fisting (inserting all fingers/fist into the vagina or anus), with a latex/polyurethane glove” (Youth Appendix 3: Sexual Behavior Card Instructions, pp. 1-2)

	<p>“You have a girlfriend and have had oral sex with males and females in the past.” (Health Center Appendix 6: Role Play Scripts, p. 6)</p> <p>“I’ve had a couple girlfriends throughout high school and have been sexually active with them (oral and vaginal sex), always using protection.” (Health Center Workshop Appendix 11: Patient Simulation Character Profiles, p. 1)</p> <p>“I also want clarify that when I sleep with women that just means having oral sex.” (Youth Appendix 6: Exam Room Skit, p. 1)</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>“I am a disabled non-binary person who is assumed to be asexual. I want to have sex in the future, but I’m afraid no one will ever be interested.” (Get Clued In, p. 1)</p> <p>“I am an asexual gay teen who feels pressure to have sex from my friends. They don’t believe me when I say I’m not interested.” (Get Clued In, p. 1)</p> <p>“I am a polyamorous queer teen who needs to know how to have safe sex and relationships with multiple partners.” (Get Clued In, p. 1)</p> <p>“I am a queer fat femme and I am empowered by my femininity! I am femme, not frail.” (Get Clued In, p. 1)</p> <p>Note: <i>Though it’s not clear what Planned Parenthood means by “femme,” the dictionary defines “femme” as a lesbian who embraces a feminine identity.</i></p> <p>“The Q Card is a tri-fold card that youth can use to fill in their sexual orientation, gender identity, gender pronouns, and any specific concerns. It also offers tips on how to provide more sensitive care to queer youth and lists a number of documented health disparities in the LGBTQ community.” (Get Clued In, p. 23)</p> <p>“Ally: A person who advocates for and supports members of a community other than their own, reaching across differences to achieve mutual goals.” (Health Center Appendix 1: Glossary of Terms, p. 1)</p> <p>Note: <i>The term “ally” is almost exclusively used to refer to those who affirm the LGBT lifestyle.</i></p> <p>“Asexual: A sexual orientation generally characterized by not feeling sexual attraction or a desire for partnered sexuality.” (Health Center Appendix 1: Glossary of Terms, p. 1)</p> <p>“Closeted (or ‘in the closet’): Refers to being unable or unwilling to acknowledge one’s gender identity or sexual orientation and/or disclose it to others. (Health Center Appendix 1: Glossary of Terms, p. 1)</p> <p>“Coming out (or ‘out of the closet’): Refers to the process of acknowledging one’s sexual orientation or gender identity and disclosing it to others.</p>

Heterosexual, cisgender people are not generally thought of as needing to 'come out,' as society assumes these identities of everyone. For LGBTQ people, 'coming out' is usually a non-linear, lifelong process of confronting society's assumptions. An individual may be 'out' in certain realms of their life and not in others. Some may never 'come out' to anyone, including themselves." (Health Center Appendix 1: Glossary of Terms, p. 2)

"Bisexual: An umbrella term for people who experience sexual and/or emotional attraction to more than one gender. (A sexual orientation sometimes defined as someone who is sexually and romantically attracted to men and women)." (Health Center Workshop Appendix 1, p. 1; Health Care Curriculum Presentation Session 1 Script, p. 7)

"Gay: A sexual orientation primarily characterized by being sexually and romantically attracted to people of the same gender. This term is often used in reference to men; however, it is sometimes used as an inclusive or 'umbrella' term." (Health Center Appendix 1: Glossary of Terms, p. 2)

"Heteronormative: A world view that promotes heterosexuality as the normal or preferred sexual orientation." (Health Center Appendix 1: Glossary of Terms, p. 4)

"Heterosexism: Institutional and social reinforcement of heterosexuality as superior, privileged, and 'normal,' leading to the oppression of non-heterosexual people." (Health Center Appendix 1: Glossary of Terms, p. 4)

"Heteronormative: A world view that promotes heterosexuality as the normal or preferred sexual orientation." (Health Center Appendix 1: Glossary of Terms, p. 4)

"Heterosexual: Commonly referred to as 'straight,' someone who identifies as being sexually and romantically attracted to people of the opposite sex or gender." (Health Center Appendix 1: Glossary of Terms, p. 4)

"Homosexual: A person who is primarily sexually and/or romantically attracted to people of the same gender." (Health Center Appendix 1: Glossary of Terms, p. 4)

"LGBTQ: An abbreviation that encompasses multiple terms: lesbian, gay, bisexual, trans, queer and questioning. It is meant to be an inclusive, shorthand way of referring to all sexual and gender minorities. It is not uncommon to also see it as 'LGBT,' 'GLBT,' or 'GLBTQ.' Longer abbreviations like LGBTQIA or LGBTQQIAA are used to further include two-spirit people (a Native American gender concept that a person can embody both masculinity and femininity simultaneously), intersex people, asexual people and allies of the LGBTQIA communities." (Health Center Appendix 1: Glossary of Terms, p. 4)

"Lesbian: A self-identified woman who is primarily sexually and romantically attracted to other women." (Health Center Appendix 1: Glossary of Terms, p. 4)

“MSM: Men who have Sex with Men; a category used in medical and other scientific literature to refer specifically to sexual behavior between men, generally for the purposes of studying infection transmission and other sexual health issues. This category speaks to behavior only and is independent of sexual orientation.” (Health Center Appendix 1: Glossary of Terms, p. 4)

“Pink triangle: A symbol used by the LGBTQ community to designate pride and community. During WWII the Nazis identified gay men with a pink triangle to exterminate them. The gay community has since reclaimed the use of the pink triangle as a symbol of pride and in honor of those who were killed.” (Health Center Appendix 1: Glossary of Terms, p. 5)

“Queer: An umbrella term for people who identify outside of the heterosexual or cisgender majority, and who may or may not identify with other existing identity labels. Historically “queer” was used as a derogatory word, and while it is not universally accepted as a positive term, it has been reclaimed by many people who use it to describe their identity with pride.” (Health Center Appendix 1: Glossary of Terms, p. 5; Health Care Curriculum Presentation Script Session 1, p. 7)

“Rainbow: A symbol used since the 1970s by the LGBTQ community to designate LGBTQ pride and community.” (Health Center Appendix 1: Glossary of Terms, p. 5)

“Sexual orientation: Refers to the nature of one’s sexual attraction to others, in particular the gender(s) to which an individual experiences sexual and/or romantic attraction.” (Health Center Appendix 1: Glossary of Terms, p. 6)

