

CSE Harmful Elements Analysis Tool

Analysis of *Sisters Saving Sisters, 2nd Edition*

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Sisters Saving Sisters, 2nd Edition contains 15 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: “The *Sisters Saving Sisters* target audience is young African-American, Hispanic and White teenage women, ages 12-19, who attend schools, clinics and/or community-based programs” (p. 1). This program discusses all aspects of sexual behavior and how to make it pleasurable. It teaches detailed condom use with penis models and discusses contraceptives and abortion. The program uses role plays to teach consent. It normalizes an array of sexual orientations and gender identities and even suggests that the majority of people are bisexual.

Target Age Group: Ages 12-19

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“<i>Sisters Saving Sisters</i> is designed to teach adolescent girls about sexual behaviors that will put them at risk and increase their knowledge and perceptions of their own vulnerability.” (p. 1)</p> <p>“What are the messages discussed between the guys in the biology class?” Answers:</p> <ul style="list-style-type: none">• It’s important to talk with your partner about using protection.• If a guy respects himself and his partner, he will use a condom.• Not having sex is a good way to avoid pregnancy, HIV and other STDs.” (p. 42) <p>“Read the list of behaviors given below. In a quick, round-robin fashion, have participants identify which category of risk each behavior falls under and record it on the newsprint. Use their answers (and any misconceptions) to clarify any misinformation or myths still prevalent in the group. Use this time as teaching time. Risk Behaviors:</p> <ul style="list-style-type: none">• Vaginal sex without a condom – Red Light• Dry kissing – Green Light• Having protected sex with a person who is having sex with other people – Yellow Light• Romantic conversations – Green Light• Oral stimulation of the penis without a condom – Yellow/Red Light• Sharing eating utensils with someone who has HIV – Green Light• Sharing needles and syringes – Red Light• Anal sex with a condom – Yellow/Red Light

- **Self-masturbation** – Green Light
- **Mutual masturbation** – Yellow/Green Light (Green for HIV. There are some STDs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)
- Practicing abstinence – Green Light
- **Vaginal sex with a condom** – Yellow Light
- Massage – Green Light
- **Having sex with multiple partners** without using a condom – Red Light
- **Oral stimulation of the vulva** (female genitals) with a dental dam (latex barrier) – Yellow Light
- **Anal sex without a condom** – Red Light
- Having sex without using a condom with a person who injects drugs – Red Light
- **Sexual fantasy** – Green Light
- Touching someone who has HIV – Green Light
- Flirting – Green Light
- **Body rubbing/grinding** (with clothes on) – Green Light
- Hugging – Green Light
- **Having sex with only one person (monogamous)** – Green/Yellow/Red Light (Green if both have never had sex before. If one or both have had other partners, Yellow if use condoms; Red if don't use condoms.)” (pp. 55-56)

“Introduce the activity by saying, ‘**Now we are going to play the Transmission Game.**’ Distribute the lettered cards and pencils so that only one person has a ‘D,’ one or two people have ‘U,’ and other cards are distributed evenly. If there are fewer than five people in a group, eliminate the ‘O.’ DO NOT tell participants what the letters mean at this time.

- C = Condoms
- O = Outercourse
- A = Abstinence
- U = Unprotected sex (oral, anal, or vaginal sex without a condom)
- D = Disease (STD/HIV)” (p. 65)

“Listen carefully so you don’t miss anything. Write your name on the side of the index card that has the letter on it. Stand and mingle (walk around) with others in the group until I say ‘stop.’ Pair off with the person standing closest to you. I will read you an incomplete sentence. You and your partner will each complete the sentence and discuss why you feel that way. When I call time (after 30 seconds to 1 minute), you will sign each other’s card on the side without the letter on it. Return the card to the original owner. Then you’ll move around the room again until I say ‘stop’ and you will pair up with a new partner. We will keep doing this until you’ve had six brief discussions.’ Read each of the following unfinished sentences, following the procedure you just described. Unfinished sentences:

- Concerning HIV, young women need to know...
- If I **had a condom in my pocket or purse**, my partner would think...
- I could convince my partner to use a condom if I...

