CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool[1] was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)[2] curricula and materials. For more information, visit www.stopcse.org.

Analysis of

Many Ways of Being

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Many Ways of Being **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: *Many Ways of Being* is intended for use in a school or community setting. The program's overall goal is to reduce the incidence of sexually transmitted infections (STIs) and unplanned pregnancy, not to promote abstinence. Students are taught about all forms of birth control and instructed in condom use using penis and vagina models. The program uses the "Gender Unicorn" handout to normalize a spectrum of sexual orientations and gender identities. Participants are taught how to consent to sex and where they can receive sexual health services without parental consent. This program normalizes oral and anal sex, masturbation, sex toys, sexting, and viewing pornography.

Target Age Group: Ages 15-19

Connections: Healthy Teen Network

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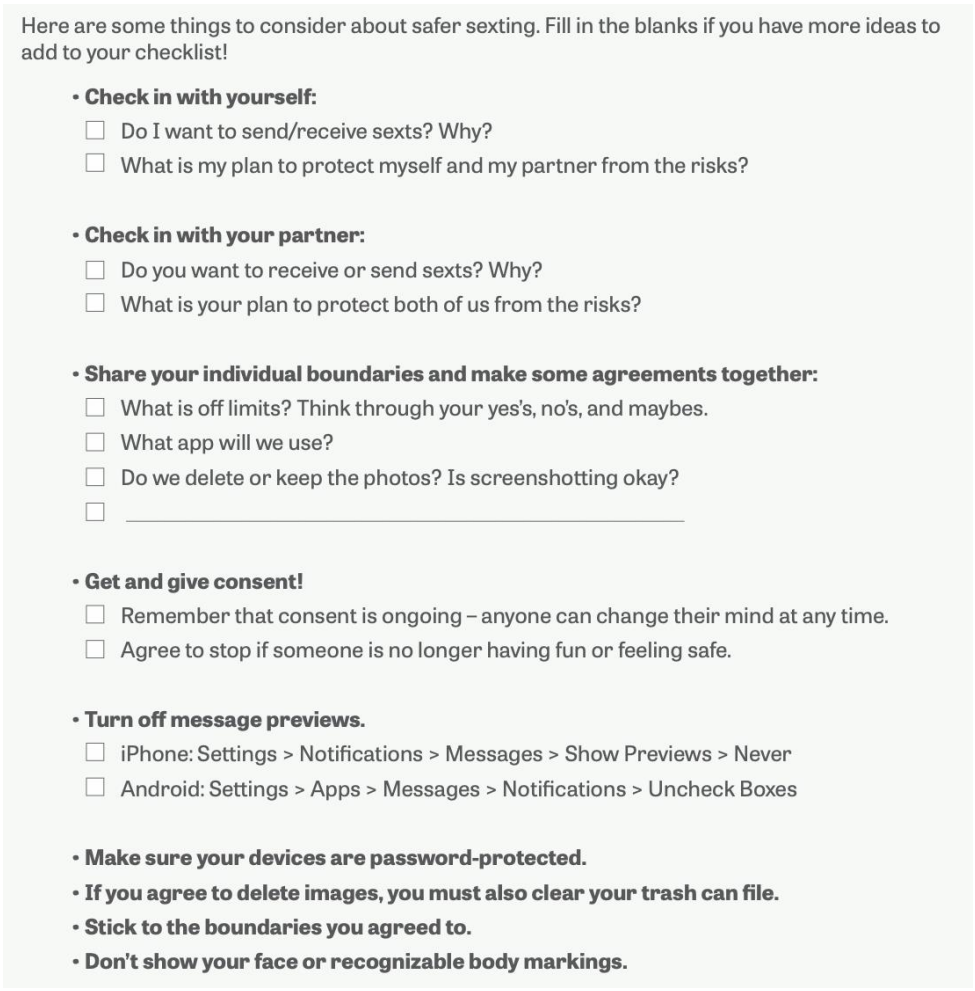
HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit*	"MWB engages adolescents of all genders on issues that impact their daily lives, including identity, emotions, interpersonal communication, caring and nonviolent relationships**, sexual consent, risk reduction strategies** for STI transmission and unplanned pregnancy, and **accessing clinical SRH services**." (p. 7) "During this program, we are going to **discuss topics such as relationships, sex**, **condoms, contraception, gender**, and violence. These are very personal topics that can be sensitive to some people. It is important to create a safe, respectful,

[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.

sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.	and comfortable space for members of the group to talk freely." (p. 44) Song lyric example: "You don't even have to try; **You're cute enough to f*** with me** tonight." (p. 52) **APPENDIX 9** RELATIONSHIP SITUATION CARDS 1 The only important thing in the relationship is sex. 2 You spend some time by yourself without your partner. 3 You have fun and can be yourself around your friends and family. 4 Your partner is still close to their ex. 5 You talk about how to protect against an unplanned pregnancy and STIs. 6 You make your partner feel guilty for not wanting to have a baby with you. 7 You usually make every decision in the relationship. 8 You always comment on how your partner looks. 9 You stay in the relationship because it is better than being alone. 10 You are in control of yourself and able to make your own decisions. 11 You and your friend talk about problems when they arise. 12 You argue or fight occasionally. 13 Your partner forces you to have sex when you don't want to. 14 Alcohol and drugs play a major role in your relationship. 15 Your partner hits you. 16 You and your partner share your social media and phone passwords with each other. 17 You give your partner the silent treatment because you feel jealous they looked at someone else. 18 You have a friend spy on your partner. 19 You pressure your partner to not use any form of birth control when you are having sex. 20 You see your friends less because you spend all of your time with your partner. 21 You follow through on your promises to your family. (p. 146) "**Identify the reasons young people might sext**, plus the risks and potential consequences of sexting." (p. 186) "Porn is printed material, pictures, or videos that explicitly describe or display sexual body parts or sexual activities. **Pornography can be a source for exploration or curiosity**, but it is not sexuality education." (p. 186) "What are some of the reasons young people **might watch or be curious about porn?** Possible answers: **Sexual arousal**, learning about the 'how to' of sex, learning more about what they like or what other people might like, looking for content that might better represent their identities or desires that they don't see in other places (**like seeing a gay sexual relationship**)." (p. 187) "**Sexting is digitally sending or sharing sexual images and/or texts**. These can be nude or semi-nude images or just explicit texts. Typically, sexting occurs through text messages, but it can include emails, DMs, Snapchat selfies, and even TikTok messages. What are some reasons why someone might sext? Possible answers: It's a long-distance relationship, and they want to be intimate; **they want to be turned on or turn someone else on**; they save pictures for later; it's foreplay." (p. 192) "What are some ways that you could **reduce your risks while sexting**?" (p. 193) "We've also come up with a list of ways to **reduce risk while sexting**. Take a few

minutes to review this document, and let me know if you have any thoughts. You can add anything that you all came up with to the bottom and take this home." (p. 194)



Here are some things to consider about safer sexting. Fill in the blanks if you have more ideas to add to your checklist!