“WSW: Women who have Sex with Women; a category used in medical and other scientific literature to refer specifically to sexual behavior between women, generally for the purposes of studying infection transmission and other sexual health issues. This category speaks to behavior only and is independent of sexual orientation.” (Health Center Appendix 1: Glossary of Terms, p. 6)

“Take a minute to read through this list and put a check mark in the boxes next to **all the identities/experiences that apply to you.**

- I’m an LGBTQ person.
- I have a friend or family member who is LGBTQ.
- As a young person, I felt like the community I lived in was a welcoming place for LGBTQ people.
- As an adult, I feel like my community is a welcoming place for LGBTQ people.
- I feel very knowledgeable about LGBTQ issues.
- I have questions about LGBTQ youth.” (Health Center Appendix 2: Group Check-in Survey, p. 1)

“Stand in a line facing the audience and alternate reading lines of the poem,

stepping forward when reading and then stepping back in line until the next turn. Peer educator: ‘When you see me in your waiting room or exam room, please remember me:

- (STEP FORWARD) Remember me, I need to tell my doctor that I’m having sex with my boyfriend, but **I’m afraid my parents will find out I’m gay.**
- (STEP FORWARD) Remember me, **I’m a girl and I am sick of being asked if I have a boyfriend. I like girls.**
- (STEP FORWARD) Remember me, I have unstable housing because my family isn’t okay with my identity. I need birth control that I don’t have to store or remember to take every day.
- (STEP FORWARD) Remember me, **I am a boy who likes boys,** and I feel pressure to have sex from my friends. They don’t believe me when I say I’m not interested.
- (STEP FORWARD) Remember me, I’m scared I won’t be safe in the exam room if I’m truly me.
- (STEP FORWARD) Remember me, when I tell doctors I have sex with other girls, they say I don’t have to worry about being safe. I want to practice safer sex, but I don’t know how.
- (STEP FORWARD) Remember me, **my definition of sex doesn’t match my doctor’s.** How do I ask them how to stay safe?
- (STEP FORWARD) Remember me, **I’m a girl who dates girls** and I’m pregnant.
- (STEP FORWARD) Remember me, I need to know how to have safer sex with multiple partners. Most people **don’t believe that I have multiple meaningful relationships.** They just think I’m selfish.
- (STEP FORWARD) Remember me, I’ve had sex with people I didn’t want to because I wanted people to think I’m straight.
- Peer educator (STEP FORWARD): I may be difficult to see, but in your language and attitude you can tell me that you see me, you hear me, and I am welcome and safe in your waiting room or exam room.
- All peer educators (step forward, in unison): Please remember me.”
(Health Center Appendix 3: Remember Me Poem, pp. 1-2)

“I’m a 17-year-old lesbian, but no one in my family knows this.” (Health Center Appendix 11: Patient Simulation Character Profiles, p.4)

“I’m a 17-year-old girl who is pansexual and polyamorous. I’m so tired of explaining what this means to people at home and at school. I just want to be able to be me without having people question me.” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 8)

“The goal of our IN-clued project is to **improve the health and lives of lesbian, gay, bisexual, transgender, queer and questioning young people** by helping health centers like yours provide more inclusive and affirming care. (Health Care Curriculum Presentation Session 1 Script, p. 5)

“Can people who **identify as asexual** engage in some of these? What about people who **identify as lesbian, gay, or bisexual?** What about trans or non-

	<p>binary individuals?’ Ask the group to define asexual and provide a definition if needed. Ask the group to define non-binary and provide a definition if needed. Encourage the response from the group that any person can engage in intimate or sexual behaviors, regardless of sexual or gender identity.” (Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, p. 14)</p> <p>“Lesbians and bisexual young women have higher rates of unintended pregnancy than their peers. There is some evidence that this is also true of young men who have sex with both males and females.” (Health Center Workshop PowerPoint, Slide 13)</p> <p>“Do most bisexual teens end up being straight or gay?” (Health Center Workshop Practice Questions, p. 2)</p> <p>“Is anyone in your group gay? What was it like to come out?” (Health Center Workshop Practice Questions, p. 3)</p> <p>“I am from ... my 4th grade teacher who supported my random and curious daily journal questions without judgement. ‘What is a training bra for? What do boobs need to be trained to do?’ I would ask while going through puberty in denial. She inspired me and made me feel important. I later found out that she was gay, and I smiled all week to find out she was ‘family.’ It made me wish more teachers would come out. Would that have made a difference? I guess I will never know.” (Youth Supplemental Activities Toolkit, p. 6)</p> <p>“These are some of society’s expectations about gender expression: how a person expresses or displays their gender identity. In a similar way there’s an expected formula for sexual orientation, or who a person is sexually or romantically attracted to. Men are expected or assumed to be attracted to women and women are expected to be attracted to men.” (Health Care Curriculum Presentation Session 1 Script, p. 16)</p>
<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>“Using lubricant during sex can reduce discomfort and maximize pleasure. Lubricant is easy to find and use.” (Get Clued In, p. 13)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development,</i></p>	<p>“What is sex, anyway?” Answers include: “touching a person’s genitals; fingers in a person’s vagina or anus; touching one’s own genitals, with or without partner(s); using a vibrator on self or partner(s); using a variety of sex toys, with or without partner.” (Get Clued In, p. 4)</p> <p>“Types of sex: self-masturbation, no fluid exchange with partner(s); using sex</p>

