

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

Our Whole Lives, Grades 10-12

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Our Whole Lives, Grades 10-12 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: *Our Whole Lives* teaches that humans are sexual beings from birth. It operates under the assumption that sexual behavior is a normal part of life at all ages; therefore, young people need to be guided on how to do it safely. This program includes detailed instruction on the sexual response cycle and how to achieve orgasm. As is typical in most CSE programs, *Our Whole Lives* also teaches about birth control and abortion, promotes sexual pleasure, normalizes anal and oral sex, and teaches children how to apply condoms using penis models. Students role play sexual scenarios (both same- and opposite-gender) and are informed of the sexual health services they can receive without parental consent. Students are taught about a spectrum of gender identities and sexual orientations.

Target Age Group: 14-18 years old

Planned Parenthood Connections: Planned Parenthood is recommended in *Our Whole Lives* as an informational and family planning resource for teens. One of the authors, Elizabeth Casparian, served as the Chair of the Board of SIECUS, which has ties to Planned Parenthood. The other author, Eva Goldfarb, served as a reviewer of the SIECUS Guidelines for Comprehensive Sexuality Education.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit</i>	Boy's description of typical STD exam: "Another nurse calls me in. She starts asking some really personal questions. I swallow hard and tell the truth. ' Do you have sex with females, males, or both? When was the last time you had sex? How many partners have you had in 30 days? Do you always, sometimes, or never practice safe sex? Have you had an HIV test in less than or more than six months?' My answers determine which tests I'll take. I'll get four – oral, rectal, urethra, and physical." (p. 52) Students are to write in which type of relationship they would be willing to do

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.

the following sexual activities: Hold hands; Dry kiss; French kiss; Get undressed; Cuddle; Spoon; Give a massage; Get a massage; Skinny-dip; Stimulate someone's nipples; Have your nipples stimulated; Lick someone's ears, or have your ears licked; Read erotic books; **Watch an erotic movie or video**; Fondle someone's genitals; Have someone fondle your genitals; **Watch another person masturbate**; Masturbate in front of someone; **Give fellatio**; **Give cunnilingus**; Receive oral sex; Have vaginal intercourse; **Insertive anal intercourse**; Receptive anal intercourse. (pp. 180-181)

“Contrast the linear models with a circle model of mutual pleasure. Draw a large circle on newsprint. Tell participants, ‘**In this model, the only goal is mutual pleasure.** There can be any number of activities around the circle depending on what individual people find pleasurable. And activities can appear more than once on the circle in any order.’ Around the circle, in random order, write the following: caress, **oral sex**, invitation, kiss, massage, lubrication, talking, fondling, phone sex, touch, **orgasm**, erection, look, holding hands, **anal sex**, bubble bath, **masturbation**, snuggle, etc.” (p. 45)

“Write one of the following terms at the top of a sheet of newsprint: **penis, vulva, sexual intercourse, breasts, oral sex, masturbation.** Post the sheets on the walls around the room ... Give each participant a marker and divide the group so that the same number of people are standing before each posted term. Tell participants that they have 1 minute to write on the newsprint as many synonyms as they can think of for the term printed on that sheet. Encourage participants to think about all types of words, including slang, colloquialisms, and words used in their families, not just ‘proper’ terms.” (p. 26)

“Ask participants to use the paper to draw pictures of **what they believe are the ideal male body and the ideal female body** (one picture on each sheet).” (p. 30)

Students rate their body parts as positive, negative, or neutral. Girls are asked to **rate their own breasts, buttocks, clitoris, nipples, and vagina.** Boys are asked to **rate their own buttocks, nipples, penis, and testicles.** (pp. 32-33)

Workshop 9 Objective: “By the end of this workshop, participants will be able to demonstrate an understanding that sex is more than intercourse by **describing, through written fantasies, sexually exciting and fulfilling behaviors** that do not involve penetration.” (p. 90)

Workshop 9 Materials: “**A large bag of items to be used in the fantasies,** for example, a telephone, a feather boa, candles, music tapes, radio, massage oil, nightgown, scarf, honey, flowers, teddy bear, silk underwear, book of erotica, book of poetry, chocolate syrup. Just about anything will do.” (p. 90)

“Tell participants that you are going to have a contest to see **which group can write the sexiest, hottest, most desirable fantasy.** There are three rules they must follow when writing their fantasies: The fantasies may *not* involve penetration of any kind. The fantasies may only include activities that are completely safe, that is, pose no risk of sexually transmitted infections or

pregnancy. The fantasy must incorporate each of the items the group pulled from the grab bag.” (p. 91)

“When time is up, have a volunteer from each group read the fantasy. **Let the participants vote for the fantasy they think is the best.**” (p. 91)

“Help participants process the activity with questions such as these:

- How did it feel to write these fantasies? To listen to them?
- Was anyone surprised by anything he/she heard?
- **Were the fantasies sexy?**
- Were any parts of these fantasies realistic for people who want to engage in sexual behavior but stay safe?
- Did this exercise make you think about sex any differently?” (p. 91)

“Ask participants to list on Handout 13 the name of **a male and a female with whom they would choose to do each activity.** They may use names more than once.” Activities include: Sleep in a hammock, spend a weekend in a mountain cabin, change clothes in front of, and go skinny-dipping. (pp. 170-172)

“Chris also told her that he had always envied Jake because he thought Nora was really hot. Then he began touching her breasts and trying to undress her. Although Nora initially protested, **she and Chris ended up having sex on the floor of the restaurant.**” (p. 60)

“Eventually, Nora left to pick up Jake at the bus station. All the way back to her house, she agonized over what to do. She just couldn't bear to hurt him by telling him that **she'd had sex with his best friend.** That evening, **they had sex without using a condom,** and Nora prayed that she didn't give him anything.” (p. 61)

“Rita and Paul are both nineteen, have been dating for three months, and have decided that **they would like to begin a sexual relationship that includes intercourse.** Paul is very concerned about Rita becoming pregnant and wants her to use a highly effective method of birth control. **His girlfriend last year had a pregnancy scare,** and it really frightened him. Rita is also concerned about becoming pregnant, but she knows that her high blood pressure may be a problem with some kinds of birth control. Rita also feels that since they both live with their parents and neither of them drives a car, they probably won't have many opportunities to have sex. Which method(s) do you think will best suit their needs? Which methods would not be appropriate?” (p. 80)