- **Check in with yourself:**
  - ☐ Do I want to send/receive sexts? Why?
  - ☐ What is my plan to protect myself and my partner from the risks?
- **Check in with your partner:**
  - ☐ Do you want to receive or send sexts? Why?
  - ☐ What is your plan to protect both of us from the risks?
- **Share your individual boundaries and make some agreements together:**
  - ☐ What is off limits? Think through your yes's, no's, and maybes.
  - ☐ What app will we use?
  - ☐ Do we delete or keep the photos? Is screenshotting okay?
  - ☐ _____
- **Get and give consent!**
  - ☐ Remember that consent is ongoing – anyone can change their mind at any time.
  - ☐ Agree to stop if someone is no longer having fun or feeling safe.
- **Turn off message previews.**
  - ☐ iPhone: Settings > Notifications > Messages > Show Previews > Never
  - ☐ Android: Settings > Apps > Messages > Notifications > Uncheck Boxes
- **Make sure your devices are password-protected.**
- **If you agree to delete images, you must also clear your trash can file.**
- **Stick to the boundaries you agreed to.**
- **Don't show your face or recognizable body markings.**

(p. 198)

Note: *This program does briefly state on page 193 that it is illegal for minors to send or receive sexts. Given that fact, students should never be encouraged to develop "safe" standards for sexting, because an illegal actively can never be done safely or responsibly.*

"Andres (he/him) is getting more serious with his partner, and they are talking about having sex for the first time. Andres has never had sex before; however, his partner has**. Andres is excited to explore things that bring them both pleasure**. But he's also nervous and feels a lot of pressure to perform. He feels pressure to know what to do because he's a man. He knows that he will be expected to take control in the situation. **He's seen porn and thinks he can get some answers from watching more**. Andres and his partner are hanging out, and they start hooking up. Andres thinks back to what he saw in the videos he watched. **He skips out on the foreplay and doesn't put on a condom**. He tries to mimic some of the actions he's seen when watching porn, including getting aggressive. In the moment, he can tell he's aroused and experiencing sexual pleasure, but something's missing... Afterward, Andres asks, 'How great was

	that?!' His partner is visibly reserved and has shut down. They respond, 'I really don't know what to say, Andres. That wasn't what I was hoping for.'" (p. 197) "Today, we are going to **discuss a lot of topics related to our sexual lives** – including communication, consent, sexually transmitted infections, and condoms." (p. 206) "'But being abstinent doesn't necessarily mean that you can't be sexual or intimate with your partner(s) – there is also something called **outercourse**. Using outercourse as birth control means you do some sexual activities, but you don't have vaginal sex (penis-in-vagina) or get any semen (cum) in the vagina. This way, the sperm cells in semen can't get to an egg and cause pregnancy. **Some outercourse examples include kissing, massage, masturbating, using sex toys on each other, dry humping (grinding),** and talking about your fantasies' (Planned Parenthood)." (p. 261) "Each question will have a risk type and a behavior: for example, risk of pregnancy **from anal sex without a condom**. The type of risk is pregnancy, and the behavior is anal sex without a condom. You should decide whether you think the risk level is high, medium, low, or none, and select the corresponding button. We will see at the end who gets the most points. Let's get started." (p. 283) Youth discuss the risk level of the following behaviors for pregnancy and STI transmission: • "**Vaginal sex** without a condom or other forms of contraception – Pregnancy: High, STIs: High • **Anal sex** with a condom – Pregnancy: None, STIs: Medium • Becoming involved in a sexual situation while really drunk/high – Pregnancy: High, STIs: High • Sexting someone without their permission – Pregnancy: None, STIs: None • Performing **oral sex** on a vulva (outer part of the female genitalia) without a barrier – Pregnancy: None, STIs: Medium • Dating someone who always pays for everything – Pregnancy: None, STIs: None • Use of **the pull-out method** as your only form of contraception – Pregnancy: High, STIs: High • Condom breaks during vaginal sex (penis in vagina) – Pregnancy: High, STIs: High • You forget to get tested for STIs **between your sexual partners** – Pregnancy: None, STIs: High • **Using a sex toy** with yourself only or self-masturbation – Pregnancy: None, STIs: None • Taking emergency contraception often when you forget to use condoms – Pregnancy: Medium, STIs: High • Vaginal sex without a condom where long-lasting hormonal birth control (an IUD or implant) is being used – Pregnancy: Low, STIs: High" (p. 286)

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.

"Session 6 starts with a conversation about the importance and steps of **establishing sexual consent**, including how to ask for it, clarify when it's unclear, give it, and receive it." (p. 13)

Session 6 Purpose: "Discuss the concept of consent and the ways it shows up in today's relationships, as well as **learn how to ask for consent**, clarify when it's unclear, give consent, and respect a partner's decision." (p. 13)

Intended Outcome: "Increase **prevalence of consent in relationships** (asking for, providing, and respecting)" (p. 26)

Program Determinant: "**Negotiate condom use with partner**(s)" (p. 28)

Learning Objective: "**Ask for sexual consent** and clarify sexual consent when not sure; Respond to a partner's response to sexual consent" (p. 209)

"**Consent is established when your partner says 'yes' when you ask**. The best way to know that you have your partner's consent is to talk about it! Ongoing conversation about what a partner is comfortable or uncomfortable doing is an important vehicle for consent." (p. 209)

"In this session, we will talk about **asking for and receiving consent** as a consistent practice in healthy relationships." (p. 211)

Consent IS...	Consent ISN'T...
...when both your words and body language tell someone that you are interested in a sexual activity	*...possible when someone is under the influence of drugs and/or alcohol*
...required by all people involved in the sexual activity	*...assumed*
...able to be taken back at any time	*...only asked once*
...necessary even if you're in a committed relationship	*...only for penetrative sex*
*...only able to be given if all partners are 16 years old or above** **Applicable to DC law*	*...automatically given until someone says "no" or "stop"*
...agreeing to each sexual activity before it happens	*...automatically given because someone gets turned on (like an erection or getting wet)*
...given freely without pressure	*...repeatedly asking someone until a "yes" is eventually given*
...something that comes down to caring for yourself and others and communicating	*...implied by what clothing someone is or isn't wearing*

(p. 212)

	"To summarize, **sexual consent means everyone involved must**: 1) want to be there; 2) want to be doing what they are doing; and 3) have to care that the other people involved want those things, too. Remember, having sex without consent is rape." (p. 212) Read the following statements and have the participants move to the corresponding sign they think best applies to the statement – whether it is an example of asking for consent, checking in during, or checking in after. If there is disagreement, you can probe for participants' rationale for choosing what they did, but there are generally no right or wrong answers for this activity. **Statement** / **Answer** *"I am enjoying this. Are you?"* — *Checking In During* *"Do you want to do... X?"* — *Asking for Consent, Checking In During* *"Is this still turning you on?"* — *Checking In During* *"How was that for you?"* — *Checking In After/During* *"It turns me on when we ... X ... How do you feel about that?"* — *Asking for Consent, Checking In During/ After* *"What would you like to do differently next time?"* — *Checking In After* *"Are you good with this?"* — *Asking for Consent/Checking In During* *"Will you do ... X ... to me?"* — *Asking for Consent/Checking In During* *"Do you want me to?"* — *Asking for Consent/Checking In During* (p. 214) "How can **confirming consent make sex more fun** or enjoyable?" (p. 215)
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.*	"Most of you know that one of the risks of having **vaginal, oral, or anal sex** – and of some skin-to-skin genital contact – is transmitting a sexually transmitted infection, or STI." (p. 219) "Can anyone name an activity that puts a person at risk of an STI? Possible answers: Penis-in-vagina sexual intercourse, **oral sex, anal sex**, sharing needles, kissing." (p. 220) "A person infected with herpes can infect a partner during **anal, oral, or vaginal sex**, even if they don't have any visible lesions." (p. 228) "Insert the penis into the **mouth, vagina, or anus**." (p. 235) "Squeeze the ring located inside the closed end of the internal condom together