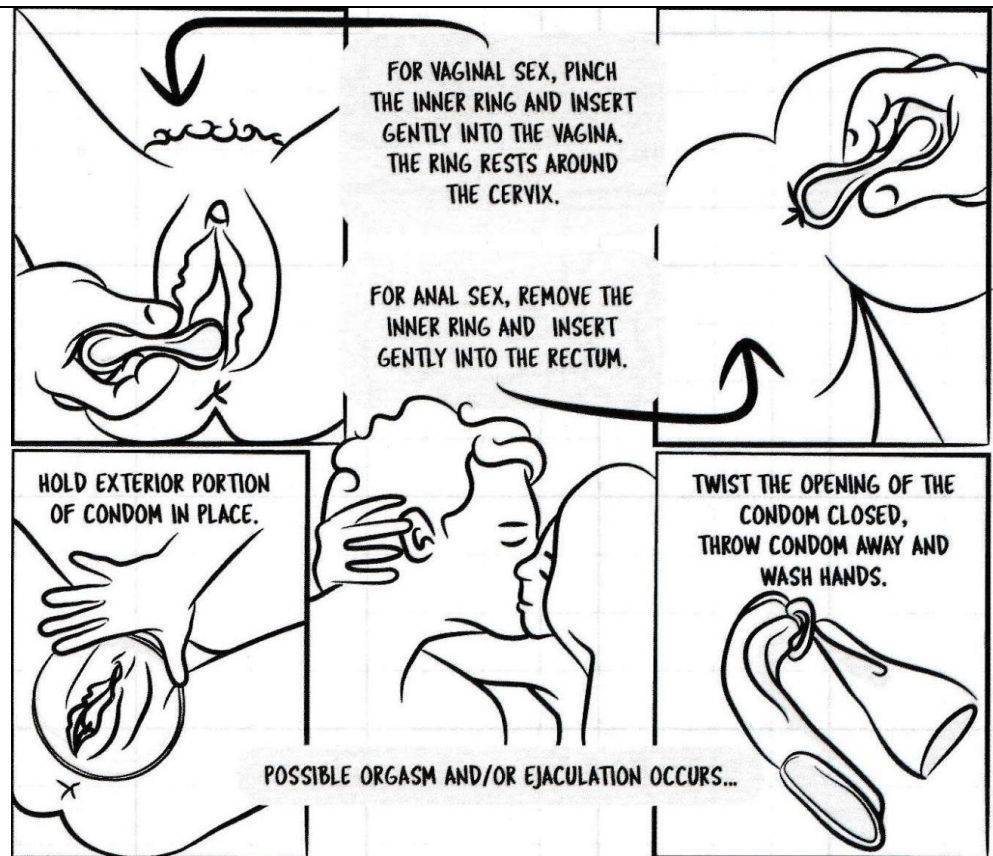
<p><i>encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>toys, feathers, vegetables, stuffed animals, or other objects; hand to genitals (hand to sex toy)." (Get Clued In, pp. 6-7)</p> <p>"Surgical gloves and finger cots can be used as a barrier during manual sex (hand touching genitals or entering a vagina or anus). Manual sex is less risky than intercourse and oral sex, but gloves and cots might be a good choice for you! Avoid using gloves with powder – it can irritate genital skin." (Get Clued In, p. 12)</p> <p>"Behaviors that could lead to STDs: ...Mutual masturbation touching each other's genitals, no finger cots or gloves" (Youth Appendix 3: Sexual Behavior Card Instructions, p. 1)</p> <p>"Low or no risk behaviors: ...Cybersex (sex talk via phone, Skype or other technology, often with masturbation involved)" (Youth Appendix 3: Sexual Behavior Card Instructions, pp. 1-2)</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>"When used consistently and correctly, latex or polyurethane external condoms can reduce the risk of pregnancy and transmitting or acquiring sexually transmitted diseases (STDs)." (Get Clued In, p. 8)</p> <p>Note: No information on condom failure rates is given.</p> <p>"Finding a comfortable fit is important when choosing a condom! There are 60 sizes available at myonecondoms.com." (Get Clued In, p. 8)</p> <p>Steps given for external condom use:</p> <ul style="list-style-type: none"> • "Decide if you're ready to have sex. • Give consent to and get consent from your partner(s). • Check for air bubbles and check expiration date on condom package. • Carefully open the package. • Determine which condom side faces 'up.' • Pinch the condom tip, then roll condom rim down to the base of the penis or sex toy. • Have sex, with consent, possible orgasm and/or ejaculation occurs. • Hold onto base of condom (if withdrawing a penis). • Throw condom away and wash hands." (Get Clued In, p. 8) <p>"Condoms can and should be used with anything inserted into anybody else's body whether it's a body part (like a penis), a sex toy (like a dildo), or something else." (Get Clued In, p. 8)</p>



(Get Clued In, p. 8)

Steps given for internal condom use:

- “First, decide if you’re ready to have sex.
- Give consent to and get consent from your partner(s).
- Check expiration date on condom package and for air bubbles.
- Carefully open the package.
- For vaginal sex, pinch the inner ring and **insert gently into the vagina.**
- **For anal sex**, remove the inner ring and **insert gently into the rectum.**
- Hold exterior portion of condom in place.
- **Possible orgasm and/or ejaculation occurs.**
- Twist the opening of the condom closed, throw condom away and wash hands.” (Get Clued In, p. 9)



(Get Clued In, p. 9)

Note: The FDA has only approved one brand of male condoms for anal sex, a fact that is not mentioned in this program. Leading adolescents to believe that internal condoms are safe for anal sex increases their chances of contracting an STI.

Steps given for dental dam use:

- “First, decide if you’re ready to have sex.
- Give consent to and get consent from your partner(s).
- Add lubricant to the vulva or anus (this is optional).
- **Place the dam over the vulva or anus before any mouth to genital contact.**
- Make sure the side in contact with the vulva or anus stays on that side.
- **Have oral sex, with consent, possible orgasm and/or ejaculation occurs.**
- Throw the dental dam away and wash hands.” (Get Clued In, p. 10)

“For some people, including transfeminine people, **dental dams may not be large enough to cover the entire genital area.** Non-microwavable saran wrap is a safe option to use as a dental dam!” (Get Clued In, p. 10)

Note: It is virtually impossible to find non-microwaveable plastic wrap on store shelves. This instruction is setting students up to contract dangerous infections by using the wrong product with a false sense of security.



(Get Clued In, p. 10)

“Great news! If you don’t have a dental dam on hand, **you can easily make one out of a latex or polyurethane condom or glove.**” (Get Clued In, p. 11)

Note: Our program reviewer tried cutting a condom to make a dental dam. Latex condoms are very difficult to cut, even with sharp scissors. The material catches and tears, and one must put the sharp scissors inside the condom to cut it lengthwise, increasing the risk of tears and small cuts in the wrong place that would render the barrier useless. Once the condom has been cut lengthwise to resemble a rectangle, the coverage for oral sex is highly insufficient. Most dental dams are 6” x 6” inches. A condom cut in this manner gives the user less than 4” of usable width, plus the condom material continues to want to curl in as it was intended to do.