- You can **make using condoms fun by...**
- If I asked **whether my partner was having sex with other people**, the response might be...
- If I asked my partner to use a condom, the response would be...
- Practicing abstinence to avoid HIV is...
- People do not like to use condoms because..." (p. 66)

"This has been an exercise involving '**verbal intercourse**,' but we're going to pretend that **each conversation was an act of 'sexual intercourse.'** Look at your cards. The letters on the cards represent something in this exercise. Will the person with the 'D' card, please stand. For the purposes of this activity only, **you have an STD and anyone whose name is on your card could have the STD too...**" (p. 67)

"If you have a 'C' on your card, that means **you correctly used a latex condom** to reduce your risk, and so you can sit back down. If you have an 'A' on your card, that means you insisted on abstinence and refused to engage in sexual intercourse or any type of skin-to-skin genital contact, so you can sit back down. Abstinence is the 100 percent sure way to protect yourself." (p. 67)

"If you have an 'O' on your card, you may sit down because **you had outercourse** (did different sexual pleasurable things without having intercourse, such as **masturbation, massage or body rubbing with clothes on**)." (p. 67)

"If you have a 'U' on your card, you must remain standing because you took a chance and **engaged in unprotected sexual intercourse** and now you are possibly infected with the STD." (p. 67)

"People have sex not only with their partners, but also **with their partner's past sexual partners.**" (p. 68)

"Next, list all the cons (the reasons people don't use condoms). Begin by asking participants to brainstorm all the things people say when they do not want to use a latex or polyurethane/polyisoprene condom. As they call out the things people say, list each one on the newsprint. **Make sure the answers include:**

- Condoms are not available
- Think **condoms ruin the mood and pleasure**
- Using another form of birth control
- Think **condoms don't feel natural**
- Condoms cost too much
- Don't know where to get free condoms
- Partner doesn't want to use condoms
- Embarrassed to bring up the subject
- **Parents might find them**
- Embarrassed to go to the store to buy them
- What to show they trust a partner" (p. 75)

“Remember that when you have unprotected sex, you are exposing yourself not only to your partner, but **also to all of your partners’ previous partners.**” (p. 78)

“Do I need to use latex or polyurethane/polyisoprene condoms **even if I’m involved with only one person?** Yes, unless:

- You have BOTH been tested and found negative for STDs, including HIV; AND
- NEITHER of you has had sexual contact since you were tested; AND
- You’re using another birth control method, such as the pill.” (p. 89)

Roleplay: “LORETTA – You and your close friend (Monique) are going out with James and Kenny, who are also friends and a few years older than you are. **You and James have had sex a couple of times** and never used a condom. You’re on the pill and think you might lose him if you ask him to use a condom. Your friend Monique is getting very close to **having intercourse** with her boyfriend, Kenny. She’s on the pill too, but she wants to use condoms. You tell her that **sex feels much better without condoms** (even though you’ve never tried one). You’re afraid that if she insists on using a condom, she might lose Kenny. Your task is to try to convince Monique to have sex without using a condom.” (p. 107)

Roleplay: “MONIQUE – You have been dating Kenny for a few months. You really like him and think this might be serious. **You have decided to have sex with him,** but you really want to use condoms. Your best friend (Loretta) is dating his best friend (James) and she doesn’t think you should mention condoms to Kenny because you might lose him. You know Kenny has never used condoms before, but he’ll have to if he wants to have sex with you. You won’t do it otherwise. Besides, **you learned how to make condoms feel better.** Your task is to resist Loretta’s pressure and try to convince her to use condoms too, without losing her friendship.” (p. 107)

Roleplay: “YVONNE – You and your boyfriend (Carlos) are in his living room with the lights down low **and things are starting to get physical.** You are trying to tell him that you want to use a condom, and he is beginning to get angry. Carlos does not want to use a condom because he doesn’t think sex will feel as good. But **you want to use a condom** because you respect yourself... Your task is to convince Carlos that **sex can be just as pleasurable with condoms.**” (p. 108)

Roleplay: “CARLOS – You and your girlfriend (Yvonne) are at your place and things are getting very intimate. She is starting to talk about using condoms and you are getting angry with her. **Does she think you have been sleeping around?** You don’t think condoms feel good and truly believe they will ruin the mood.” (p. 108)