	between the thumb and middle finger and insert into the body opening (**vagina or anus**)." (p. 235) "There is a third 'barrier method' in addition to the external and internal condoms called a dental dam or oral barrier. This is **used when having oral sex** (touching a penis, vagina, or anus with the mouth)." (p. 236) "Demonstrate the proper use of a **dental dam** (with your hands or over a picture of a vulva). If you don't have access to a dental dam, cut a condom with scissors and demonstrate. Afterward, ask if they have any questions." (p. 236)
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *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.*	"Unpack the **differences between sex, gender, and sexual orientation** and begin to identify the pressures society places on specific identities." (p. 9) "All people, **no matter who they are or to whom they are attracted**, are looking for the same things in a relationship." (p. 59) "Today, we are going to discuss the **differences between your gender, sex assigned at birth, and sexual orientation**. Toward the end of today's session, we will be discussing other parts of your identities and some pressures you may face related to your identity." (p. 73) "One sexual orientation that Ollie didn't talk about in this video is asexuality – when someone **doesn't feel sexual attraction to other people**." (p. 84) "**Sexual orientation**. It is important to note that sexual and romantic/emotional attraction can come from various factors including but not limited to gender identity, gender expression/ presentation, and sex assigned at birth." (p. 90)
5. PROMOTES SEXUAL PLEASURE *May teach children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.*	Session Purpose: "Learn about the **concept of pleasure** and ways to start exploring what they like and don't like." (p. 12) Program Determinant: "Make decisions that prioritize their safety, agency, and **enjoyment in sexual experiences**." (p. 28) Program Determinant: "Increased attitudes/values/beliefs about... Importance of their own **pleasure in sexual experiences**." (p. 28) "Define the term '**sexual pleasure**' and state its importance in relation to knowing oneself and setting boundaries, healthy relationships, and consent." (p. 173) "Exploring Pleasure Key Messages: • It's important for people to **explore what brings them pleasure** and be comfortable communicating that with others… • Seeking and experiencing pleasure is part of being human – it is hardwired into our brains! • Everyone has the **right to experience pleasure** and fulfillment.

	• **Giving and receiving pleasure** is not just a sexual activity; it is part of consent, healthy relationships, and communication." (p. 173) "The primary reason **people engage in sexual activity is so they experience pleasure**. People can have a diverse set of desires and experience sexual pleasure in many different ways. And you're the only one who can determine what brings you pleasure and what doesn't. People can **experience sexual pleasure by themselves** (masturbation, fantasy, and body affirmations) **or with others** (kissing, touching, sexting, using protection, and more). Engaging in any sexual behavior, whether alone or with others, **should feel pleasurable**!" (p. 175) "What can people do to **explore their own sexual pleasure**? Possible answers: **masturbate**, watch pornography, **read erotic young adult novels**, look up information about different types of sex, talk to their partner about things they could do together." (p. 175) "And just so we are clear about that, **an orgasm is when you feel an intense, pleasurable sensation** that results in a release of sexual tension and sometimes sexual fluids." (p. 176) "Our brains are the biggest sex organ in our bodies. Answer: FACT! We rarely think of our brains as a sex organ, but it's true. So often, what we are thinking in our minds **can influence our experiences with pleasure**." (p. 177) "Practicing safer sex can be a form of pleasure. Answer: FACT! **Feeling safe and protected brings a lot of people pleasure** and eliminates some of the worry or nervousness about the risk of pregnancy or STIs. As we mentioned earlier, your brain controls a lot of your ability to experience pleasure. Peace of mind is key in that equation." (p. 177) "Sometimes, exploring sexual pleasure can include experiences of discomfort or pain. Answer: FACT! There could be lots of reasons for experiences of pain or discomfort during sexual activity. If something hurts or doesn't feel good, it can help to take a break and try something new. There are lots of options – **using lube or a sex toy, doing things slower or faster, or switching your position**." (p. 177) "Can anyone remind me why it's important to **start thinking about sexual pleasure and exploring your likes and dislikes**? Possible answers: It lets you explore and get to know another part of yourself; it helps you communicate that to other people and ultimately feel more satisfied in your interactions with them; it helps you draw boundaries and keep yourself healthy and safe." (p. 178) "Generally, a porn video ends when the man finishes, but in reality, it's **important that both people enjoy themselves and feel pleasure**." (p. 190) "It's important for people to **explore what brings them pleasure** and be comfortable communicating that with others." (p. 199)

	"**Everyone has the right to experience pleasure** and fulfillment. Giving and receiving pleasure is not just a sexual activity; it is part of consent, healthy relationships, and communication." (p. 199)
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION *While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.*	"Despite the taboo around it, **masturbation is normal for people** to do. Unless it becomes an addiction or is done in public, it doesn't have any health risks." (p. 173) "Just so we are all clear, masturbation is the act of **touching or rubbing your own body in order to give yourself sexual pleasure**. This can result in an orgasm or cumming." (p. 176) "People of **all gender identities and sexual orientations can masturbate**. Answer: FACT! People of all ages, genders, abilities, sexualities, ethnicities, cultures, religions, and relationship statuses have a right to experience pleasure and **explore it through self-pleasure**." (p. 176) "Being curious and wanting to touch our bodies is normal and starts at a young age. Answer: FACT! **Masturbation is a normal childhood habit** wherein young children discover their genitalia and the feelings of pleasure that arise from this activity." (p. 177) "Masturbation is good for you and has health benefits. Answer: FACT! **Masturbation actually has many health benefits** – like improving concentration and sleep and relieving stress and headaches as the body releases endorphins – but if it disrupts your daily life, you may need to see a doctor." (p. 178) "I hope we will all walk away with the understanding that **masturbation is normal and that it's one of the methods that people use to figure out what brings them sexual pleasure** – which is ultimately helpful for them to know if and when they have a partner." (p. 178) "Can anyone name a sexual activity that DOES NOT put a person at risk of an STI? Possible answers: Massage, cuddling, touching with hands, **mutual masturbation,** sexting." (p. 220)
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically*	"Materials • **Wooden penis models** – 1 per participant • External condoms –1 per participant • Internal condom • Vaginal model • Dental dam" (p. 231) "External condoms are the **only method of contraceptives for bodies with a penis**, besides abstinence and vasectomy. Decrease stress/worry about STIs and pregnancy and may **make sex more enjoyable**." (p. 232)

inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.	"This next activity is going to be dedicated to **learning how to use condoms correctly**. There are two main types of condoms, internal (for inside a vagina or anus) and external (to **go over a penis or sex toy**). We will learn about how to use external and internal condoms, as well as dental dams that can be used during oral sex." (p. 233) "Now that you know the proper steps to use a condom, it is your turn to practice. In a moment, I will **pass out a condom and a wooden penis demonstrator to each participant**. In order, I will read each step aloud, and you will follow along using your condoms and demonstrator." (p. 234) "**Hand out a condom and demonstrator to each participant**, and read each step aloud and have them practice. If you have limited demonstrators, you can also split the room in half and each facilitator could demonstrate for the youth." (p. 234) "Facilitator Notes: If you do not have access to demonstrators for the participants, you can have them **roll the condom over their hand**." (p. 234) "As you demonstrate, talk through the following steps: a) Talk with your partner about using condoms. **Communicate how you will use protection and where you will get it**. Regardless of age or gender, young people have the right to access condoms. Condoms are pretty accessible and inexpensive (sometimes, they are free). Condoms can be found at a gas station, grocery store, pharmacy, clinic, and some community centers. b) Pick up or purchase condoms and lube. **External condoms come in different sizes, textures, and even flavors**. Some have lubrication on them, and some don't. If not, it is recommended to use water-based lubricant with latex condoms – don't use anything with oil because oil can damage latex condoms. c) Once you have condoms, store them in a cool, dry place. d) Check the expiration date and make sure the package isn't damaged. Use a new condom every time you have sex and during the whole time you have sex. e) Place the condom nearby and **make it easily accessible**. f) Open the package carefully. Do not rip the condom, and make sure there are no tears or defects. g) Pinch the tip, and in the air, unroll the condom a little. If it's easy to do, it's facing the right way. If you have put the condom on the wrong way, throw it out and get a new one. h) Keep pinching the tip and roll the condom on, down to the base of an erect penis. i) **Insert the penis into the mouth, vagina, or anus**. j) After ejaculation, hold the condom at the base of the penis, and then withdraw the penis from the partner's body. k) Take the condom off **before the penis gets soft**, making sure that semen doesn't spill out. l) Wrap the condom in a tissue and throw it away. Never use it twice." (pp.