“Using a glove to create a barrier can be excellent for someone with a very enlarged clitoris, like someone with a clitoris who is taking testosterone. Cut the fingers off the glove to create a finger cot to place over the enlarged clitoris, kind of like a condom, or cut the glove into a dental dam that leaves extra space in the thumb for the clitoris.” (Get Clued In, p. 12)

“Surgical gloves and finger cots can be used as a barrier during manual sex (hand touching genitals or entering a vagina or anus). Manual sex is less risky than intercourse and oral sex, but gloves and cots might be a good choice for

you!” (Get Clued In, p. 12)

“Using gloves:

- Make sure your hands are clean and dry.
- Put thumb and fingers inside.
- **Engage in sex, be sure to put a new glove on anytime you switch activities.**
- Throw glove(s) away.” (Get Clued In, p. 12)

“Using finger cots:

- Make sure your hands are clean and dry.
- Roll cot over finger(s).
- **Engage in sex and be sure to put a new cot on anytime you switch activities.**
- Throw cot away.” (Get Clued In, p. 12)

“First, we’re going to look at how to prevent STDs by using different kinds of barriers – condoms, dental dams, and gloves! **We’ll start by demonstrating how to use internal and external condoms.** That’s what we call them, but you’ll also hear them called other things, like male and female condoms, or ‘regular’ and female condoms.” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 16)

“Demonstrate the steps to putting on and taking off an external condom **using the condom demonstrator.**” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 16)

“Pro Tip #1: Condoms can and should be used with anything being inserted into somebody’s body – **whether it’s a body part like a penis, a sex toy like a dildo, or anything else.**” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 17; Peer Educator Training PowerPoint, Slide 32)

“Ask the participants to take out one internal condom from their packet and say: **‘The other kind of condom that can prevent STDs is the internal condom. I’m going to demonstrate how it’s used.** Feel free to follow along!’ Tell participants the steps to using an internal condom are found in their zines on page 9. Demonstrate the steps to using an internal condom.” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 17)

““Oral sex on a vulva or anus can also transmit some STDs – because of skin-to-skin contact – so people can use a dental dam during oral sex to prevent STDs. I’m going to demonstrate how to make one now, out of a condom and out of a glove. You can follow along if you want to!’ Tell the participants to take out an external condom and the two gloves from their packets. Set some scissors on the tables. Show the participants a dental dam and pass it around for them to see. **Demonstrate making a dental dam out of a condom. Demonstrate making a dental dam out of a glove.**” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 17)

“Pro Tip #2: Using a glove to create a barrier can be excellent for someone with a very enlarged clitoris, like someone with a clitoris who is taking testosterone. **Cut the fingers off the glove to create a finger cot to place over the enlarged clitoris – kind of like a condom** – or cut the glove into a dental dam that leaves extra space in the thumb for the clitoris. Tell the group that dental dams may not be big enough to be comfortable for use with someone who is transfeminine. **Tell participants that non-microwavable Saran Wrap can also be used for oral sex and can cover a larger genital area.** Ask the group to define ‘transfeminine’ or provide a definition for clarity.” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 17; Peer Educator Training PowerPoint, Slide 33)

“**Hand out samples of water-based and/or silicone-based lubricant to participants.** ‘Lubricant can make sex even safer, especially penetrative sex. It can reduce friction and increase comfort.’ Point out the following helpful tips about lubricant: Water-based lubricant is safe to use with all of the safer sex materials we’ve been discussing – human bodies, latex condoms, silicone sex toys, everything. Oil-based lubricant is NOT safe to use with latex, because it breaks down the latex and the condom or other barrier will break. Silicone lubricants are safe to use with everything except silicone toys.” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 17)

“ _____ is going to **demonstrate how to use a condom** like this by showing how to put it on and take it off using a model. Feel free to follow along with the one we’re giving you now!” (Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, p. 18)

“Demonstrate the steps to putting on and taking off an external condom **using the condom demonstrator.**” (Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, p. 18)

“**Low to no risk behaviors:**

- Penis-vagina sex, with a condom
- **Penis-anus sex, with a condom**
- Fingering, with barrier
- **Rimming** (oral sex on an anus) using a dental dam, cut-open condom, or plastic wrap
- Fisting (inserting all fingers/fist into the vagina or anus), with a latex/polyurethane glove” (Youth Appendix 3: Sexual Behavior Card Instructions, pp. 1-2)

Behaviors leading to STD transmission:

- “Oral sex on a vulva/vagina without a barrier
- Oral sex on a penis without a barrier
- **Oral sex on an anus** without a barrier
- Sharing fluids on sex toys
- Penis and vagina sex without a condom

	<ul style="list-style-type: none"> • Penis and anus sex without a condom” (Peer Educator Training PowerPoint, Slide 30) <p>Note: This PowerPoint slide has no mention of condom failure rates.</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>“Before using any of these methods, there are two steps that must happen first...</p> <ul style="list-style-type: none"> • Step 1: Decide if you are ready for the sexual activity. • Step 2: Give consent and get consent from your partner(s).” (Get Clued In, p. 5) <p>“If abstinence isn’t the right choice for you, using barriers like condoms, dental dams, and gloves consistently and correctly during sex can reduce your risk.” (Get Clued In, p. 16)</p> <p>“Final Reflection: What is one thing you will commit to doing to take care of your sexual health?” (Peer Educator Training PowerPoint, Slide 48)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“I am a polyamorous queer teen who needs to know how to have safe sex and relationships with multiple partners.” (Get Clued In, p. 1)</p> <p>“What is sex, anyway?” Answers include: “mouth on a penis, vagina, vulva or anus; penis in vagina or anus; touching a person’s genitals; rubbing genitals, clothes on or off; making out; fingers in a person’s vagina or anus; touching one’s own genitals, with or without partner(s); using a vibrator on self or partner(s); using a variety of sex toys, with or without partner.” (Get Clued In, p. 4)</p> <p>“Being sexual with someone can feel great, but it can feel even better if you and your partner(s) know you’re emotionally, physically, and sexually safe.” (Get Clued In, p. 5)</p> <p>“Types of sex: self-masturbation, no fluid exchange with partner(s); dry humping partner(s) with clothes on; hand to chest or other non-genital touching; using sex toys, feathers, vegetables, stuffed animals, or other objects; mouth/tongue to mouth/tongue; hand to genitals (hand to sex toy); mouth to genitals (oral sex); genital to genital (rubbing); penis to anus (penetrative); penis to vagina (penetrative).” (Get Clued In, pp. 6-7)</p> <p>Students decide whether they should believe the following statement or not: “LGBTQ young people engage in more frequent high-risk sexual behaviors than their heterosexual or cisgender peers. BELIEVE IT. These include substance use before sex and reduced rates of condom use. LGB young people also report greater numbers of sexual partners and experience higher rates of sexual victimization.” (Health Center Curriculum Presentation Session 1 Script, p. 11)</p> <p>Students decide whether they should believe the following statement or not:</p>