“Although media images might lead us to believe that only adolescents and young adults are sexual beings, **sexuality is part of our lives from birth until death.** This workshop encourages participants to broaden their view of sexual expression and to recognize that **people of all ages are sexual,** although they may express sexuality differently at different times in their lives.” (p. 134)

“**Sensuality:** accepting and enjoying your own body and its ability to respond

sexually as well as enjoying the body of a sexual partner.” (p. 136)

“**Sexual identity**: a person's understanding of who they are sexually, including their sense of being male or female.” (p. 136)

“**Sexualization**: using sex or sexuality to influence, manipulate, or control other people.” (p. 136)

“**When infants touch their genitals**, do you think they are being sexual in the way that adults are when masturbating? How is touch a sexual expression? Point out that male fetuses **have been observed with erections in utero** and that female fetuses in utero **are known to lubricate vaginally.**” (p. 137)

“Tell participants that during adolescence, people ask themselves ‘Who am I?’ In their search for self-identity, **adolescents often engage in a lot of exploration and experimentation, sexual and otherwise.** They try different behaviors, different groups of friends, and different ideas to figure out which feel comfortable and where they belong.” (p. 137)

“Make the point that although the ways in which we express our sexual selves may change at different times in our lives, **we always have sexual needs and ways of expressing them.**” (p. 138)

“The way that people experience sensuality changes as they grow and mature. For example, babies are sensuous in the way they explore their whole bodies, get pleasure from being touched and experience different textures against their skin. **A nursing baby enjoys touching his/her mom's skin and is soothed by sucking her breasts.**” (p. 140)

“As sexual beings, we have the opportunity to have intimacy with or without engaging in sexual behavior. A mature expression of sexuality often includes both intimacy and sexual behavior as two people express the fullness of their relationship with one another. However, **sexual intimacy is often achieved through behaviors other than sexual intercourse.**” (p. 141)

“Myth/Fact: Sexual fantasies are always about things we secretly want to do. MYTH. Sexual fantasies are frequently about things we do not really want to do in real life **but are curious about or feel turned on by thinking about.**” (p. 176)

Workshop Materials: “**Age-appropriate examples of nonexploitive erotica** from art or literature.” (p. 215)

“**Ask participants to define erotica.** Then, present the definitions below and ask participants if they find them acceptable.

- Erotica: Sexually arousing material that is not degrading to women, men, or children (Janet Sibley Hyde, Understanding Human Sexuality, Whitehall, Ohio: McGraw, 1990).
- Erotica: Sexually oriented media that are considered by a viewer or

society as within the acceptable bounds of decency (Janell Carroll and Paul Root Wolpe, *Sexuality and Gender in Society*, Reading, Mass.: Addison-Wesley, 1996).” (p. 217)

“Explain that pornography is generally considered exploitive because it depicts individuals who are being forced to do something sexual or who are doing something sexually degrading. Tell the group that **not all sexually explicit materials are exploitive or degrading; not all of them are pornography.**” (p. 216)

“**Show or read aloud the examples of erotica** you have brought in.” (p. 217)

Note: Erotica is, by definition, meant to arouse sexual desire; therefore, it should not be introduced to minors.

“They started dancing again and kissing. It felt so good, and she was really attracted to him. She didn’t stop him when he moved her over to the bed, and they sat down next to each other. They made out for a while, and then he took off his shirt. Diane decided there was no harm in that; she wanted to feel his skin against hers, so she took her shirt off too, and they held each other and touched each other for a long time. When Mark put his hand inside her pants, Diane tried to squirm away. She was very turned on, but everything was happening so fast. She kept on kissing him, whispering ‘no’ between kisses. **He climbed on top of her and they lay together, moving against each other.** Mark kept trying to push her pants down, and she kept trying to squirm away. Before she knew what was happening, Mark was yanking her pants down and pushing her legs apart. **All of a sudden she felt him pushing his penis inside her.** She was trying to scream ‘no,’ but his mouth was over her mouth and he was so strong.” (pp. 220-221)

“Mark was really turned on, but he was getting tired of standing, so he maneuvered Diane over to the bed and they sat down. They touched and made out for a while. Mark was really getting aroused, and he felt that she was, too. Then he took off his shirt. He wanted to see what she would do, and he was just dying to touch her bare skin. She took off her shirt, too, and they touched for a long time. It seemed that she was as into him as he was into her. **When he tried to put his hands inside her pants,** she squirmed away, but she didn't seem mad, so he kept kissing her. He laid her back on the bed and climbed on top of her, and they moved against each other. Mark felt as though he would just explode. He wanted her so badly. She seemed to want him, she was moving against him and kissing him back, and she had taken off her shirt! Mark thought that she really wanted him but she probably didn’t want him to think she was too easy. **He just wanted her so much and she was moving under him and if he pulled hard he could get her pants down and then he could get inside her.** She was squirming under him ... and he could hear her say no, but he wanted her and she really wanted him ... and he really wanted to do it ... and he pushed her and he was inside her.” (pp. 222-223)

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.