234-235)

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

"**Demonstrate the application of an internal condom** with a model by Saying, 'Now, we are going to demonstrate the use of an internal condom, which can be used for vaginal or anal sex to protect you against STIs and pregnancy, just like an external condom.'" (p. 235)

"To use an internal condom, you:

1. Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.
2. Squeeze the ring located inside the closed end of the internal condom together between the thumb and middle finger and **insert into the body opening (vagina or anus)**.
3. Push the condom up into the body, leaving the outer ring (open end) outside the body.
4. **During penetration, make sure insertion occurs inside the condom** – not between the ring and the body opening. The outer ring should remain outside the body, not pushed into the opening.
5. To remove, twist the outer ring and gently pull the condom out of the body. When removing the condom **from the vagina or anus**, avoid contact between the condom/body and the partner.
6. Throw the condom away in the trash after use (each condom can only be used once)." (pp. 235-236)

"There is a **third 'barrier method'** in addition to the external and internal condoms called a **dental dam or oral barrier**. This is used when having oral sex (touching a penis, vagina, or anus with the mouth). This only protects you against STI transmission, as oral sex doesn't put you at risk of pregnancy. You can use an actual dental dam if you have access to one, or you can just roll out a non-lubricated condom, cut the tip and bottom off, cut it lengthwise, and then stretch it out." (p. 236)

"**Demonstrate the proper use of a dental dam** (with your hands or over a picture of a vulva). If you don't have access to a dental dam, cut a condom with scissors and demonstrate. Afterward, ask if they have any questions." (p. 236)

"As we end this activity, there are a few **other points related to condoms that we want to mention**:

a) You shouldn't use an internal and external condom at the same time – **choose one or the other**.
b) Most condoms are made from latex. Some people have allergies to latex and, therefore, need non-latex condoms.
c) Condoms can break during sex. But by using a condom correctly, you can reduce the likelihood of condom breakage.
d) **Lubricant, or lube, can be used to reduce friction** or irritation during sex.

	It's important that you don't use oil-based lubricants (like Vaseline or coconut oil) on latex or non-latex condoms, but instead use water-based or silicone-based lubricants that you can find in most places you pick up your condoms." (pp. 236-237) "**How do you know if a condom has broken**? Answer: You should be able to feel or see if the condom breaks; however, if you're unsure if a condom broke during sex, you can try to fill it with water from a sink and see if any comes out. This is not done BEFORE sex. It is done AFTER sex." (p. 237)
8. PROMOTES PREMATURE SEXUAL AUTONOMY *Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.*	"The session finishes up with **a game to review risk levels for a variety of sexual situation**s, as well as ways to reduce individual risk." (p. 14) "Adolescents can, and should, make decisions for themselves. This includes small things, like whether to clean their rooms, **and bigger decisions like if and when they want to have sex** or enter a committed relationship." (p. 21) "This is most evident in Session 6, where we include a sex-positive session on SRH. **By being 'sex-positive,'** MWB doesn't outright discourage sexual activity but rather ensures that youth are aware of the risks associated with certain sexual behaviors and equips them with the knowledge and skills to reduce these risks and **engage in sexual relationships if and when they decide they are ready**, in consensual, pleasurable, responsible, healthy, and nonviolent ways." (p. 21) "**Risks are a natural part of living life, especially when you are sexually active** or in a relationship." (p. 287) "Jessica and I went to the local clinic together **to find out our different options for birth control and STI testing**. We now have open conversations about this and all parts of our relationship." (p. 303)
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD *Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.* *May teach children that all sexual activity—other than "unprotected" vaginal and oral sex—is acceptable, and even healthy. May present abstinence*	"**Some relationships may be more sexual** and that's OK; what is important is that both parties are on the same page and communicating well about their boundaries and what they are hoping and expecting." (p. 147) "**Having conversations about ways to protect yourselves** is important and a sign of a healthy relationship. Exploring contraceptive strategies together, making sure you're both on the same page, and keeping each other accountable will keep you both safe and healthy." (p. 147) "Caleb (he/him): Has previous sexual experience; Jordan (they/them): Doesn't have any sexual experience. Situation: These two characters are **talking about having sex for the first time and whether to use condoms**. Method: Coercion. Directions: Look at these two characters and, based on the identities listed above, discuss who might have more power and who might have less power in their relationship. In your group of four, **create a skit based on the situation** in which one character uses coercion on the other person. Create a 1-minute skit to show this situation." (p. 157)

and "protected" sex as equally good options for children.	"**You and your partner have been having sex** without a condom recently. You decide that might not be a good idea given what you learned in the last session. **You want to start using a condom** but don't know if they're going to be okay with doing so." (p. 162) "Key Messages: • Sex that involves exchanging bodily fluids (such as vaginal fluids or semen) can put someone at risk of passing on or contracting an STI. • The safest way to avoid getting an STI is to not have sex. Using a condom correctly, and **every time you have sex**, can reduce your risk for transmitting or contracting an STI. • **If you are having sex**, you should get tested regularly for STIs. If you've done anything that puts you at risk of infection, getting tested allows you to get the treatment you may need." (p. 218) "Ask each pair to discuss the three scenarios and come up with a plan for how they would approach each topic with their partner… After 5 minutes, crowdsource some answers for each of the three scenarios: a) You just got on birth control. Your partner says that **it's great he doesn't have to use condoms anymore**. You disagree. How do you bring it up? Possible answer: 'Hey, I know you feel safer now that I'm on birth control, but I still feel like it's really important to use condoms because they protect us from STIs, and it would make me feel more at ease knowing we have two forms of protection against pregnancy.' b) **You're hooking up with someone and think you might be about to have some kind of sex soon**. They don't say anything about having been tested. How do you bring it up? Possible answer: 'Hey, I just want you to know that I just got tested for STIs and I'm negative. Before we go any further, it would make me feel safe and more comfortable if you could also share your status with me, too. If you haven't been tested recently, we could even go together.' c) You just found out you have chlamydia (treatable with antibiotics). How do you bring it up with a partner? Possible answer: 'Hey, just want to share some news with you because I want to be upfront with you. I know it's not fun to learn, but I just tested positive for chlamydia. I was able to get on antibiotics and the infection should be cured soon. I wanted to make sure you knew so you can keep yourself safe and get tested and treated as well.'" (p. 224) "Scenario 1: **Tyrone has started to be sexually active with his partner** and decides it's a good idea to have an STI screening and test. In the room, the doctor asks if Tyrone is sexually active, to which he responds, 'Yes, but **me and my partner always use a condom**.' The doctor tells Tyrone that he 'is not high enough risk for an STI test.' Tyrone wants to keep himself and his partner safe and healthy, and he's frustrated by the doctor's response." (p. 278) "Identify ways to **reduce risk in relationships and sexual behaviors**." (p. 281)