Roleplay: “CLAYTON – You have been going out with Robin for a while now, and you are beginning to think about having sex. You know **she has had sex with other partners** and you are concerned about STDs, especially HIV. **You don’t want to have sex unless you both agree to use a condom.** But you also don’t want to lose her. You think you’re falling in love. She may be offended because

she is already on the pill, but you mention condoms anyway. You want to be with Robin, but only if it's safe. Your task is to resist the temptation to have unsafe sex without ending the relationship." (p. 117)

Roleplay: "ROBIN – Your boyfriend (Clayton) just suggested that you start using condoms. You are already on the pill and feel that he must think you have a disease if he is afraid to **have sex with you without using a condom**. Your older sister told you that you don't have to use condoms when you really love someone. You want Clayton to prove he trusts and cares about you by not using a condom. Your task is to **try to convince Clayton not to use condoms**." (p. 117)

Roleplay: "SELENA – You and Jerod have **been sexually active for a while**. However, you have just completed the Sisters Saving Sisters program. Now thinking about your past sexual experiences makes you worried because **you and Jerod have sex without using condoms**. Now you want to use condoms so you can be safe. You are afraid to tell him that you want to use a condom because he might get angry, believe you are cheating on him or find a new girlfriend. You decide to tell Jerod about the program, the important information you learned there, and that **you have to use condoms the next time you have sex**. Your task is to convince Jerod that you want to be proud and responsible and use condoms." (p. 118)

Roleplay: "JEROD – You have never used a condom and don't want to. You have been having sex with Selena for a while now and have never used a condom with her before. You believe that if Selena suddenly wants to use condoms, then she must be cheating. You also believe that **condoms are not natural, and sex won't feel as good**. Your task is to convince Selena not to use condoms." (p. 118)

Roleplay: "LAUREN – You are at a party with your best friend, Regine, and you see that she is **getting ready to have risky sex** because she is high or drunk. You know that she doesn't have any protection and you know she's had too much to drink to ask if a partner has one... Your task is to convince Regine not to have sex at the party." (p. 119)

Roleplay: "REGINE – You have been drinking at a party and flirting with someone really fine. You can tell this person likes you and **wants to have sex with you and you really want to have sex too**. Lauren suggests that you wait until you are more clearheaded before you have sex. Your task is to convince Lauren that it would be OK for you to have sex at the party." (p. 119)

Roleplay: "TANYA – You and Taryn have been intimate for 2 weeks. You have never used a latex barrier with her or any of your partners. You have never thought about STDs or HIV. **You hope Taryn doesn't want to use dental dams** or any other latex barrier. You don't want to use a latex barrier because you think it interferes with the feeling. Your role: Convince Taryn to have sex without using a latex or polyurethane/polyisoprene barrier." (p. 134)

Roleplay: "WILL – You and Tameka have just started **having vaginal sex**. You did not use a condom during sex because you think you are too young to get HIV... You think that **condoms ruin the mood and interfere with the pleasure** of having sex. Your role: Convince Tameka that you don't need to use condoms until you are older." (p. 135)

Roleplay: "TAMEKA – You have **had sex with Will three times** already, always unprotected. You realized that unprotected sex could prevent you from reaching your goals and dreams so you want to start using condoms. Your role: Get Will to agree that condoms need to be used when you are having sex together." (p. 135)

Roleplay: "IMANI – You and your boyfriend are getting really close to having sex. You don't want to get pregnant but you don't like condoms, so you **plan to have your boyfriend pull out**. Rosa is coming over to hang out. You can't wait to tell her about your **plans to have sex with your man**. Your role: Convince Rosa that condoms aren't necessary if the man pulls out." (p. 136)

Roleplay: "SAM – You and Chris have been dating for 6 months and have talked about having sex. Chris has never used condoms. **You don't want to have sex without condoms**... Your role: Convince Chris to use condoms when you have sex." (p. 137)

Roleplay: "CHRIS: You have been dating Sam for 6 months. You are in love and **want to have sex without using condoms**. You are tired of talking about them; none of your friends use them... Your role: Convince Sam that if two people are in love then they don't need to use condoms." (p. 137)

"What are some reasons a teen might **send a nude or sexy picture** to someone (or post it on Facebook)? Expected responses:

- Because the person kept asking for a picture (pressure)
- To have fun/get a laugh from your friends/gain status
- To flirt with people/let them know you like them
- To show off your body or feel attractive
- To **make other people 'horny' or turned on**.
- To make someone jealous
- To **be sexy with a partner** or keep a partner interested
- To hurt an ex-partner
- To embarrass or harass another teen" (p. 159)

"What is the **difference between sexual intercourse and sexuality**? Sexual intercourse is behavior that involves genitals; sexuality is a part of who we are as human beings – our gender, our bodies and how they respond, how we feel about our bodies, who we're attracted to, liking and loving other people, and it also includes behaviors such as intercourse." (p. 171)

"Ask participants to **brainstorm what their friends, partners or peers say about sex**. There is no need to record the answers. Answers may include:

- Everyone is doing it.
- **Having sex makes you popular.**
- It feels good.
- Trust me, I'll protect you.
- If you love me, you'll do it.
- If you don't, someone else will.
- Nobody wants to be a virgin.
- You won't because you're scared.
- **Having sex makes you a man/woman.**
- Wait until you're older.
- You won't get pregnant.
- **You have to if you're horny."** (pp. 172-173)

"Think about movies you see or the music you listen to. What messages do they send about sex? Be sure to elicit specific messages, not just the name of the movie or the song... Answers may include:

- **Sex is worth the risk.**
- Sex is more important than feelings.
- No need to respect relationships.
- **It's OK to have multiple partners.**
- No one else is a virgin.
- Dess, look, smell, act sexy.
- People should show their bodies.
- The more, the better.
- **Casual sex is fun.**
- Everyone cheats in relationships." (pp. 173-174)

"Why don't **teens who are having sex** protect themselves from STDs? They may:

- Be embarrassed about buying or getting condoms.
- Feel peer/date pressure.
- Use alcohol and drugs, which affects their judgment.
- Have a lack of knowledge.
- Believe using birth control pills is enough protection.
- Be embarrassed about asking questions.
- Not think about it ahead of time." (p. 245)

"Can a boy get a girl pregnant **if he has not had a wet dream**? Yes. A boy can get a girl pregnant whenever he is able to have an ejaculation." (p. 247)

"Can a girl **get pregnant if she has sex standing up**? Yes. Sperm does not care what position you are in. Any time semen comes in contact with the vagina a girl may get pregnant. There are no exceptions to that rule. There are no safe positions or safe times for having sex without risking pregnancy." (p. 247)

"Can a girl **get pregnant from swallowing semen**? No. The only way a girl can get pregnant is if the sperm cells enter her vagina, usually during sexual intercourse, and fertilize one of her eggs." (p. 247)

“Can **douching after intercourse prevent pregnancy**? No. Douching will not prevent pregnancy; it only pushes the sperm up the vagina increasing the chance of pregnancy.” (p. 248)

“Is withdrawal (**pulling the penis out of the vagina before ejaculation**) a good way to avoid pregnancy? No. This is the way many teenage girls get pregnant. Withdrawal requires a great deal of self-control. Interrupting sexual intercourse can be very difficult for people ‘caught up in the moment.’ Also, sperm sometimes may be present in the pre-ejaculate fluid, and pulling the penis out just before ejaculation will not keep these sperm from entering a partner’s body.” (p. 248)

“A women can get pregnant even if:

- She is having her period.
- She hasn’t had her first period yet.
- She is under 12 years old.
- It is her first time.
- **She does not have an orgasm.**
- She does not have vaginal intercourse very often.
- **A man pulls his penis out of her vagina before he ejaculates.**
- Her partner touches only the outside of her vagina with his penis.
- She urinates right after sex.
- She douches with anything after sex.
- She jumps up and down after sex.” (p. 253)

Participants watch a video called “The Hard Way” (p. 120). Following is a summary of that video:

Wanda Sykes plays the role of Koko, a radio host who **discourages unprotected sex and passes out condoms** on HIV Testing Day. “The safest sex is no sex at all. But if you’re having it, wrap it up! And don’t give me that ‘they don’t feel right’ or ‘they ruin the mood’ myth. Trust Koko. There are plenty of ways to make them feel good.”