	<p>“Lesbian and bisexual cisgender young women have higher rates of unintended pregnancy than their peers. BELIEVE IT... LGB young people are more likely to experience earlier onset of sexual behavior, including unprotected penis-vagina intercourse that can lead to STDs and unintended pregnancy.” (Health Center Curriculum Presentation Session 1 Script, p. 12)</p> <p>“I’m seeing someone new (assigned sex: male, pronouns: they/them) now, and I’m really excited about them. I want to start having sex with them, but I want to know how to keep myself and each of my partners safe.” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 8)</p> <p>“As we discussed before the break, the most effective way to prevent STD transmission or pregnancy is to not engage in any of those activities we said could result in an STD or pregnancy. The other way to reduce the chances of STDs and/or pregnancy is to practice protected, safer sex. This can be done by using a barrier like a latex condom for STD prevention and using a barrier together with another reliable form of hormonal birth control if pregnancy is also possible. For this next activity we are going to learn all the ways people, especially LGBTQ people, can stay safe while being sexual with others!” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 15; Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, p. 17)</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>“I am a disabled non-binary person who is assumed to be asexual. I want to have sex in the future, but I’m afraid no one will ever be interested.” (Get Clued In, p. 1)</p> <p>“I am a trans girl who doesn’t always use condoms because I cannot get my boyfriend pregnant.” (Get Clued In, p. 1)</p> <p>“I am a trans boy of color, and I am tired of hearing about women’s periods. I have a period, too, and it is a trans boy’s period.” (Get Clued In, p. 1)</p> <p>“For some people, including transfeminine people, dental dams may not be large enough to cover the entire genital area. Non-microwavable saran wrap is a safe option to use as a dental dam!” (Get Clued In, p. 10)</p> <p>“Using a glove to create a barrier can be excellent for someone with a very enlarged clitoris, like someone with a clitoris who is taking testosterone.” (Get Clued In, p. 12)</p> <p>“If someone is on gender-affirming hormones (sometimes called hormone replacement therapy or HRT), they can still become involved in a pregnancy. The good news is that folks on testosterone can still use many different kinds of birth control safely, and folks on estrogen can still use condoms or receive a vasectomy to prevent pregnancy.” (Get Clued In, p. 15)</p> <p>“Male or Female? This question is less about gender and more about designated sex at birth. It’s important to give the clinic accurate information</p>

while still being true to your identity. You can check a box, leave it blank or fill in your own identity.” (Get Clued In, p. 22)

“If you are having sex with someone who doesn’t fit the ‘male’ or ‘female’ option on the form, you can **leave it blank or fill in a different identity.**” (Get Clued In, p. 22)

“The Q Card is a tri-fold card that youth can use to **fill in their sexual orientation, gender identity, gender pronouns**, and any specific concerns. It also offers tips on how to provide more sensitive care to queer youth and lists a number of documented health disparities in the LGBTQ community.” (Get Clued In, p. 23)

“Remember – never assume that you know:

- **A person’s gender or sexual identity** by looking at them.
- A person’s sexual behaviors because you know their gender or sexual identity.” (Health Center Appendix 1: Glossary of Terms, p. 1)

“**Assigned sex at birth:** Refers to the sex designation that is given to a person at birth, typically based on a visual examination of their genitalia.” (Health Center Appendix 1: Glossary of Terms, p. 1)

“Sex: **A person’s designation as male, female or intersex**, based on physical attributes including internal and external sex organs, chromosomes, hormones and secondary sex characteristics. **This is not a stable, fixed designation** that means the same thing for all people.” (Health Center Appendix 1: Glossary of Terms, p. 1)

“**Cross-dresser:** A person of any gender and/or sexual orientation who wears clothing that is commonly associated with the opposite sex or another gender. Commonly used to describe a heterosexual male who cross dresses as a female some or all of the time but does not typically desire gender transition.” (Health Center Appendix 1: Glossary of Terms, p. 2)

“**Drag:** The theatrical performance of gender, generally for the purpose of entertainment and **celebration of the fluidity of gender**. A drag king performs masculinity in a theatrical way, and a drag queen performs femininity theatrically.” (Health Center Appendix 1: Glossary of Terms, p. 2)

“**DSD: Disorders of Sex Development**, which include a variety of conditions that result in atypical development of the genitals and sex organs. DSD are caused by genetic variations in the sex chromosomes or abnormal hormone exposure during fetal development.” (Health Center Appendix 1: Glossary of Terms, p. 2)

“**Gender:** A **social construction** that dictates what it means to be a man or woman. It is typically thought that men are masculine and women are feminine, but this alignment is becoming increasingly fraught in contemporary U.S. culture.” (Health Center Appendix 1: Glossary of Terms, p. 2)

“Gender binary: The idea that there are only two genders or sexes – male/female or man/woman – and that a person must be strictly either/or.” (Health Center Appendix 1: Glossary of Terms, p. 2)

“Gender identity: One’s authentic sense of self as being a man, a woman, both, neither, or somewhere in between. May or may not be consistent with assigned sex or physical characteristics. Some gender identities include:

- **Gender fluid** – A person whose gender identity varies over time.
- **Gender queer** – A gender-variant person whose gender identity is neither masculine nor feminine, is **between or beyond genders**, or is some combination of genders.
- **Agender** – A person who identifies as having no gender or neutral gender.
- **Androgyne/androgynous** – A person who presents themselves in a gender-neutral manner or who combines outward characteristics that are typically thought of as purely ‘masculine’ or ‘feminine.’
- **Bigender** – A person whose gender identity is a combination of male/man and female/woman.
- **Cis/cisgender** – A person whose gender identity or gender presentation aligns with the sex they were assigned at birth, e.g., a person who is assigned female at birth who identifies as a woman.
- **Gender non-conforming** – A person whose gender expression transcends society’s prescribed gender roles or gender norms for their gender identity.
- **Pangender** – A person whose gender identity is comprised of all or many gender expressions.
- **Trans** – An inclusive term to refer to people who identify as transgender or any other non-conforming gender identity. Many people include the asterisk as a symbol which signifies the inclusion of non-binary gender identities.
- **Transgender** – A gender identity characterized by a gender presentation/identity that does not match the sex they were assigned at birth. A person who is transgender may identify as trans woman, trans man, simply woman or man, or any other gender identity.” (Health Center Appendix 1: Glossary of Terms, p. 3)