	"Risks are a natural part of living life, especially **when you are sexually active** or in a relationship. But there are a lot of ways that you can reduce the risks of pregnancy, STIs, and unequal power dynamics, including **safer sex practices** and open and honest communication. It's important that you and your partner take steps to stay healthy and happy." (p. 281)
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.*	"Gender norms are the accepted and expected characteristics, behaviors, and roles for people based on **gender identity (man, woman, nonbinary person, etc.)** in each community." (p. 6) "**Session 2 takes a deep dive into the concepts of gender, sex assigned at birth,** and sexual orientation, as well as what these concepts mean for adolescents. The session explores social norms and pressures that society directs at certain genders to think and act in specific ways **based on their identity**." (p. 9) "It is important that youth engage with topics, including relationships and sexual health, in environments where **gender and sexual orientation diversity is celebrated**. When youth are exposed to diversity, they are better able to understand and appreciate differing opinions and lifestyles. Gender and sexual diversity in MWB is crucial to the goals of the curriculum, which aims to foster gender-equitable attitudes and encourage consensual and healthy relationships with **people holding a variety of identities**." (p. 22) "Gender and sexual diversity are reflected in the content of MWB's lessons and storylines, and the authors **consistently pushed beyond the gender binary** and heteronormative relationships, allowing youth to explore and engage with all elements of sexuality." (p. 22) "Welcome participants to the space and introduce yourself (name, **pronouns**, and organization)." (p. 36) "This program is for **youth of all genders and identities**." (p. 38) "Respect each other's identity, **including the use of correct pronouns**." (p. 45) "Prepare and post a flipchart paper with instructions for the paired conversation. Share your: 1. Name 2. **Pronouns**" (p. 48) "**Introduce yourself to your partner by sharing your name and pronouns**. In Many Ways of Being, we like using pronouns in our introductions. Pronouns are a way we refer to people in place of their name and in the third person. It relates to a person's gender, which we will discuss in greater depth during the next session. **Using correct pronouns** just helps people feel seen and included. Some examples of pronouns are she, her, he, him, and they, them – or a combination of these and others." (p. 49)

	"**Pronouns are important**. Words are powerful language tools that help us convey meaning and connect. Nothing may be more personal than the words people use to refer to us through our names and pronouns." (p. 49) "Each person gets to **determine their own gender identity** and expression and define it exactly as it makes sense to them." (p. 64) "Print one copy of '**The Gender Unicorn**' (Appendix 3) for each participant... Have the video explaining the Gender Unicorn ready to play for the class: https://www.youtube.com/watch?v=YPNCzXYy2CE" (p. 82) "**Participants might be cisgender, transgender, gender-nonconforming, gender-questioning, or otherwise**. It is critical to create a safe environment during this session that reinforces inclusivity, respect for all people of all identities, and confidentiality." (p. 82) "In case the participants ask about the **origin of the Gender Unicorn**: This resource was thoughtfully created by the Trans Student Educational Resources… The idea behind using a unicorn is that each person is unique and valuable. Additionally, the Gender Unicorn tries to acknowledge that **gender experience and expression is infinite and ever-changing**!" (pp. 82-83) "If participants are struggling with the concepts of people being nonbinary and transgender, it would be helpful to **share some popular nonbinary and transgender influencers, artists, or celebrities**. Many well-known examples tend to be white people, so it's important to ensure you present a diverse representation. Here are some names and their Instagram handles: Lil Uzi Vert (@liluzivert), Janelle Monáe (@janellemonae), Hunter Schafer (@hunterschafer), Sam Smith (@samsmith), Alok Vaid-Menon (@alokvmenon), Indya Moore (@indyamoore), Sara Ramirez (@therealsararamirez), Laverne Cox (@lavernecox), Jazz Jennings (@jazzjennings_), Zaya Wade (@zayawade), Michaela Jaé Rodriguez (@mjrodriguez7)" (p. 84) "How might **someone who is nonbinary (not identifying as a man or woman)** be affected by the gender boxes? Possible Answers: They may feel pressured to choose a box to fit into; they may get questions from people; people may be confused by their identity or make judgments or assumptions based on the way they appear rather than their identity; people may not recognize or value their gender identity." (p. 86) "Can anyone briefly explain the **difference between sex assigned at birth and gender to me**? Possible answer: 'Biological or assigned sex is about biology, anatomy, and chromosomes. Gender is society's set of expectations, standards, and characteristics about how men and women are supposed to act' (Planned Parenthood)." (p. 86) "**Assigned sex is a label that you're given at birth** based on medical factors, including your hormones, chromosomes, and genitals. Most people are assigned male or female, and this is what's put on their birth certificates. When

someone's sexual and reproductive anatomy doesn't seem to fit the typical definitions of female or male, they may be described as intersex." (p. 86)

"Gender is much bigger and more complicated than assigned sex… Your **gender identity is how you feel inside** and how you express those feelings. Clothing, appearance, and behaviors can all be ways to express your gender identity." (p. 87)

"Most people feel that they're either male or female. Some people feel like a masculine female or a feminine male. Some people feel neither male nor female. These people may choose labels such as **'genderqueer,' 'gender variant,' or 'gender fluid.'**" (p. 87)

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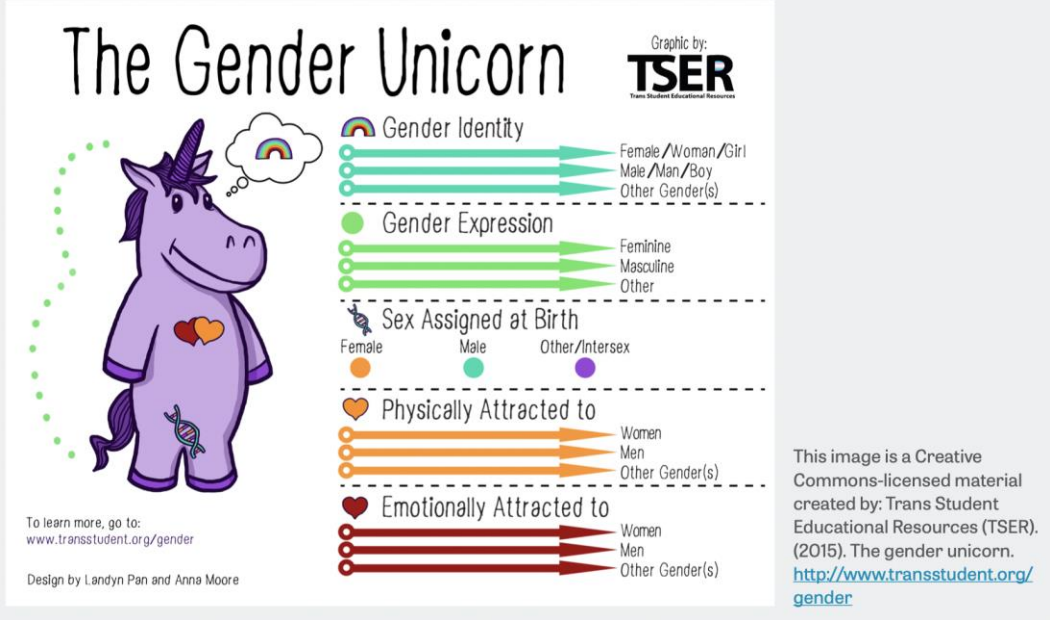

(p. 88)

"**Gender Identity**: One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same." (p. 89)

"**Cisgender**, or simply cis, is an adjective that describes a person whose gender identity aligns with the sex they were assigned at birth." (p. 89)

"**Transgender, or simply trans**, is an adjective used to describe someone whose gender identity differs from the sex assigned at birth. A transgender man, for

	example, is someone who was listed as female at birth but whose gender identity is male." (p. 89) "**Nonbinary** is a term that can be used by people who do not describe themselves or their genders as fitting into the categories of man or woman. A range of terms are used to refer to these experiences; nonbinary and genderqueer are among the terms that are sometimes used." (p. 89) "Gender Expression/Presentation: **The physical manifestation of one's gender identity** through clothing, hairstyle, voice, body shape, etc. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth." (p. 89) "**Sex assigned at birth**: The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use 'sex' because of the vagueness of the definition of sex and **its place in transphobia**." (p. 89) "MATEO is a 15-year-old **male-identifying individual** who uses **he/his pronouns**. He is pansexual, meaning he is attracted to people of all genders. Mateo moved to a new town and is attending a new school. He is excited and nervous about meeting new friends. Mateo loves self-expression through style – everything from colorful sneakers to an occasional high heel to accessories like rings and earrings. At this new school, his peers started calling Mateo gay and making fun of him because of what he wears." (p. 91) "CARTER is a 17-year-old **nonbinary person who uses they/them pronouns**. Carter was playing basketball at the YMCA and practice just finished. This is Carter's first time playing pick-up at the YMCA, and they realize there are only two group locker rooms – one sign says 'MEN,' and the other 'WOMEN.' One of Carter's teammates walks toward the men's locker room and says, 'Are you coming with?' Carter hesitates for a minute and starts to feel overwhelmed. They decide to just pack their bag and head to the bus to go home." (p. 91) Key Message: "**The web of our identities (gender, sexual orientation**, race/ethnicity, economic class, etc.) determines the unique combination of expectations society has placed on us as individuals." (p. 93) "**The Gender Unicorn is a fun tool** for you to **explore your own identity**. In the next activity, we talked about some of the restrictive norms that society places on us because of our gender identity. In all this discussion, it is important to remember that everyone, **regardless of how they identify, should be celebrated** and valued equally." (p. 99) "**Does anyone want to share their experience of explaining the Gender Unicorn to a friend**? How did it go? Was there any part of it that was a challenge for you?" (p. 105) "How might a **gender-nonconforming or trans person** be impacted by these