Kenrick, a teenage boy, is seen flirting with multiple girls. “**I don’t have sex with all of them,**” he tells a friend. Knowing of his sexual relationships, his parents leave him a box of condoms and a brochure on STDs. Since he hasn’t always used a condom, **he decides to get tested for HIV**. Meanwhile, his friend Miguel only has one girlfriend who is on the pill, so they don’t use condoms. When Kenrick decides to get tested, Miguel volunteers to be tested also to be supportive. When the results come back, the supposedly monogamous Miguel is positive for HIV while Kenrick, who sleeps around, is negative.

2. TEACHES CHILDREN TO CONSENT TO SEX

“The goals of this module are to: **Improve participants’ communication and negotiation skills** so that they can negotiate condom use with a sexual partner.” (p. 95)

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.

“Before you start a conversation with your partner or potential partner about condoms or safer sex, there are a few things you should keep in mind:

- Think about what you want to say ahead of time.
- Sort out your own feelings about using condoms before you talk with your partner.
- Choose a time to talk before that first intimate moment. **Making things clear before you have sex** means you will both be prepared and relaxed.
- Decide how you want to start the conversation. You might say, ‘**I need to talk with you about something that is important to both of us.**’ Or ‘I’ve been hearing a lot lately about safer sex. Have you ever tried condoms?’ or ‘I feel kind of embarrassed, but I care too much about you not to talk about this.’
- The **best time to discuss condom use** is before the first kiss, and certainly before engaging in genital stimulation or touching.” (p. 99)

“The one thing you want to avoid is for the conversation to turn into blaming, fighting or falling into patterns that could lead to a fight. So now we are going to **work on some additional ways for you to get your partner to cooperate with condom use** without getting into a fight. This is called the STOP technique.” (p. 99)

“STOP

- S = SAY ‘NO.’ Refuse to engage in unsafe behavior. Be careful not to do this in a negative way.
- T = TALK IT OUT. **Talk openly about each other’s feelings** to help the relationship grow and ease any tension that may have developed.
- O = OFFER EXPLANATIONS. Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevent negative reactions.
- P = PROVIDE ALTERNATIVES. Provide safe alternatives to show that you still **want to be intimate and have a relationship with this person**, as long as it can be safe.” (p. 100)

“For instance, **if your partner says:** You don’t trust me. **You reframe it by responding:** It’s not about trust. It’s about protecting ourselves; either of us could have an STD and not even know it. I do trust you, but I want to feel safer no matter what happens.” (p. 101)

“**If your partner says:** If you loved me, you wouldn’t ask me to have sex with condoms. **You reframe it by responding:** It’s because I love you that I want us both to be safer, and condoms are the best way to do that.” (p. 101)

“**If your partner says:** I am telling you to have sex without a condom. **You reframe it by responding:** I know you have strong feelings and I know that one thing you feel strongly about is that you want to protect me. This is one way to do that.” (p. 101)

“If your partner says: Condoms will ruin sex! I hate them! You reframe it by responding: We are so hot there’s no way anything will come between us. **I’m sure that we can make using condoms fun and pleasurable for both of us.** I can hardly wait.” (p. 101)

“If your partner says: You’ve had sex outside the relationship! **You reframe it by responding:** I’m flattered that you think I’m so attractive, but the truth is I love you and I’m true to you. I think it’s very important that everybody uses condoms, and it’s a decision I made before I met you.” (p. 101)

“Now, let’s try this out. I’ll read a partner objection and I want you to reframe the objections.’

Objection: I don’t need to use condoms because I can tell who is sick; it’s not my partners. I know them and they are clean.

Suggested reframing: It’s great that you have so much confidence in the people you’ve been with, but my doctor says that it’s impossible to tell who has been infected just by looking.

Objection: Why should we change? We have been having sex without condoms for a long time.

Suggested Reframing: We’ve been lucky I haven’t gotten pregnant. We should start using condoms now before our luck runs out.

Objection: Only weak men do that sissy stuff and use condoms.

Suggested Reframing: Honey, I know you’re really strong, and it takes a strong person to try something new in order to protect his partner.

Objection: I don’t have to use condoms because I know you take care of me.

Suggested Reframing: I do want to take care of you, and this is the best way to do it.

Objection: Planning takes out the fun of sex.