“Gender normative: Refers to a person who, by nature or by choice, conforms to the mainstream gender-based expectations of society.” (Health Center Appendix 1: Glossary of Terms, p. 3)

“Gender roles: Roles based on social and cultural expectations that dictate the expected behavior of men and women.” (Health Center Appendix 1: Glossary of Terms, p. 3)

“Internalized homophobia: Refers to feelings of shame, aversion, or self-hatred experienced by people, that results from society’s continued oppression of homosexual people. Internalized homophobia is one of the factors that

contributes to higher rates of risk-taking and suicide among LGBTQ people.” (Health Center Appendix 1: Glossary of Terms, p. 4)

“**Intersex:** A general term used for a variety of conditions (aka: disorders of sex development/DSD) in which a person is born with a reproductive or sexual anatomy, hormones or chromosomes that do not align with the typical medical/biological definitions of male or female. Historically, intersex people were called ‘hermaphrodites,’ a term which is now considered derogatory.” (Health Center Appendix 1: Glossary of Terms, p. 4)

“**LGBTQ:** An abbreviation that encompasses multiple terms: lesbian, gay, bisexual, trans, queer and questioning. It is meant to be an inclusive, shorthand way of referring to all sexual and gender minorities. It is not uncommon to also see it as ‘LGBT,’ ‘GLBT,’ or ‘GLBTQ.’ Longer abbreviations like LGBTQIA or LGBTQQIAA are used to further include two-spirit people (a Native American gender concept that a person can embody both masculinity and femininity simultaneously), intersex people, asexual people and allies of the LGBTQIA communities.” (Health Center Appendix 1: Glossary of Terms, p. 4)

“**Pansexual:** A person who is sexually and romantically attracted to many or multiple gender identities.” (Health Center Appendix 1: Glossary of Terms, p. 5)

“**Outing:** Involuntary disclosure of one’s gender identity, sexual identity, or intersex status to others. Outing is sometimes used as a threat to control the behavior of people who do not want others in their life to know about that part of their identity.” (Health Center Appendix 1: Glossary of Terms, p. 5)

“**Pronouns:** Words in our language that are used to take the place of nouns. Gender pronouns are an important part of one’s gender expression. Using the wrong gender pronouns to talk about a person is very offensive, and conversely, using the correct pronouns is a powerful way to show respect and affirm their gender identity.” (Health Center Appendix 1: Glossary of Terms, p. 5)

___ is/are my friend.	I am so proud of ___.	That is ___ .	That person loves ___ !
They	Them	Theirs	Themselves
She	Her	Hers	Herself
He	Him	His	Himself
Ze	Zir/Hir	Zirs/Hirs	Zirself/Hirself

(Health Center Appendix 1: Glossary of Terms, p. 5)

“**Transphobia:** The irrational fear and hatred of people whose gender identity or gender presentation does not match, in a socially accepted way, the sex they were assigned at birth. It is often used as a justification of or basis for discrimination. Anyone who does not fit into rigid sex role stereotypes, regardless of gender identity or sexual orientation, may be a victim of transphobia.” (Health Center Appendix 1: Glossary of Terms, p. 6)

“Transgender: A person whose authentic gender identity does not match the gender they were assigned at birth.” (Health Care Curriculum Presentation Session 1 Script, p. 7)

“Cisgender: A person whose gender identity aligns with the sex they were assigned at birth.” (Health Care Curriculum Presentation Session 1 Script, p. 7)

“Stand in a line facing the audience and alternate reading lines of the poem, stepping forward when reading and then stepping back in line until the next turn. ‘When you see me in your waiting room or exam room, please remember me:

- (STEP FORWARD) Remember me, I have unstable housing because my family isn’t okay with my identity. I need birth control that I don’t have to store or remember to take every day.
- (STEP FORWARD) Remember me, **I never hear my pronouns used by teachers at school or when I go to the doctor.**
- (STEP FORWARD) Remember me, I am a boy who is scared to have a pelvic exam.
- (STEP FORWARD) Remember me, **my girlfriend has a penis.** How do I explain that to my doctor?
- (STEP FORWARD) Remember me, I’m scared I won’t be safe in the exam room if I’m truly me.
- (STEP FORWARD) Remember me, I’m taking estrogen and my doctors need to know. I hope they don’t ask me to explain my identity.
- Peer educator (STEP FORWARD): I may be difficult to see, but in your language and attitude you can tell me that you see me, you hear me, and I am welcome and safe in your waiting room or exam room.
- All peer educators (step forward, in unison): Please remember me.”
(Health Center Appendix 3: Remember Me Poem, pp. 1-2)

“Patient (Dax): You’re 17 years old and **identify as genderqueer or non-binary.** Your parents gave you the name Rebecca at birth, but you started using the name Dax last year, and now everybody calls you that.” (Health Center Appendix 6: Role Play Scripts, p. 6)

“I’m a 15-year-old who **identifies as non-binary.**” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 2)

“I’m a **16-year-old trans guy.**” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 3)

“I’m a **19-year-old trans guy** who is sexually active and in a committed relationship with my girlfriend.” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 6)

“I don’t want to have a doctor talk about my vagina or breasts **or use she pronouns or be called a lesbian.**” (Health Center Appendix 11: Patient

Simulation Character Profiles, p. 6)

“I’m a 16-year-old who **identifies as non-binary**. I’m not dating anyone seriously right now, but I’ve been having fun with a few different people in my life, **some who identify as guys, some who identify as girls**. Sometimes we just make out, other times we put our mouths other places, but we’re not having sex. I’m glad I don’t need to worry about STDs or pregnancy because I’m not actually having sex.” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 7)

“Based on what we see there, we announce that baby’s assigned sex. **Someone with a penis is assigned male and someone with a vulva is assigned female.**” (Health Center Curriculum Presentation Session 1 Script, p. 15)

“Encourage the response from the group that any person can engage in intimate or sexual behaviors, **regardless of sexual or gender identity.**” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 12)

“Now that we’ve talked about STDs, what about pregnancy? Based on what we learned in the video, how can someone become involved in a pregnancy?” (Answer: Someone can become involved in a pregnancy when semen enters a person’s vagina. This means **anybody who can produce semen and anybody who ovulates and has a vagina** can become involved in a pregnancy.)” (Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, p. 16)

“It’s important to know what kinds of activities could lead to a pregnancy. **Anyone with semen and anyone with a vagina and uterus** can become involved in a pregnancy, even if they identify as LGBTQ. So it’s important to be aware!” (Youth Workshop Curriculum Presentation Script for Adult Facilitators & Peer Educators, p. 16)