	boxes in relation to relationships and power? Possible answers: There are higher rates of interpersonal violence toward gender-nonconforming and trans people – the social power dynamic is skewed against them; people make more assumptions about what their relationships should look like (i.e., on intimacy, sexual activity, non-monogamy/monogamy, etc.) than people make about cis- or heterosexual relationships; partners and society might try to fit them and their relationship in the Man or Woman Box." (p. 138) "On a flipchart paper, split the sheet into three rows: 'Men,' 'Women,' and '**Gender-Fluid People**.' For each column, list the following topics: 'Relationships and Sex,' 'Their Body,' and 'Violence and Power.' Post it on the wall." (p. 169) "One other quick note is that you may hear me use the terms other conversations about bodies and sexual health. **'people with penises' and 'people with vaginas**' today and in other conversations about bodies and sexual health." (p. 221) "As we discussed in our session on gender, **not everyone who has a penis is a man and not everyone who has a vagina is a woman**." (p. 221) "How might a **gender-nonconforming person** be impacted by gender norms in relation to contraception and healthcare services? Possible answers: Healthcare is not always inclusive of everyone; they might face discrimination or ignorance based on gender; they might experience gender dysphoria from a medical visit and accessing contraceptives." (p. 251) "Jessie (she/them) is a 15-year-old who has known for as long as they can remember that **their sex assigned at birth (male) didn't fit their gender identity (girl)**. After doing some research online about options for transgender youth, she decides to go to the clinic to talk with someone about gender-affirming hormone therapy to **start their physical transition** to a woman. In the consultation, the provider is condescending and dismissive to Jessie, telling them, 'This is just a phase, and you'll get over it soon,' and, 'This isn't the way God intended people to be.' The doctor **consistently misgenders** Jessie throughout the visit, calling them 'he.' Jessie feels invalidated." (p. 280) "We **talked about gender and identity**. What are some things you remember about gender, sex assigned at birth, and sexual orientation?" (p. 296)
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN *Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach*	"Session 7 continues **adolescent SRH conversations and equips participants with information on various contraceptive methods**." (p. 14) "To reduce risk of STIs, including HIV, and pregnancy, **condoms should be used correctly each time someone has sex**, regardless of how many previous partners they have had." (p. 63) "**Consistent and correct use of a condom** every time you have sex reduces, though does not eliminate, the risk of STI/HIV transmission." (p. 231)

children they have a right to abortion and refer them to abortion providers. *May encourage the use of contraceptives, while failing to present failure rates or side effects.*	"If a condom breaks or a condom wasn't used and you or your partner is at risk of pregnancy, the **'morning-after pill,' or emergency contraception**, is available. The morning-after pill should be taken as soon as possible after unprotected sex since it is more effective the sooner it is taken. You technically have up to five days after unprotected sex to take it, but it works much better if you take it in the first three days (72 hours). It can be purchased over the counter without a prescription at drugstores. However, some Planned Parenthood locations or other youth-friendly sexual health providers **are able to provide emergency contraception for free or very inexpensively**. It's always worth calling to ask." (p. 237) "By the end of the session, participants will be able to: • **Identify nine contraceptive methods and explain how they work**. • Identify two ways to communicate with a partner about contraceptive use. • Explain the benefits of dual protection to reduce the risk of STIs and unplanned pregnancy." (p. 252) "If they're available, **bring samples of different contraceptive methods** to the session." (p. 253) "**Contraceptives, otherwise known as birth control, can be used to prevent pregnancy.** Some forms are used by people with penises, and some are used by people with uteruses." (p. 254) "If samples of contraceptives are not available to you, pictures are great, too. If virtual, Bedsider is a great resource that **includes visuals of each method**." (p. 255) "Where do young people **get information about sex and birth control?** Is this information usually reliable? What did you think about the resources we used today?" (p. 259) "**Oral Contraception/ The Birth Control Pill** • What is it? Also called 'the pill,' oral contraception is a hormonal method of birth control. • How do you get it? See a healthcare provider for a prescription or get it through an online service. • How often do you take it? It is taken at the same time every single day. • How does it work? It uses one or two hormones – estrogen and progestin, or just progestin – to keep the ovaries from releasing an egg. It also causes changes in the uterus and cervix to keep sperm from joining with the egg. • What are possible side effects? Most common are sore breasts, nausea, spotting, and decreased sex drive. • What are the chances of getting pregnant with typical use of this method? 7% – 9%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? No." (pp. 261-262)

	"**The Patch** • What is it? A beige, square patch that can be put on your body (arm, abdomen, buttocks, or upper body). • How do you get it? Visit a healthcare provider for a prescription. • How often do you take it? The patch works on a four-week cycle. A new patch is put on each week for three weeks (being thrown out that week). During the fourth week, no patch is worn to have a period. • How does it work? You stick the patch on your skin, and it releases hormones in the bloodstream that prevent your ovaries from releasing eggs. The hormones also thicken your cervical mucus, which helps to block sperm from getting to the egg in the first place. • What are possible side effects? Nausea, irregular bleeding, sore breasts. • What are the chances of getting pregnant with typical use of this method? 7% – 9%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? No." (p. 262) "**The Shot** • What is it? A shot (commonly known as Depo-Provera or the depo shot). • How do you get it? Visit a healthcare provider to get the shots administered. • How often do you take it? One shot is given every three months in the buttocks or arm. • How does it work? The shot contains progestin, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus, which helps block sperm from getting to the egg in the first place. • What are possible side effects? Most common are irregular bleeding and increased appetite that can lead to weight gain. • What are the chances of getting pregnant with typical use of this method? 4% – 6%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? No." (p. 262) "**The Ring** • What is it? It is a small, flexible ring that you insert into your vagina (ANNOVERA or NuvaRing are the two brands). • How do you get it? You need to visit a healthcare provider for a prescription. • How often do you take it? There are two kinds: monthly (NuvaRing) or yearly (ANNOVERA). In both cases, the procedure is the same: Once you insert the ring, leave it in for three weeks (21 days). Take it out for the fourth week (that means that you'll leave it out for seven days). After seven days, put the ring back in again (in the case of ANNOVERA, the same one; with NuvaRing, a new one). • How does it work? The ring works by giving off hormones that prevent your ovaries from releasing eggs. The hormones also thicken your cervical mucus, which helps to block sperm from getting to the egg in the first place. It contains estrogen. • What are possible side effects? It can make monthly bleeding more