Workshop Goal: "To help participants **to negotiate with a sexual partner** about always using a condom for sexual activity." (p. 84)

"Tell the groups they are going to be **writing a dialogue between two sexual partners negotiating condom use**: One partner does not want to use condoms and one does. The goal is to end the dialogue with a successful resolution." (p. 87)

Communication scenario: "You and B have been dating for a few months, and you have both decided that you do not want to have sexual intercourse or do anything that might result in STDs or pregnancy. **You get really excited when you are with B and want to be sexually intimate**, but you don't want to take risks. **Tell B how you feel.**" (p. 162)

Communication scenario: "You and A have been dating for a few months, and you have both decided that you do not want to have sexual intercourse or do anything that might result in STDs or pregnancy. Now, **A wants to be sexually intimate with you**, and although you don't object to safe acts, you want A to **be clear about what you are both willing to do before things get too hot and heavy.**" (p. 162)

"**The ability to discuss specific, personal sexual issues is essential for good sexual communication.** This workshop gives participants the opportunity to practice asking such questions as well as answering the questions that others pose to them. **The more participants practice talking about sex-related topics, the easier it will be** for them to have necessary conversations with sexual partners in the future." (p. 166)

"Sexual consent means 'agreeing to participate in a particular sexual behavior.' ... Explain that this workshop will explore **how to think about and determine what constitutes someone's consent.**" (p. 225)

"Say to the group, 'I will read a statement, and then **you will vote on whether or not the statement implies consent to have sexual intercourse.** If you think the statement implies consent, hold up the green side of the card; if you do not think the statement implies consent, hold up the red side of the card. If you think the situation is too ambiguous to judge, wave the card back and forth. Remember that the couples involved **may be of the same gender or different genders.**'" (p. 225)

"Ask: **Is someone consenting to have sexual intercourse with you if he or she**

- gets into your car with you?
- goes out on a date with you?
- let's you buy dinner?
- goes on a picnic to a secluded place with you?
- gets drunk with you?
- goes up to your bedroom with you when your parents are not home or goes to your dorm room with you when your roommate is not there?
- makes out with you clothed?
- makes out with you naked?

- has oral sex with you?
- does not say anything when you start to have sexual intercourse?
- says no but keeps responding physically in a sexual way?
- says yes but his/her body seems to be saying no?
- says yes, yes, yes?" (p. 227)

“‘What If?’ Cards:

- What if your partner is very drunk, incoherent, and pretty passive? Do you have sexual intercourse with her/him?
- What if your very drunk partner passes out just as you are about to have intercourse? Do you continue?
- What if your partner is a virgin and says he/she wants to have sex to ‘get it over with’? Do you want to have sexual intercourse?
- What if you meet someone at a party for the first time. You spend the entire evening together. **You go back to your room to make out but decide at some point that you're not really in the mood for sexual intercourse. You are both naked and about ready to have sexual intercourse. What would you do?**
- What if your boyfriend/girlfriend has admitted that he/she had once forced someone to have sexual intercourse against that person's will? Do you want to have sexual intercourse with him/her?
- What if your partner tells you that he/she really is not ready to have sexual intercourse with you but would be willing to do it to keep from losing you? Do you have sexual intercourse with this person?
- **What if you start to have intercourse and your partner does not refuse, but you think he/she would rather not have sexual intercourse? Do you proceed?** How, if at all, would your response differ with someone you just met as opposed to someone you had been with for a long time?
- What if you know that your partner does not want to have sexual intercourse with you, but you know that you could talk him/her into it? Do you? What about someone you just met?
- What if you have been with your boyfriend/girlfriend for over a year. You have had intercourse once, and now your partner tells you he/she thinks the two of you made a mistake and would like to take things more slowly. Do you try to convince him/her to have sexual intercourse anyway?
- **What if you could get something you really want – a job, an opportunity, an experience, an object – by having sexual intercourse with a person who has power over you? Would you do it?**
- What if you know that someone over whom you have power wants to have sexual intercourse with you to get something that he/she wants or needs? Do you have sexual intercourse with him/her?" (pp. 228-229)

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.

“Is there a wrong way to use a condom? Yup, she says, and hands me a brochure that tells me the right way. It also shows different types of condoms and when you should use them. It says to **use condoms even during oral sex.**” (p. 53)

“Unprotected sexual contact includes **oral sex, anal sex, and/or vaginal sex** without the use of a latex condom with spermicide.” (p. 57)

“Because the lining of the rectum ruptures easily, exposing blood vessels to infected semen, **receptive anal intercourse** with an infected man who is not using a latex condom is the riskiest form of sexual contact for both men and women. The **insertive partner** can also contract HIV from anal intercourse with an infected partner.” (p. 67)

“Because people often have cuts and sores in their mouths (cold sores, herpes sores, cuts from biting tongues or cheeks) of which they are unaware, and because recent research suggests that HIV can enter the body from the mouth even if cuts or sores are not present, **oral-genital sex** without a latex barrier such as a condom or a dental dam is risky.” (p. 67)

“Have participants brainstorm situations involving adolescents and sexual intercourse (**vaginal-penile, anal, oral**) in which using a condom is not appropriate or necessary.” (p. 85)

“**Give fellatio:** sucking, licking, and stimulating a man's penis with your mouth.” (p. 180)

“**Give cunnilingus:** sucking, licking, and stimulating a woman's vulva with your mouth.” (p. 180)

“**Receive oral sex** (fellatio or cunnilingus): having another person use his or her mouth and tongue to stimulate your genitals.” (p. 180)

“**Insertive anal intercourse:** putting your penis into another person's anus.” (p. 180)

“**Receptive anal intercourse:** having a man put his penis in your anus.” (p. 180)

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.

“This model allows for more options and more freedom. It also acknowledges that a wide range of people – **including same-sex couples**, individuals, people with physical disabilities, and people of all ages – can experience sexual arousal.” (p. 46)

“Another aspect of sexual development is sexual orientation. **Sexual orientation refers to the gender of the people to whom one is romantically and/or sexually attracted.** A person who is primarily attracted to people of another gender is considered heterosexual. A person who is primarily attracted to people of the same gender is considered **homosexual**. A person who is attracted to people of both male and female genders is considered **bisexual**.” (p. 102)

“How a person's sexual orientation is determined has been a matter of much study and controversy. What is known is that **sexual orientation is determined**

early in a person's life and cannot be changed.” (p. 102)

“A more recent way of **classifying sexual orientation** is Klein's Sexual Orientation Grid, which uses seven different categories: sexual attraction, sexual behavior, sexual fantasies, emotional preferences, social preference, lifestyle, and self-identification. By looking at her/his past and present experiences and future goals, Klein's model also considers how these aspects of a person's life change over time. Thus, in the Klein model, **sexual orientation is defined as a somewhat more fluid aspect of a person's personality** that may change during a person's lifetime but that is not controlled or determined by a person's will.” (p. 102)