Suggested Reframing: I think you’ll change your mind when you see what I’ve got planned to do to you.” (pp. 101-102)

“Remember, regardless of what excuse a partner gives, **you need to be prepared to explain** why you insist on using a condom every time you have sex. Knowing what you’re going to say in advance makes it easier to give a response that helps you make the proud and responsible choice of using a latex (or polyurethane/polyisoprene) condom every time you have sex.” (p. 102)

“If you and a romantic partner have had sex many times in the past, you can assume you have your partner’s ongoing consent. MYTH. This is a big myth.

Giving consent is a freely given, sober, present act of agreeing through mutually understandable words or actions **to participate in specific sexual activity.** This is a mouthful. Let’s break it down:

- Freely given means the recipient was not pressured or threatened.
- Sober means not high or intoxicated.
- Present means the agreement to engage in sex happens today, right now, in the present.
- Through mutually understandable words and actions means the person says, ‘Yes, I want to have sex with you.’ Or touches you in a sexual way or

responds enthusiastically. **Words that communicate consent include: 'yes,' 'don't stop,' 'that feels good,' 'I want to...,' 'I'm sure.'**

- Specific sexual activity means that the person has to agree to each sexual act. For example, someone might agree to oral sex but not to vaginal or anal intercourse.” (p. 170)

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.

“Anyone who has **unprotected** vaginal or **anal sex** with someone who has HIV can get HIV. There are also some risks of transmission **through oral sex**, but it is much lower.” (p. 45)

“A condom is a sheath that covers the penis and acts as a barrier to keep semen from **entering a partner’s vagina, mouth, or anus** during sex. Most condoms are made of latex (rubber). People who are allergic to latex can use condoms made of polyurethane (plastic) or polyisoprene (synthetic rubber).” (p. 48)

Risk Behaviors: “**Oral stimulation of the vulva (female genitals)** with a dental dam (latex barrier) – Yellow Light” (p. 56)

“However, if you choose to have **vaginal, anal or oral sex**, having your partner wear a condom is the first and most important step.” (p. 83)

“The female condom can also be used for STD protection during anal sex. Because people of any gender can **use these condoms for anal sex**, some educators have begun to call them internal or insertive condoms.” (p. 182)

Note: *Female or internal condoms are not approved by the FDA for anal sex. It is highly irresponsible to give young people misleading information that will put them at increased risk for STDs.*

“The two of you have **engaged in oral sex** and have not used latex barriers.” (p. 134)

“Remember **if you are going to have oral sex**, you need to use a latex barrier.” (p. 135)

“Specific sexual activity means that the person has to agree to each sexual act. For example, **someone might agree to oral sex** but not to vaginal or anal intercourse.” (p. 170)

“**Anal Sex** (also Anal Intercourse): Inserting the penis into the anus of the sexual partner.” (p. 249)

“**Cunnilingus**: Mouth-to-vagina sex. See oral sex.” (p. 250)

“**Fellatio**: Mouth-to-penis sex. See oral sex.” (p. 250)

“**Oral Sex** (Oral Intercourse): Contact of the mouth or tongue with a partner’s genitals.” (p. 252)

“Sex (Sexual Intercourse): A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) **using the mouth** to touch the genitals of another person (**oral sex**); or (3) insertions of a man’s penis into the anus of another person (**anal sex**).” (p. 254)

**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.

“It doesn’t matter if a relationship is **between a man and a woman, two women or two men**. All couples have to communicate and negotiate. All couples who have decided to have sex must take steps to avoid negative consequences, **regardless of their sexual orientation.**” (p. 119)

“You have just started your first sexual relationship with Tanya. The two of you have engaged in oral sex and have not used latex barriers. You are not sure if **two women involved in a sexual relationship** have to worry about STDs, including HIV. You want to use a latex barrier with Tanya but you are not sure how she will react.” (p. 134)

“**Sexual orientation** refers to that inner sense of who you’re attracted to romantically and sexually. **Lesbian and gay (or homosexual)** people are attracted to people of their own gender. Straight (or heterosexual) people are attracted to people of different gender. **Bisexual** people can be attracted to people of more than one gender.” (p. 168)

“Bisexuality is a real sexual orientation. There are people who do have the potential to be attracted to more than one gender. Many experts believe that the **majority of human beings are actually bisexual**. Some people have bisexual attractions but **don’t identify as bisexual**. Many bisexuals feel discriminated against because they are not always accepted in the gay or straight community.” (p. 169)

“**What is sexual orientation?** People’s inner sense of who they are romantically and sexually attracted to – same gender, a different gender, or more than one gender.” (p. 171)

“**Bisexual:** Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.” (p. 249)

“**Gay:** A term for people who are romantically and sexually attracted to someone of the same gender. Often used to refer to males who are attracted to other males and whose sex partners are men.” (p. 251)

“**Homosexual:** Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one’s own gender.” (p. 251)

“Lesbian: A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.” (p. 251)

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.