“Group reflection:

- What happens to people who exist outside society’s gender boxes?
- In what ways can you help **challenge this binary model** to provide an open, welcoming environment for everyone?” (Health Center Workshop PowerPoint, Slide 26)

“Binary thinking overview: One of the ways we learn to see the world is in a binary: as either/or. For example, we identify things as hot or cold, big or small, right or wrong – and in the case of this workshop, male or female, straight or gay, etc. As humans we often categorize things in order to understand them better, but doing this also has its problems. Binary or ‘either/or’ thinking can cause us to assume that people or things are in opposition to each other. **It can also cause us to oversimplify a person or situation, especially when it comes to sexual and gender identities.**” (Health Care Curriculum Presentation Session 1 Script, p. 15)

“As soon as someone **has an assigned sex**, a lot of assumptions and expectations

	<p>get made about a person. Someone assigned male at birth is expected to identify as a boy and man, and someone assigned female at birth is expected to identify as a girl and woman. However, a person’s gender identity, or the way they identify themselves in terms of their gender, is actually based on a powerful internal sense of who they are as a person.” (Health Care Curriculum Presentation Session 1 Script, p. 15)</p> <p>“We’re here for the disabled non-binary person who is assumed to be asexual. They want to have sex in the future, but they are afraid no one will ever be interested. We’re here for the intersex teen who has a uterus and a vagina but will never have a period. She still identifies as a woman. We’re here for the trans girl who doesn’t always use condoms because she cannot get her boyfriend pregnant. We’re here for the asexual gay teen who feels pressure to have sex from their friends. They don’t believe them when they say they aren’t interested. We’re here for the polyamorous queer teen who needs to know how to have safe sex and relationships with multiple partners. Most people don’t believe that they have multiple meaningful relationships. They just think they’re being selfish. We’re here for the trans boy of color. He is tired of hearing about women’s periods. He has a period, too, and it is a trans boy’s period. We’re here for the undocumented queer boy who has to hide multiple identities in the classroom. We’re here for the teen who lives with queer parents. They are afraid to ask questions about sexual health sometimes because they don’t want their teachers to think their parents can’t answer their questions as well as straight parents could. We’re here for the queer fat femme who is empowered by her femininity! She is femme, not frail.” (Youth Appendix 1a: Inclusion Poem Adult Version, p. 1)</p> <p>“If the form does not have a box for your gender identity or sexual identity, you can choose not to check a box at all, check the box with your assigned sex, or write in your own box with your own identity.” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 23)</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</i></p>	<p>“Barrier methods and birth control methods are a great way to keep yourself and your partners safer during some sexual activities.” (Get Clued In, p. 5)</p> <p>“Protection and Prevention: wear clothes; gloves, if cracks in skin; latex/polyurethane condoms; gloves and lube; dental dam; HPV vaccine; pre-exposure prophylaxis (PrEP).” (Get Clued In, pp. 6-7)</p> <p>“Having an emergency contraceptive (EC) on hand can be a great idea for LGBTQIA+ youth, just in case they need it. Also, young people who are well educated about sexual health and pregnancy prevention and have access to things like EC are also often great resources for their friends, so having EC on hand can be helpful if a friend needs it, too.” (Get Clued In, p. 13; Youth Workshop Curriculum Presentation Script without Peer Educators, p. 18)</p> <p>“Using lubricant during sex can reduce discomfort and maximize pleasure. Lubricant is easy to find and use. Here is some information that will help ensure you are using the right kind:</p>

effects.

- Water-based lubricant
 - Safe to use on bodies
 - Safe to use with latex barriers and non-latex barriers
 - **Safe to use with various sex toys** (silicone, glass, metal, plastic, etc.)
- Silicone-based lubricant
 - Safe to use on bodies
 - **Safe to use with latex barriers and non-latex barriers**
 - NOT safe to use with silicone sex toys
- Oil-based lubricant
 - Safe to use on bodies
 - NOT safe to use with any latex barriers or non-latex barriers
 - NOT safe to use on sex toys” (Get Clued In, p. 13)

Birth Control Guide – “**More than 99% effective pregnancy protection:** The implant, IUD (Skyla), IUD (Mirena), IUD (ParaGard)” (Get Clued In, p. 14)

Birth Control Guide – “**91-94% effective pregnancy protection:** The pill, The patch, The ring, The shot (Depo-Provera)” (Get Clued In, p. 14)

Birth Control Guide – “**76-88% effective pregnancy protection:** Withdrawal, Diaphragm, Fertility Awareness, Internal and External condoms” (Get Clued In, p. 14)

“Not sharing fluids with any person is the surest way [to prevent pregnancy]. If you are engaging in penis-in-vagina sex, **be sure to use protection** – latex or polyurethane condoms along with a long-acting contraceptive like an IUD or an implant is the second best way! The most important thing if you are having sex is to chat with a health care provider about **which form of birth control will be most effective and comfortable for you.**” (Get Clued In, p. 15)

“Among the methods commonly used by young people, **the implant and IUD are most effective because they are long-lasting** and don’t include daily, weekly, or monthly upkeep... It is possible to find an effective method that works well for you!” (Get Clued In, p. 15)

“If someone is on gender-affirming hormones (sometimes called hormone replacement therapy or HRT), they can still become involved in a pregnancy. The good news is that folks on testosterone can still use many different kinds of birth control safely, and folks on estrogen can still **use condoms or receive a vasectomy to prevent pregnancy.**” (Get Clued In, p. 15; Peer Educator Training PowerPoint, Slide 35)



28

(IN-clued Health Center Workshop PowerPoint, Slide 28)

“Dam it! **Make safer sex sexy – use a dental dam!** #CluedIn” (Youth Workshop Text Messages, p. 5)

“How old is the oldest condom? Who invented the condom? What are condoms made of? **Check out this video to learn about the history of the condom:** <https://www.youtube.com/watch?v=THBM9Gyyhic>” (Youth Workshop Text Messages, p. 6)

“You want to **talk about birth control in case you ever need it**, as well as how to protect yourself and the people you have sex with from STDs.” (Health Center Appendix 6: Role Play Scripts, p. 6)

“I really like him, and I really want to but I’m nervous about birth control. Obviously, I don’t want to get pregnant. That would be the worst, for so many reasons. **I know we can use condoms, but I want something that’s even more effective.** But I’m worried if I go on birth control, it will change how I look. I can’t afford to risk my chest or hips getting bigger. I also don’t know how it works with me being on testosterone.” (Health Center Appendix 11: Patient Simulation Character Profiles, p. 3)

“**Emergency Contraception** is available to young people and **can effectively prevent an unintended pregnancy.** It CANNOT end a pregnancy once it has started.” (Peer Educator Training PowerPoint, Slide 36)

“Circle of Sexuality: Sexual and Reproductive Health Scenario: In a favorite class at school, **a debate starts about emergency contraception.** Some students feel that it is ‘not morally ok’ because the teacher tells the class that emergency contraception is an abortion pill. What could you say or do?” (Youth Supplemental Activities Toolkit, p. 49)

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.