Workshop Goals:

- “To understand that **sexual orientation is not a choice**.
- To understand that sexual orientation may have both biological and learned components.
- To understand that sexual orientation is not just about with whom we have sex but also about with whom we become friends and with whom we identify.” (p. 109)

“Remind the group that **gender identity, gender role, and sexual orientation are three distinct aspects** of sexual development and that while they are related, one cannot predict one from the others. Tell them that there are many gay men who adopt traditional masculine gender roles and many lesbians who follow traditional female gender roles.” (p. 111)

From a teen’s story to be read to the students: “I have probably known I was gay since I was twelve. I don’t think I knew that there was such a thing as ‘gay’ until then. I used to go down in the cellar with other boys. We'd touch and kiss each other. I know **it's natural for children to ‘experiment’ with the same sex**, but I knew, even then, that that was what I wanted... I have a twin brother, Chad, who is also gay. I figured out Chad was gay at about the same time I figured myself out. I don't remember how I knew. I just knew. When I was seventeen, **I came out to my brother and his lover**. We were all away on vacation. They were in bed, and I just came in and blurted it all out. I'd known about them for a long time, but they had no clue that I was gay. **I'd been very active sexually since I was twelve**, and I had lots of stories to tell them. I felt great.” (p. 113)

From a story read to students: “I asked my friend what was going on. She told me it was a gay pride march. **We watched for a while, and I was so happy to see gays, lesbians, and bisexuals unafraid to show their affection for one another**. They were standing up for their rights and demanding more. That night I returned home feeling very proud and decided that **it was time for me to come out to my mother**.” (p. 115)

“By the time I got to college, and met my boyfriend, D, **I was beginning to wonder how being a bisexual would fit into my life**. For example, how would a male partner react to it? I also **didn't know how I would find female lovers**,

	<p>apart from the friend I'd been to stay with. She was living in London, so I didn't see her very often, and as she was involved in a heterosexual relationship as well, it was difficult to fit in more than the odd cuddle." (p. 117)</p> <p>"Introduce the activity by saying that although society emphasizes getting married and having children, not all families are created this way. Point out that sometimes a heterosexual couple cannot have children for biological reasons, and sometimes gay or lesbian couples or single people wish to become parents." (p. 130)</p> <p>"Divide participants into pairs ... Be sure there is at least one male/male pair, one female/female pair, and one male/female pair... How did the people in same-gender pairs feel during these (non-verbal) activities? Have the group consider and talk about how homophobia can interfere with clear communication between people of the same gender." (pp. 158-160)</p> <p><i>Note: Part of this activity was for one person to show the other through facial expression that they were aroused and to show through touch that they were attracted to the other person.</i></p> <p>When discussing sexual arousal: "If participants are discussing sexual interactions in heterosexual terms only, point this out to them." (p. 43)</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>"What is the only organ in the human body with the sole purpose of sexual sensation and arousal? Clitoris" (p. 37)</p> <p>"What structure is located within the front wall of the vagina about one-third to one-half of the way from the vaginal opening and associated with sexual arousal and orgasm in some women? Grafenberg spot (G-spot)." (p. 38)</p> <p>Workshop Goal: "To help participants understand the difference between a goal/orgasm-oriented model of sexual response and one in which pleasure is the only goal." (p. 41)</p> <p>"By the end of this workshop, participants will be able to describe how each of the five senses is involved in sexual arousal." (p. 41)</p> <p>"Introduce the activity by saying, 'In this workshop, we are going to learn more about how the human body responds to sexual stimuli. We will go over several different models of sexual response and determine what we like and don't like about each model. We will talk very specifically about what happens during sexual arousal, excitement, and orgasm, and we will describe what can interfere with sexual functioning.'" (p. 42)</p> <p>The class has a discussion on four different models of the sexual response cycle and review the stages of sexual experience such as excitement, plateau, orgasm, and resolution. (pp. 43-45)</p> <p>"...a woman experiences vaginal lubrication, the vagina expands, the uterus is</p>

pulled upward, and the **clitoris becomes engorged** or full of blood. A man experiences **erection of the penis**, the scrotal skin smooths out, and the testicles are drawn up toward the body. In both men and women, there is breast enlargement and nipple erection; muscle tension increases in the genitals and throughout the body.” (p. 43)

“Desire is defined as an **erotic feeling that stimulates** one to seek sexual gratification.” (p. 44)

“The first phase is called seduction. During seduction, a person is turned on to a person while trying to attract him or her. The next phase is sensations, during which **one's senses trigger pleasurable and erotic feelings**. Following the sensations phase is a phase called surrender. According to this model, surrender includes letting go and giving control over to the shared experience. Often orgasm is experienced during this phase.” (p. 44)

“In a ladder model of sexuality, there is a series of fixed steps that represent **increasingly arousing activities**. The series ends with the top rung, the ‘goal,’ which is orgasm. The bottom or first rung may be a look [write ‘look’ on the bottom rung of the ladder diagram]. Then comes an invitation [write this on the next rung], then a ‘touch,’ a ‘kiss,’ a ‘caress/fondle;’ then **‘erection/lubrication;’** followed by ‘penis into vagina;’ and finally **the big ‘O,’ orgasm**. Usually, the goal is ‘O/O’ – **mutual orgasm**.” (p. 45)

“Contrast the linear models with a circle model of mutual pleasure. Draw a large circle on newsprint. Tell participants, ‘In this model, **the only goal is mutual pleasure**. There can be any number of activities around the circle depending on what individual people find pleasurable. And activities can appear more than once on the circle in any order.’ Around the circle, in random order, write the following: caress, oral sex, invitation, kiss, massage, lubrication, talking, fondling, phone sex, touch, **orgasm**, erection, look, holding hands, anal sex, bubble bath, masturbation, snuggle, etc.” (p. 45)

“Men who have taught themselves to **prolong orgasm and ejaculation** to please a partner may have difficulty switching gears and letting go when they would like.” (p. 46)