“Increase participants’ understanding of barriers to condom use and increase their strategies for reducing those barriers, **including how to make condom use fun and pleasurable.**” (p. 71)

“Many times, sex ends up not being as much fun as it started out being. **Young men often reach orgasm faster than they want.** Young women sometimes experience pain if it is their first time having intercourse and/or if they are not feeling aroused. **Many young women do not reach orgasm** during vaginal intercourse, especially when they and their partners are just learning about sex. Most women need to have their clitoris (the arousal organ in their vulvas) touched, directly or indirectly, **in order to have an orgasm.** This sometimes happens during intercourse, but only if the partner rubs it manually or with the pelvis.” (p. 85)

“Sexual intercourse is not the only way for couples of any sexual orientation to express love and affection, to feel good or to have fun. **Touching and stroking each other all over can be very pleasurable.** People who are better lovers know about their own bodies and partner’s body. Many times, people rush their sexual experiences. This makes it difficult to relax and explore each other with various kinds of touch.” (p. 85)

“**Touching and stroking can lead to orgasms for both males and females.** It is a safe way to avoid pregnancy, HIV and most STDs. Be aware that some STDs, such as herpes, syphilis, and HPV, can be passed by skin-to-skin contact and genital touching.” (p. 85)

“Using a condom can become part of the **touching and stroking that happens prior to intercourse.** Putting a condom on won’t interrupt or ruin the mood if the actions are part of playing, touching and stroking.” (p. 85)

“Although some males may be uncomfortable with a partner who is assertive, most get very turned on if their partner touches them, **especially touching and stroking the penis.** Applying lubrication directly on the penis can be exciting. Then a partner can roll the condom on with a lot of lubrication inside and out.” (p. 86)

“For male-female couples, **this kind of foreplay will often increase arousal levels,** preparing the vagina for more comfortable penetration by the penis. **Lubrication can make intercourse more comfortable** for a female and more slippery and exciting for a male. It can **increase sensations** and help both partners feel ready for intercourse.” (p. 86)

“Using a condom also can **make a male’s erection last longer.** Most say that the longer they are stimulated without having an orgasm, **the better the orgasm feels when they have it.** When a male delays orgasm and his penis remains

hard, it may help him continue to **stimulate a partner and help his partner enjoy sex more.**" (p. 86)

"Once the cards are in their proper order give each participant a blank card. Have them write down something that they can do before or after the step on the card(s) they were holding that could **make the entire sexual encounter more fun and pleasurable** for one or both people." (p. 92)

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.

"Risk Behaviors

- **Self-masturbation** – Green Light
- **Mutual masturbation** – Yellow/Green Light (Green for HIV. There are some STDs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)" (p. 56)

"What are some **safer sexual behaviors** (that won't transmit HIV)? Cuddling, massage, **masturbation**, fantasy." (p. 141)

"Masturbation is manual stimulation of another person's genitals. MYTH. Masturbation is actually defined **as stimulating one's own genitals for sexual pleasure**. You might also hear the term '**self-stimulation**' or '**self-pleasuring**.' Personal values about masturbation vary. For some people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that **most people masturbate** at some point in their lives." (p. 169)

"You can get an STD from masturbating. MYTH. Absolutely not; **masturbation is a safe way to feel pleasure and release sexual tension** without fear of STDs or pregnancy." (p. 169)

"Masturbation can cause a guy to have a low sperm count. MYTH. This is a big myth. You may also have heard that you can go blind or get pimples if you masturbate. None of this is true. In fact, **masturbation has some health benefits** such as relieving stress. It's also a way for people to relax, feel pleasure, and **learn about their sexual responses**. Personal values about masturbation vary. For some people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that most people masturbate at some point in their lives. Masturbation is something you can choose to do or not do if it goes against your values." (p. 169)