	regular and less painful, may cause spotting the first few months, and can increase vaginal discharge. • What are the chances of getting pregnant with typical use of this method? 7% – 9%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? No." (pp. 262-263) "**Emergency Contraception** • What is it? Emergency contraception (EC) can stop a pregnancy before it starts. This is commonly called the 'morning-after pill.' There are four types of EC to choose from, and they all work up to five days (or 120 hours) after unprotected sex. But use it sooner rather than later to reduce the possibility of getting pregnant. • How do you get it? Depending on the type, you may or may not need a prescription from a healthcare provider. It's important to consult with a provider or ask a pharmacist to determine which EC option is the most effective option for you. Each pill has different weight limits, and many may not work as effectively if you weigh more than 155 pounds; if you weigh 195-plus pounds, EC pills may not work for you at all. For more information about the right EC for you, take this quiz on Planned Parenthood's website. • How often do you take it? The number and dose of pills depend on the brand. • How does it work? EC blocks the hormones a body would need to start a pregnancy. EC pills prevent pregnancy by preventing or delaying ovulation, and they do not induce an abortion. • What are possible side effects? EC pills can cause an upset stomach and vomiting. • What are the chances of getting pregnant with typical use of this method? EC provides the possibility of prevention after the fact. There are four types of EC to choose from, and they all work up to five days (or 120 hours) after unprotected sex. But use it sooner rather than later to reduce the possibility of getting pregnant. Given the various factors that determine its effectiveness, there is a 0% – 42% chance of getting pregnant. (Sources: Bedsider and Reproductive Access) • Does it protect against STIs? No." (p. 263) "**External Condom** • What is it? Latex or polyurethane sheath-shaped barrier that slips over the penis. • How do you get it? Grocery stores, pharmacies, and health clinics. • How often do you take it? Use one every time you are having sex. • How does it work? They are designed to keep the sperm from joining with the egg. • What are possible side effects? Usually none (unless someone has a latex allergy). • What are the chances of getting pregnant with typical use of this method? 13% – 15%. Using a condom with another reliable form of birth control – also known as the 'dual method' – is the second-best

	protection from unintended pregnancy and STIs (abstinence is the first!). It is much better than using one method alone. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? Yes." (p. 264) "**Internal Condom** • What is it? A thin pouch that is worn inside the vagina or anus, forming a barrier (in the case of the vagina, to keep the sperm from joining the egg). • How do you get it? You need to consult a healthcare provider (in person or online) for a prescription and fill it at a pharmacy. You can also get it without a prescription on the FC2 website, https://fc2.us.com/. The third way to get it is from nonprofit organizations, clinics, or health departments. • How often do you take it? Use one every time you are having sex. • How does it work? Internal condoms work the same way that external condoms do. They keep sperm inside the condom and out of a vagina or anus. The internal condom is packaged with a lubricant. It can be inserted up to eight hours before sexual intercourse. • What are possible side effects? Usually none. • What are the chances of getting pregnant with typical use of this method? 21%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? Yes." (p. 264) "Risks are a natural thing in life, especially when you are sexually active or in a relationship. But there are a lot of ways that you can help to **reduce the risk** of pregnancy and STIs, **including using contraceptives**, getting tested, and communicating. It's important that you and your partner take steps that are right for you." (p. 284) "**There are many options for birth control**, and not all birth control is the same. Some are more effective than others, some feel better in our bodies than others, some are hormonal, and others are not." (p. 287) "Today, we **learned about different methods of contraceptives** and how to protect yourself from unplanned pregnancy. We also talked about accessing sexual and reproductive health services and the rights you have as young people. Lastly, we talked about levels of risk and ways that you could reduce your risk for unplanned pregnancy, STIs, and violence in relationships." (p. 289) "We talked about the **range of contraceptives available to you** and how to discuss these topics with your partner. Does anyone remember what some of the contraceptive methods were? What benefits do contraceptives provide?" (p. 296) "**Using a condom correctly**, and every time you have sex, can reduce your risk of transmitting or contracting an STI. If you are having sex, you should get tested regularly for STIs." (p. 243)

	"Alexis goes to a clinic because **she's heard about different contraceptive methods and wants to see what method would be best for her**. During the consultation, the doctor only tells her about two methods – an implant and an IUD. She knows there are more options and asks the doctor to tell her about those. The doctor simply tells Alexis that they aren't 'good options.' Alexis tries to ask more questions about different options but keeps getting shut down." (p. 279)
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.*	"Later in the session, **participants learn how to stand up for their rights** when accessing health services." (p. 14) "They will **demonstrate sexual and reproductive empowerment**, value gender equity, understand the importance of communication, reject violence, and have positive attitudes toward SRH care." (p. 27) "List **three patient rights** that they should expect the provider to uphold at the clinic. Advocate for their rights if a provider is infringing on them." (p. 267) "Many teens do not know that they have the **right to access sexual healthcare services, such as birth control and STI testing,** at doctors' offices or health centers in their communities. Accessing these services can help you focus more on having fun and the things that are important to you." (p. 268) "Ask participants to **share one phrase or sentence they can use to advocate for themselves in a clinical setting**." (p. 288)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	"**Gender-transformative programs** aim to transform gender roles, norms, and power relations to create more gender-equitable outcomes, fostering constructive roles for men, women, and people of other genders in gender equality and sexual and reproductive health and rights (SRHR) (Interagency Gender Working Group, 2017)." (p. 6-7) "Lastly, it provides opportunities for participants to practice new skills, coping mechanisms, language, etc., that will **help them live in the new social norm and deal with resistance** (Rolleri, 2022)." (p. 7) "**Examine individual attitudes** about gender norms, roles, double standards, and inequalities." (p. 8) "**Inclusive language** is an important means of ensuring that **participants of diverse identities can relate to the content** and apply what they learn to their own experiences. One prominent finding in the formative research was that youth wanted to see their own sexuality and diversity included in the content. They stated that most of the sexual education material they interacted with focused on the sexual health of cisgender people in heterosexual relationships and did not reflect the **multiple realities of the gender and sexuality spectrum**." (p. 19)

	"The authors also used intentional language when **speaking about the differences between sex assigned at birth and gender** throughout the curriculum. For example, in MWB's activity on STIs (Activity 6.3), the authors intentionally use the term 'people with penises' instead of boys/men, noting that this may be an important distinction for trans or nonbinary people." (p. 19) "As **youth explore their multiple identities** and define their individual perspectives, it's important for curricula to include storylines and lessons that show youth they are valued. Not only does MWB integrate multiple identities (race, gender, sexual orientation, wealth, etc.) and experiences throughout the sessions, but it also explicitly explores identity and intersectionality in Session 2." (p. 22) "By **positively affecting awareness, beliefs and attitudes**, and self-efficacy in the determinants, MWB will help participants adopt health-promoting behaviors. Given the topics covered in the intervention, these behaviors include increasing consistent and correct use of contraception, consistent and correct use of condoms, SRH services uptake, communication between partners, and prevalence of consent in relationships." (p. 27) "It is important to **respect other people's views about sexuality and gender**, but also to challenge attitudes and values that are harmful to themselves and others." (p. 55) "**It's okay for someone to hide their positive STI status** from their partner if they always use condoms." (p. 63) "Everyone, **regardless of how they identify** or choose to express their gender**, should be celebrated** and valued equally." (p. 75) "It takes a **really brave person to go against what they are told to do** and express themselves how they want to. It's also really helpful to have a supportive environment in which people accept you for the way that you are and celebrate and value your identity." (p. 79)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *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*	"**Maintain confidentiality**. What is said in the group stays in the group." (p. 45) "In DC, if you are aged 12 or older, you can access a clinic for STI- and pregnancy- related matters **without your parents' consent**." (p. 267) "As a minor, can you access STI services without parental permission? Answer: Yes! Each state is different, but in Washington, DC, young people ages 12 and over **don't need parental consent to seek out sexual and reproductive services**." (p. 268) "In DC, all minors who are ages 12 and over **can get the following services WITHOUT a parent's permission**: • Contraceptive services