“Say that many people feel that **partners should experience simultaneous orgasms** but that this expectation is both unnecessary and unrealistic, that orgasm is not necessary for a sexual experience to be pleasurable.” (p. 47)

“Tell participants that when men and women are having penis-vagina intercourse, most women **do not experience enough clitoral stimulation from thrusting alone to have orgasms**.” (p. 47)

“An additional benefit is that the female condom may be inserted up to eight hours before vaginal-penile intercourse, which means **sex play does not need to be interrupted to put it in**.” (p. 87)

	<p>“This is a fun way for participants to use all the information they have to think about how to have a sexy experience while staying healthy and safe from pregnancy and disease. The Sexy Safe Fantasy encourages participants to use their imaginations to explore the many ways in which they can express their sexuality and have their sexual needs met without putting themselves at risk.” (p. 90)</p> <p>“Point out that we can, no matter who we are, learn ways in which to experience and express our sexuality that are healthful, pleasurable, and loving.” (p. 102)</p> <p>“Myth/Fact: Women are more likely to have orgasms with clitoral stimulation than with vaginal stimulation alone. FACT. In fact, most women are not able to experience orgasm with vaginal stimulation alone; they need clitoral stimulation.” (p. 176)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“Women who have masturbated to orgasm often know what kind of stimulation feels best and can communicate this to their partners. Many therapists suggest that women learn to have orgasms on their own as a first step toward having orgasms with a partner.” (p. 47)</p> <p>Workshop 24 Goal: “To help participants to understand that a person can enjoy intimacy by himself/herself.” (p. 169)</p> <p>“Much of the common wisdom about masturbation is both negative and inaccurate. Masturbation is not physically harmful, and it can be a safe and even educational form of sexual expression for people of all ages.” (p. 173)</p> <p>“Myth/Fact: Most women masturbate by inserting something (finger, cucumber, dildo) into their vaginas. MYTH. Most women masturbate by using their fingers to directly or indirectly stimulate their clitoris and labia.” (p. 176)</p> <p>“Myth/Fact: If a person masturbates a lot during adolescence, he/she will not enjoy sexual experiences with a partner as much when he/she is older. MYTH. Masturbating is a good way for young people to express their sexual feelings safely. It can also help people discover what kinds of stimulation they like so that they can share that information with sexual partners and thus have more pleasurable sexual experiences in the future.” (p. 176)</p> <p>“Some boys masturbate together in groups during adolescence. This form of sex play has more to do with curiosity and competition than with sexual orientation. Both gay and straight boys participate in this kind of group masturbation.” (p. 176)</p> <p>“Masturbating privately and/or as part of a couple's shared sexual expression is common among married or partnered couples and does not at all indicate sexual problems. Sometimes one partner may want sex when the other does not. Also, orgasms experienced during masturbation are often different from those experienced with a partner, and sometimes a person will want to have</p>

	<p>the masturbation experience rather than the partner experience. Some people find watching their partner masturbate or being watched while masturbating to be very arousing.” (p. 176)</p> <p>“For some men, especially younger men, an erection may become painful. The erection will, however, go away with or without orgasm. A man may choose to masturbate to relieve the sexual tension in a pleasurable and relaxing way.” (p. 177)</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>“How the condom is used: Before there is any contact between the penis and vagina, place the condom over the erect penis. Space must be left at the end to collect the sperm (some condoms have a special tip for sperm collection). After ejaculation, the condom should be held in place while removing the penis from the vagina, so sperm do not spill into the vagina.” (p. 74)</p> <p>“Because condoms are the only contraceptives that provide disease protection, it is important to spend time learning about them and becoming comfortable touching them, using them, and negotiating with a sexual partner about using them.” (p. 84)</p> <p>“Materials:</p> <ul style="list-style-type: none"> • Male latex condoms (at least one per participant) • Two penis models. Although a penis model is preferable, you may supplement with other items such as cucumbers or bananas so that every person can practice putting a condom on a model. Large test tubes always make good models. • Female Reality condom • Dental dam. If no dental dam is available, make one, using scissors and either plastic wrap or an extra condom. You may wish to show the class how to do this.” (p. 84) <p>“Give a condom to each participant. Encourage participants to open the packets, touch the condoms, inspect them, play with them, stretch them, smell them, etc.” (p. 85)</p> <p>Steps to condom use demonstrated by facilitator on a penis model:</p> <ul style="list-style-type: none"> • “Check the expiration date on the packet to make sure the condom is good. • Open the packet. Explain that you should never use your teeth to open a condom packet because you run the risk of tearing the condom with your teeth. • Check the condom to see which way it unrolls. Explain that if you try to unroll it the wrong way you'll get stuck. • As you place the condom on the penis model, make sure to pinch the tip of the condom with the forefinger and thumb of one hand. Explain that it is necessary to leave room for the semen when the man ejaculates. If there is an air bubble or no extra space at the tip, the condom could break. Explain that some condoms come with what is called a reservoir

tip for capturing semen, which can make it easier to leave room.

- Roll the condom down to the base of the penis model. Tell participants to make sure there is enough natural or artificial lubrication before penetration as a condom may tear **if the vagina or anus is dry**. Many condoms come already lubricated, often with a spermicide for extra protection. The spermicide nonoxynol-9 is particularly recommended because it has been shown to kill HIV in a test tube. Extra lubrication can also come from products such as water, K-Y jelly, or various spermicidal creams, jellies, or foams but that oil-based lubricants such as petroleum jelly, baby oil, cooking oil, massage oil, or shortening should never be used for lubrication as oil can cause the latex to deteriorate or tear.
- Tell participants that after the man ejaculates, he needs to withdraw or pull out of his sexual partner right away. Because a man does not typically lose his erection immediately after ejaculating, **withdrawing while he still has a partial erection** makes it less likely that the condom will fall off his penis and stay in his partner or spill semen into or onto his partner. If the male stays inside his partner until his penis is completely flaccid (soft), it is much more likely that the condom will fall off or spill semen. When withdrawing his penis from his partner, the man should hold the rim of the condom against the base of the penis to keep the condom from slipping off and to prevent semen from spilling.
- Say that once the condom is removed, the man should throw it away. Tell the group that a condom should never be reused. Say that the man may want to wash himself.
- Tell the group that once the condom is removed, the man may relax with and hold his partner, or **continue to pleasure his partner** without further penetration with the penis.” (pp. 85-86)