“Lessons (or equivalent content):

- Reproductive A&P
- STDs
- HIV & AIDS
- BCMS & Condoms
- Sexual Orientation
- Gender
- Reproductive Health Services in our Community
- Teaching Sex Education
- Learning the Lesson
- Classroom Mgmt.
- Answering Questions

We **encourage peer educators be trained in the above content** in order for them to have a solid foundation of sexual health knowledge before diving into the IN-clued curriculum.” (Peer Educator Training Manual, p. 3)

“**Selection of IN-clued peer educators is up to the discretion of the adult facilitator.** Some may choose to hand select peer educators, use an application process, or train all peer educators.” (Peer Educator Training Manual, p. 3)

“State that the next activity will give the group a chance to apply the concept of being a good steward of learning to the **types of groups they will be teaching** during the IN-clued Program.” (Peer Educator Training Manual, p. 12)

“Today we’re going to **learn how to facilitate the IN-clued youth curriculum** – and you’ll get lots of practice so you feel ready when we actually go and do it. **We will be co-leading this workshop together.** For your sections of the workshop, I will observe you facilitate, and then we will all give and receive feedback afterward. So today is all about getting you ready for your parts! By the end of the day my hope is that you feel confident that you can successfully lead your parts of this awesome workshop.” (Peer Educator Training Manual, p. 16)

“Activity 1: Let’s Talk About Sex! – Since the **Peer Educator is responsible for facilitating the reading and answering of sticky notes during the activity**, they can practice by co-facilitating this section together with the Adult Facilitator.” (Peer Educator Training Manual, p. 23)

“Tell the Peer Educators to sign up to practice an activity (or two) **that they would be willing to actually facilitate** when it comes time to implement the workshop in the community.” (Peer Educator Training Manual, p. 26)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

May encourage children to question their parents’ beliefs or their cultural or religious values

“I am a **teen who lives with queer parents.** I am afraid to ask questions about sexual health sometimes because I don’t want my teachers to think my parents can’t answer my questions as well as straight parents could.” (Get Clued In, p. 1)

“What is sex, anyway?” Answers include: “**mouth on a penis, vagina, vulva or anus;** penis in vagina or anus; touching a person’s genitals; rubbing genitals,

<p><i>regarding sex, sexual orientation or gender identity.</i></p>	<p>clothes on or off; making out; fingers in a person’s vagina or anus; touching one’s own genitals, with or without partner(s); using a vibrator on self or partner(s); using a vibrator on self or partner(s); using a variety of sex toys, with or without partner.” (Get Clued In, p. 4)</p> <p>“Take a moment to reflect on the messages you received about these sexuality topics when you were growing up and write down some notes or key details in the boxes provided.</p> <ul style="list-style-type: none"> • What it means to be a boy/man? • What it means to be a girl/women? • Transgender • Homosexuality/bisexuality • Teens having sex” (Health Center Appendix 5: What I’ve Learned, p. 1) <p>“It’s not because this is the only way to have sex or the right way to have sex. Sex is often defined this way because our society is heteronormative. It doesn’t usually acknowledge genderqueer, non-binary, intersex, or transgender identities, which means that being straight and cisgender is considered the norm. This biased perspective shapes the messages and information we get about sex in school, from the media, and even from our friends and family. And it often leads to incomplete and inaccurate information. But we know sex is so much more than penis-in-vagina intercourse, and we know there are many more identities out there than straight and cisgender!” (Youth Workshop Curriculum Presentation Script without Peer Educators, p. 11)</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>“Family of choice: Support networks that function as families for people who may lack strong connections with biological or legally-classified family members. For many LGBTQ people, family of origin may or may not be a part of their support system depending on the level of acceptance and support it offers. Care providers’ sensitivity to those whom the client views as family is essential to providing quality care.” (Health Center Appendix 1: Glossary of Terms, p. 2)</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</i></p>	<p>“There are places that offer LGBTQ youth-friendly STD testing that is confidential and free or low cost. Planned Parenthood Health Centers, your county or city health clinic, and even your regular doctor’s office can be good places to try!” (Get Clued In, p. 16)</p> <p>“Reasons to go to a clinic:</p> <ul style="list-style-type: none"> • I have a lot of questions about sexual health and safety I want answered

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)

by a doctor.

- I think I might need to be on birth control.
- I want to **get some Emergency Contraception** to have on hand.
- I want some condoms or other safer sex supplies.
- I want to get tested for STDs.
- My partner and I want to **get tested for STDs before we have sex**
- I don't need an appointment myself but want to go with a friend to support them.
- I'm experiencing what might be a symptom of an STD or pregnancy – such as itching/burning when I pee, unusual cramps, unexpected bleeding, or missing a period.” (Get Clued In, p. 18)

“Resources:

- Advocates for Youth
- Lambda Legal
- **The Transgender Law Center**
- The Trevor Project
- The LGBT National Help Center
- The Trans Lifeline
- The Gay, Lesbian and Straight Education Network (GLSEN)
- GSA Network
- Scarleteen
- Queertips
- **Planned Parenthood**
- Sex, Etc.
- Bedsider
- Spot On
- Roo
- The Advocate
- Refuge
- Seattle Children's Gender Clinic” (Get Clued In, pp. 28-29)

Note: Descriptions and websites are given for the above resources.

“Additional Reading:

- **Queer: The Ultimate LGBT Guide for Teens** by Kathy Belge and Marke Bieschke
- *GLBTQ: The Survival Guide for Gay, Lesbian, Bisexual, Transgender, and Questioning Teens* by Kelly Huegel
- **Trans Bodies, Trans Selves: A Resource for the Transgender Community** by Laura Erikson-Schroth
- Advocates for Youth Health Information for Young People” (Get Clued In, p. 29)