about sex in school.	• STI or HIV services • Prenatal care • Putting their child up for adoption • Medical care for their child • Abortion services • Outpatient counseling for alcohol and drug abuse • Outpatient mental health services." (p. 269) "**You have healthcare rights as a patient and an adolescent**! You are allowed to advocate for your rights when you seek healthcare services. These rights include accessing many services **without parental consent**, being treated with respect, being able to talk to your provider alone, **having confidentiality** with your provider, having all the options of care explained to you, and being able to review your health records." (p. 272) "At this health center, you have **the right to talk to your provider alone, without your parent** or guardian in the room." (p. 274) "According to DC law, you have the right to the following services **without the permission of a parent** or legal guardian: • Birth control information and contraceptives • Diagnosis or treatment of a mental or emotional condition • Prevention, diagnosis, or treatment of sexually transmitted diseases • Prevention, diagnosis, or treatment of substance abuse, including drug or alcohol abuse • Pregnancy or its **lawful termination**." (p. 274) "Call to make an appointment and get information about what to expect. You can ask: … **Do I need parental permission**?" (p. 276)
15. REFERS CHILDREN TO HARMFUL RESOURCES *Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)* *Please Note: A conflict of interest exists whenever an*	"**Here are some profiles we recommend looking at**: @shoncoopermd, @askdoctort, @ dr.allison.rodgers, @txshay, @dr.staci.t, @nicolealiciamd, @yes. tess, @alirodmd, @adriannashardey, and @drjenniferlincoln. You can also follow @plannedparenthood or @bedsider." (p. 200) "**Print copies of this STD brochure** for all participants: https:// advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/std-brochure.pdf" (p. 219) "A **resource we recommend is Planned Parenthood**. They also have an anonymous chatbot called 'Roo.' You can ask Roo any health, relationship, or sex questions, and Roo will send you resources. Another place for digestible and very useful videos is **AMAZE.org**." (p. 222) "There is also a **daily medicine called PrEP (pre-exposure prophylaxis)** that can be taken when people are at high risk for HIV and want to lower their chances of getting infected. PrEP can stop HIV from taking hold and spreading throughout the body. It does a good job protecting against HIV if taken as

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)*	directed, but it does not work well if it is not taken the right way. You can find out more from Planned Parenthood on its page about PrEP (https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids/prep)." (p. 227) "For **additional information and resources**, visit: • https://www.cdc.gov/std/healthcomm/fact_sheets.htm • https://www.plannedparenthood.org/learn/stds-hiv-safer-sex • https://www.plannedparenthood.org/learn/roo-sexual-health-chatbot • https://amaze.org/ • https://smartsexresource.com/sexually-transmitted-infections/sti-basics/know-your-chances/" (p. 229) "'**How to Use a Dental Dam as a Barrier for Oral Sex**': https://www.cdc.gov/condomeffectiveness/docs/dental-dam-info- sheet-508.pdf" (p. 232) "Sites like **Planned Parenthood and Bedsider** can provide accurate, helpful information." (p. 252) "We realize that Many Ways of Being facilitators are probably not healthcare providers – and that's okay! It's important that you don't provide answers to participant questions you don't know with certainty. Never feel bad saying, 'I don't know.' **Have the Bedsider and Planned Parenthood websites ready** so you can research in the moment (or ask a participant to research a question that you don't know the answer to)." (p. 253) "Give groups two resources to go to that have trusted, youth-friendly information about contraceptives: a) **Planned Parenthood**: https://www.plannedparenthood.org/learn/birth-control b) **Bedsider**: https://www.bedsider.org/birth-control c) Examples of **TikToks** about contraceptives: https://www.tiktok.com/@txshay/video/6896266862821215494; https://www.healthyteennetwork.org/news/sex-ed-on-tiktok/" (p. 256) "THE INFORMATION BELOW WAS SOURCED FROM THE FOLLOWING WEBSITES: • https://www.bedsider.org/birth-control • https://www.plannedparenthood.org/learn/birth-control • https://www.reproductiveaccess.org/wp-content/uploads/2014/06/2020-09-contra- choices.pdf" (p. 261)

WHERE CAN I GO FOR MORE INFORMATION?

Resource (listed in alphabetical order)	**How to Access It**	**Topics**
AMAZE	https://amaze.org/	Videos on all types of human experiences, such as puberty, sexual feelings, sexual orientation, gender identity, and STIs.
Bedsider's "Birth Control" Section	https://www.bedsider.org/methods	Information about birth control, with an emphasis on hormonal birth control.
IOTAS (It's OK To Ask Someone)	(text line) 412-424-6827	Free, confidential text line for youth to ask any question related to sex, relationships, bodies, etc.
It Gets Better	https://itgetsbetter.org/	Community for youth who identify as LGBTQIA+ to hear stories from and connect with people who also identify as LGBTQIA+.
Know Your IX	https://www.knowyourix.org/	Information and tools to end sexual and dating violence in schools.
love is respect	www.loveisrespect.org	Information on healthy relationships.
Planned Parenthood	https://www.plannedparenthood.org/	Information about sexual health, including puberty, sexual orientation, birth control, and STIs.
Scarleteen	http://www.scarleteen.com/	Blog-style website answering questions about relationships and sexuality.
Sex, Etc.	https://sexetc.org/	Network for teens designed and written by teens on topics related to sex, bodies, abuse, STDs, etc.
The Trevor Project	https://www.thetrevorproject.org	Support center for LGBTQIA+ youth and allies providing information and people to talk to.
TikTok	@shoncoopermd, @askdoctort, @dr.allison.rodgers, @txshay, @dr.staci.t, @nicolealiciamd, @yes.tess, @alirodmd, @adriannashardey, @drjenniferlincoln	There are several professionals on TikTok who are youth-friendly and have helpful, medically accurate sexual and reproductive health information to share!

(p. 266)

APPENDIX 23 YOUTH-FRIENDLY HEALTH SERVICES IN DC

DC HEALTH

https://dchealth.dc.gov/dc-health-and-wellness-center

DC Health and Wellness Center (Ward 5)
77 P St. NE
Washington, DC 20002
(202) 741-7692

LATIN AMERICAN YOUTH CENTER (LAYC)

https://www.layc-dc.org/sexual-health

LAYC's Kaplan Building (Ward 1)
1419 Columbia Road NW
Washington, DC 20009
(202) 319-2252

CLÍNICA DEL PUEBLO

https://www.lcdp.org/

LCDP – 15th Street (Ward 1)
2831 15th St. NW
Washington, DC 20009
(202) 462-4788

La Casa Community Health Action Center (Ward 1)
3166 Mt. Pleasant St. NW
Washington, DC 20010
(202) 507-4800

LCDP – Hyattsville
2970 Belcrest Center Dr., 301
Hyattsville, MD 20782
(240) 714-5247

WHITMAN-WALKER HEALTH

https://www.whitman-walker.org/youth-services/

https://www.whitman-walker.org/all-locations

Max Robinson Center (Ward 8)
2301 Martin Luther King Jr. Ave. SE
Washington, DC 20020

Whitman-Walker at 1525 (Ward 2)
1525 14th St. NW
Washington, DC 20005

Whitman-Walker at LIZ (Ward 2)
1377 R St. NW, Suite 200
Washington, DC 20009
(202) 745-7000

UNITY HEALTH CARE TEEN CLINICS

https://www.unityhealthcare.org/services/teen-services

Brentwood Health Center (Ward 5)
1251-B Saratoga Ave. NE
Washington, DC 20018

Parkside Health Center (Ward 7)
765 Kenilworth Terrace NE
Washington, DC 20019

East of the River Health Center (Ward 7)
123 45th St. NE
Washington, DC 20019
(202) 469-4699

(p. 275)

"The tips with an asterisk were sourced from Teen Source. (n.d.). Tips for visiting a clinic! https://www.teensource.org/hookup/tips-visiting-clinic" (p. 277)

For the complete text of Many Ways of Being see: https://www.equimundo.org/programs/many-ways-of-being-sex-education-curriculum/