“Invite anyone who wants to to **practice putting a condom on a penis model**. Encourage participants to describe aloud what they are doing and thinking at each step.” (p. 86)

“Tell the group you are **going to have a contest** to see who can **put a condom on a penis model correctly** in the shortest amount of time. Ask for two volunteers to take part in the contest. (A small prize for the winner can add to the fun.)” (p. 86)

“**Give each contestant a penis model and a condom**. Explain that because sex often takes place with the lights off, it is important to be able to put on a condom without seeing what you are doing. Tell the group that the volunteers will be blindfolded for the contest but that each contestant will have a coach.” (p. 86)

“**Pass the female condom around the group** and encourage participants to look at, touch, smell, study, and ask questions about the Female Reality condom.” (p. 87)

“**Hold up a dental dam for the group to see**. Pass it around and encourage

	<p>participants to feel, smell (if there are enough for each person to have one, taste), and study the dental dam.” (p. 87)</p> <p>“Reasons for not wanting to use a condom:</p> <ul style="list-style-type: none"> • If you really loved me, you wouldn’t ask me to use a condom. • I love you, and if we have a baby, that would be great. • Are you suggesting that I might have a disease or something? • It ruins the spontaneity of sex. • I don’t get any feeling when I use a condom. • It’s like taking a shower with a raincoat on. • They don’t make condoms big enough for me. • I’ve never been with anyone else but you, so we don’t need to use a condom. • If we love each other, nothing should come between us. • They are uncomfortable. • Condoms are so un-sexy. • I’m on the pill, so we’re safe.” (p. 89) <p><i>Note: Students work in groups to come up with responses to the reasons for not wanting to use a condom.</i></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>Students are to decide with whom they would be willing to do the following sexual activities: “Hold hands; Dry kiss; French kiss; Get undressed; Cuddle; Spoon; Give a massage; Get a massage; Skinny-dip; Stimulate someone's nipples; Have your nipples stimulated; Lick someone’s ears, or have your ears licked; Read erotic books; Watch an erotic movie or video; Fondle someone's genitals; Have someone fondle your genitals; Watch another person masturbate; Masturbate in front of someone; Give fellatio; Give cunnilingus; Receive oral sex; Have vaginal intercourse; Insertive anal intercourse; Receptive anal intercourse.” (pp. 180-181)</p> <p>“Where to obtain the condom: Drugstores, family planning clinics, the Internet and some public rest rooms. It is best to buy latex condoms that are lubricated with nonoxynol-9.” (p. 74)</p> <p>“Where to obtain foam: Drugstores, the Internet, and family planning clinics.” (p. 75)</p> <p>“Where to obtain the female condom: Family planning clinics; the Internet; drug, grocery, and some convenience stores.” (p. 76)</p> <p>“It's important for teenagers who are having sex or considering having sex to visit a doctor or clinic that screens for and treats sexually transmitted diseases and provides birth control ... Young women should go at least once a year when they reach 18 or become sexually active. You should go more often if you have health problems or if you have several sexual partners.” (p. 51)</p> <p>“Begin by telling participants that people are attracted to one another and enter into sexual relationships with each other for many different reasons. Explain</p>

	<p>that this workshop will help everyone think about which of these reasons are most important for them." (p. 164)</p> <p>"Teenagers often participate in sexual acts that are very physically intimate without being able to talk about what is happening. This workshop defines many sexual behaviors in a nonthreatening manner and gives participants the opportunity to consider whether or not they would participate in such acts and with whom." (p. 178)</p> <p>"To prepare them to make healthful decisions in their own lives, this workshop helps participants explore the concept of consent and analyze some morally ambiguous sexual situations." (p. 224)</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>"This session helps participants understand that a range of responses is normal and thus provides individuals with the freedom to experience their sexuality without being limited to a predefined or stereotypical set of responses that may not reflect their true needs, desires, or capabilities." (p. 41)</p> <p>"It's important for teenagers who are having sex or considering having sex to visit a doctor or clinic that screens for and treats sexually transmitted diseases and provides birth control..." (p. 51)</p> <p>"When they decided to have sex for the first time, they went to the clinic together, and Nora went on the pill. They felt confident that they did not need to use condoms since both of them were virgins. The following fall, Jake left to go to college about one hundred miles away. He and Nora vowed to remain faithful. Since they would see each other about twice a month, Nora kept taking the pill so that they could have sex without worry during their visits." (p. 60)</p> <p>"Abstinence ... can have emotional risks such as frustration and possible strain on a relationship." (p. 74)</p> <p>"How abstinence works: Excludes sexual intercourse of any type—penis in vagina, penis in anus, or oral-genital contact. Still allows for expression of sexual feelings or release of sexual tension through behaviors that do not include intercourse." (p. 74)</p> <p>"Ariel is seventeen and the only daughter of two college professors. She has been raised to feel good about her body and to appreciate all of its potential. She has been sexually active for the past year and has had many sexual encounters ... Now she would like to find a (contraceptive) method to accommodate her erratic and varied sex life. What method would be a good choice for her?" (p. 80)</p> <p>"Nancy is a high-school junior who is going to Europe for the summer to study art history. She knows she is going to want to experiment in a variety of ways, possibly sexually. She is a virgin. She has no idea how the men she meets will feel about condoms and is afraid she won't be able to communicate well with them. She wants to be protected from pregnancy and STDs. What should she</p>

	<p>take with her?” (p. 81)</p> <p>Roleplay scenario: “You and A have been dating for a few months, and you have both decided that you do not want to have sexual intercourse or do anything that might result in a STDs or pregnancy. Now, A wants to be sexually intimate with you, and although you don't object to safe acts, you want A to be clear about what you are both willing to do before things get too hot and heavy.” (p. 162)</p> <p>Breaking-up role play scenario: “It's been really great between you and Kyle. You have a lot of fun together, and Kyle is willing to do the sexual experimenting that you like. You promised not to see other people, and until last week, you managed to keep that promise. Last weekend you kind of slipped up, and you're afraid Kyle will find out and freak out. The other person you fooled around with was just a fling, nothing serious. You like Kyle a lot and you really want to keep being together. You hope Kyle will understand that being faithful has never been one of your strong points.” (p. 193)</p> <p>Breaking-up role play scenario: “You feel as though you and Dale are destined to be together. The two of you waited three years before starting a sexual relationship, and you have been faithful and very careful and safe.” (p. 193)</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>Workshop Goal: “To help participants understand and be able to differentiate between biological sex, gender identity, gender roles, and sexual orientation.” (p. 99)</p> <p>“Gender identity refers to a person's experience of feeling either male or female. When we answer the question, ‘Do I feel male or female?’ we are talking about gender identity. The sensation that we are one gender or another develops very early in our lives and is probably very much influenced by our biological sex.” (p. 100)</p> <p>“For example, some people with XX chromosomes and female genitalia grow up feeling that they are really boys trapped in girls' bodies. These people are biologically female but have a male gender identity. This is one example of a transgender identity.” (pp. 100-101)</p> <p>“Transgender is an umbrella term that includes transsexuals, intersexuals, and people whose gender identity is neither male nor female but who may describe themselves as ‘two-gender’ or ‘two-spirit,’ or use other terms that incorporate both male and female attributes.” (p. 101)</p> <p>A story called “X” is read to students about a baby whose parents agreed to never reveal the child’s gender and allow it to be raised genderless. “Other Children have to obey silly boy-girl rules, because their parents taught them to. Lucky X – you don't have rules at all! All you have to do is be yourself.” (p. 105)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO</p>	<p>“To find a family planning clinic near you, call Planned Parenthood at 800/230-PLAN (7526), or check out their website at www.plannedparenthood.org.” (p.</p>

CHILDREN

Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.

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

54)

“To prevent unintended pregnancy, young people not only **need to know the facts about contraception** – the available methods, how they work, and their effectiveness, cost, and proper use – they also need to **understand how to select a method that fits their individual lifestyles**. Contraception can work only if it is used, and it will be used, especially by young people, only if it meets their needs and they are motivated to use it.” (p. 71)

“By the end of this workshop, participants will be able to **demonstrate an understanding of the factors involved in selecting a method of contraception** by selecting one for a fictional individual/couple.” (p. 71)

“**Where to obtain the condom:** Drugstores, family planning clinics, the Internet and some public rest rooms.” (p. 74)

“The condom is a **relatively inexpensive contraceptive** method and the only nonpermanent method that is for males. Condoms prevent the spread of most sexually transmitted diseases and **should be used for this purpose** in addition to any other choice of birth control.” (p. 74)

Contraceptive foam note: “The effectiveness rate increases to 97 percent **if used with condoms** (based on actual use). **COMBINED USE IS RECOMMENDED.**” (p. 75)

“The female condom helps to prevent the spread of most sexually transmitted diseases, including HIV. It **provides women with a way to protect themselves** if they are with a partner who refuses to use another form of protection.” (p. 76)

“**How effective the pill is:** 95 to 98 percent, based on actual use, including those who skip days.” (p. 76)

“Today's **birth control pills can be used safely** by most healthy nonsmoking women **from their teenage years** until menopause.” (p. 76)

“**How effective the IUD is:** 95 to 98 percent, based on actual use.” (p. 77)

“Additional information: Depo-Provera provides very effective pregnancy prevention for 12 weeks with minimal side effects ... Depo-Provera does not provide any protection against STDs, including HIV, and therefore **should always be used with a latex condom** and spermicide.” (p. 78)

Information is given about the following contraceptives: male condoms, contraceptive foam, vaginal contraceptive film and female condom, oral contraceptives (pills), diaphragm, IUD, Depo-Provera, natural family planning. (pp. 74-78)

Description of first trimester abortion: “The clinician then opens, or dilates, her cervix slightly and inserts a small tube into the cervix **through which the contents of the uterus are suctioned out.**” (p. 204)

	<p>Description of second trimester abortion: “Usually, once the cervix has been dilated, the sides of the uterus are gently scraped and the uterine contents are suctioned away.” (p. 204)</p> <p><i>Note: The above quotes describing a preborn child as “uterine contents” are dehumanizing and downplay the seriousness of abortion.</i></p> <p>“Ariel is seventeen and the only daughter of two college professors. She has been raised to feel good about her body and to appreciate all of its potential. She has been sexually active for the past year and has had many sexual encounters ... Now she would like to find a (contraceptive) method to accommodate her erratic and varied sex life. What method would be a good choice for her?” (p. 80)</p> <p>“Nancy is a high-school junior who is going to Europe for the summer to study art history. She knows she is going to want to experiment in a variety of ways, possibly sexually. She is a virgin. She has no idea how the men she meets will feel about condoms and is afraid she won't be able to communicate well with them. She wants to be protected from pregnancy and STDs. What should she take with her?” (p. 81)</p> <p>“Latex and polyurethane condoms for males and females are the best defense against sexually transmitted infections for adolescents who engage in sexual intercourse. They are also a reliable method of contraception.” (p. 84)</p> <p>“When they have finished, they should find that there are very few if any situations involving adolescents and sexual intercourse in which condoms are not appropriate or necessary. Point out that clearly condoms are an essential component to safer sexual activity that involves intercourse.” (p. 85)</p> <p>Second trimester abortion: “After the abortion, the woman rests for an hour or more at the clinic and then is allowed to go home.” (p. 204)</p> <p>“First- and second-trimester abortions are safer for a woman, in terms of risk of death, than pregnancy and childbirth.” (p. 205)</p> <p><i>Note: These quotes drastically underplay the physical and emotional effects that an abortion can have on the mother.</i></p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to</i></p>	<p>From a story about a 16-year-old girl read to the students: “I have begun to speak up for homosexual rights in my private Catholic school and soon will deal with gay issues in my photography.” (p. 116)</p> <p>“By making gay rights posters and imagining taking part in a gay pride parade, participants have the opportunity to understand one of the ways in which sexuality and politics are connected, to examine their own levels of homophobia and heterosexism safely, and to consider how society may be transformed.” (p. 231)</p> <p>“Ask participants to brainstorm all the issues they think of when they think</p>

<p><i>CSE itself) or to promote abortion.</i></p>	<p>about gay rights. Write their responses on newsprint. Be sure the list includes gay parenting, gay adoption, gay marriage, sharing property, visiting partners in hospitals, medical insurance for partners, public affection, sharing housing, estate planning, and employment.” Students then create posters to advocate for one of these issues. (p. 232)</p> <p>“Tell participants that they are going to have the chance to express their own views on the most important issues related to gender equality. Explain that they are going to write lyrics to their own songs about gender equality.” (p. 237)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>Workshop Goal: “To clarify personal values about sexual orientation.” (p. 109)</p> <p>From a story read to students: “I was young and was brought up to believe love is love, whether it involves people of the opposite sex or people of the same sex. It wasn't until I started Catholic school in the sixth grade that I became aware of homophobia. Kids would always make comments about effeminate men and say that all the nuns at the school were lesbians.” (p. 114)</p> <p>From a story read to students: “That is why I would change my sexuality if I could because I don't like hurting people I love. But I can't. And I'm not going to suppress my wants and desires just to please some narrow-minded people.” (p. 114)</p> <p>Students are read the following statements and must stand under an “Agree” or “Disagree” sign and defend their position:</p> <ul style="list-style-type: none"> • “If my best friend told me that he/she was gay, it would not affect my friendship with him/her at all. • It would bother me if my college roommate were gay • I would approve of my sister or brother bringing home a gay partner for the holidays. • Bisexual people are confused about their sexual orientation, unable to make a choice. • I think gay people should not be allowed to be elementary school teachers. • It would be okay with me if my girlfriend or boyfriend was bisexual. • Gay couples should be allowed to adopt children. • If I found out my doctor was gay and the same gender as I, I would stop going to him/her. • If a gay person had a good straight lover, he/she would become straight. • It wouldn't bother me if my son or daughter were gay or bisexual. • It would be okay with me if my father told me he was gay.” (p. 118) <p>Workshop 19 Rationale: “Our culture tends to assume and teach that heterosexual marriage is the only acceptable option for adult expressions of emotional and sexual intimacy. There are, however, a great many alternatives to heterosexual marriage that may be acceptable and even preferable.” (p. 146)</p>

	<p>“Summarize by saying that it is important to understand that the most commonly practiced relationship is not always the best type for everyone. Individual needs and preferences are important; at different stages in our lives, we may find that different sexual relationships are more or less appropriate for us. Note that if a person is happy and healthy, then he/she should be able to practice and enjoy the sexual expression or relationship that satisfies him/her.” (p. 148)</p> <p>Students write a word or phrase to express how they would feel about themselves or someone close to them expressing their sexuality in the following ways: “Celibacy, open marriage, heterosexual marriage, cohabitation, gay/lesbian ‘marriage,’ divorce, child-free relationship, interracial relationship, polygamy/polyandry, May-December relationship, monogamy, singlehood, multiple serial relationships.” (pp. 149-151)</p> <p>“How do homophobia and heterosexism interfere with our ability to think about intimacy with people of the same gender?” (p. 170)</p> <p>“Given that all of us are raised in a homophobic environment and have been taught a great deal of misinformation about homosexuality, all of us are at least a little homophobic. Even gay people can internalize the homophobia of our culture. To what degree do you think you have become aware of your own homophobia?” (p. 233)</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>From a story read to students about a gay teen who comes out to his family: “Then my mom found out about me. Apparently, she went through my drawers and found some gay literature. She confronted me, and I told her the truth. I thought it would feel great to have this burden off my shoulders, but it didn't. It did feel good that I didn't have to hide anymore. But her heart was broken. She blamed herself, my father, me. I tried to convince her that it's no one's fault. But she was too wrapped up in her religion to listen to me. She thought her prayers could make me straight. I was a wreck. I began considering suicide. Just the thought of me tormenting her for the rest of her life tore me up inside.” (pp. 113-114)</p> <p>Students discuss masturbation in random pairs and each answer the following prompts:</p> <ul style="list-style-type: none"> • “What your parents or other adult family members told you about sex when you were a child. • What your parents or other adult family members told you about masturbation when you were a child. • Were the messages you received during childhood generally positive or negative?” (p. 174) <p>“Given that all of us are raised in a homophobic environment and have been taught a great deal of misinformation about homosexuality, all of us are at least a little homophobic. Even gay people can internalize the homophobia of our culture. To what degree do you think you have become aware of your own</p>

<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatethePPF.org)</i></p>	<p>homophobia?” (p. 233)</p> <p>“To find a family planning clinic near you, call Planned Parenthood at 800/230-PLAN (7526), or check out their website at www.plannedparenthood.org.” (p. 54)</p> <p>Toll-free hotlines given to students: “Planned Parenthood Federation of America, 1-800-220-PLAN” (p. 62)</p> <p>Recommended resources for sexuality information:</p> <ul style="list-style-type: none"> • Advocates for Youth • Guttmacher Institute • Gay, Lesbian, and Straight Education Network (GLSEN) • Answer • Parents, Families and Friends of Lesbians and Gays (PFLAG) • Planned Parenthood Federation of America • Sexuality Information and Education Council of the United States (SIECUS) • Sexuality Information and Education Council of Canada (SIECCAN) • Coalition for Positive Sexuality • Sex, Etc. (pp. 249-252) <p>Recommended websites (p. 252):</p> <ul style="list-style-type: none"> • Coalition for Positive Sexuality, www.positive.org • Go Ask Alice, www.goaskalice.columbia.edu • Scarleteen, www.scarleteen.com • Sex, Etc., www.sexetc.org • Info for Teens, www.plannedparenthood.org/info-for-teens/
<p>For more information on <i>Our Whole Lives</i>, see https://www.uua.org/re/owl.</p>	