"It's OK to masturbate in public if you feel like it. MYTH. Absolutely not; **masturbation is a private act**. It's not OK to masturbate in public places or in front of other youth or caregivers. However, **it's fine in private**. It's important to be able to understand and manage your sexual urges and to abide by societal rules and expectations." (p. 169)

"What is an **appropriate place to masturbate**? A private place" (p. 171)

"**Masturbation**: Massaging one's own genitals for sexual stimulation." (p. 251)

“Mutual Masturbation: Massaging each other’s genitals or sexual stimulation. See masturbation.” (p. 252)

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 inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

“Increase participants’ understanding of barrier to condom use and increase their strategies for reducing those barriers, **including how to make condom use fun and pleasurable.**” (p. 71)

“Demonstrate correct steps for using a condom **on an anatomically correct penis model.**” (p. 71)

“We are about to **see a brief animation of how to correctly put on a condom.** The information presented in it will be helpful throughout the rest of this activity, and as soon as we’re done watching it, **you’ll have a chance to practice** what you’ve learned together **as a group.**” (p. 79)

“Have any of you ever had a chance to **really take a close look at a latex condom** and get familiar with what they feel like and look like? (p. 79)

“Give each participant (or pair of participants) an **unopened condom, a penis model and lubricant.** Encourage the participants to explore the condoms and discuss the following:

- How do the condoms feel? (**Note that they are very thin and allow a great deal of sensation.**)
- What makes latex condoms so effective?
- What do you think the correct steps for using a condom are?” (p. 80)

“While the participants open the packages and begin **exploring the condoms,** you must model your comfort with the condoms. Open a package and take the condom out. **Put it on over your hand, show them how strong it is and how it can accommodate any size penis.** If it tears on your nails or jewelry, use this as a teachable moment about being careful around sharp objects. Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort. Do not appear worried about a mess or stickiness.” (p. 80)

“Using Condoms

1. Check the expiration date on the condom package and make sure the condoms are latex or polyurethane/polyisoprene.
2. Push (squeeze) the condom to one side and open the package, being careful not to tear the condom.
3. Check to be sure that the condom is on the proper side to roll down the penis correctly. Look closely. Condoms roll in only one direction.
4. **Pinch the tip of the condom** to create space (1/2 inch) for semen.
5. Squeeze a few drops of water-based lubricant inside the tip of the condom. (This makes the condom less likely to break and can make it **feel more pleasurable to the man.**)
6. Continuing to squeeze the tip, **put the condom on the tip of the erect penis,** and unroll it down to the base of the penis. Be sure to put the

condom on before any contact between the penis and the partner's genitals, mouth or anus.

7. Apply water-based lubricant to the outside of the condom if desired.
8. **Check during intercourse** to make sure the condom isn't slipping.
9. Immediately after ejaculation, hold the condom firmly by the rim at the base and **withdraw (pull out) the penis before it gets soft.** (Ask: Why? Answer: If the man's penis remains inside the woman's vagina, and the penis gets soft, the condom may come off and allow sperm to enter.)
10. Roll off the condom. Make sure your partner does this away from your body. (Ask: Why? Answer: So that the sperm that is inside the condom won't get on or in you.)
11. Discard the condom. Wrap it in tissue and throw it away. Do not flush condoms down the toilet because they can clog plumbing.
12. Never reuse a condom. **If you want to have sex again, always use a new condom.**" (p. 81)

"Allow the participants to practice **putting a condom on with their penis models or hand.** Distribute the Using Condoms handout for participants to use as a guide." (p. 82)

"Let's brainstorm ideas to finish the following two statements. Say whatever comes to mind. We will discuss all of your statements at the end.

- **Condoms could make sex more fun by...**
- Condoms would not ruin the mood if we..." (p. 87)

"Discuss various strategies to **eroticize condom use** and increase spontaneity...

- Use condoms **as a method of foreplay.**
- Let the girl put it on the guy.
- Use different colors and types/textures (some have ribs on them).
- Tell your partner how **using a condom can make sex last longer.**
- Have condoms close by to eliminate fumbling.
- **Act sexy/sensual when putting condoms on.**
- Have a sense of humor – be silly – make jokes.
- Put lubricant on the tip of the penis, to increase sensitivity or use pre-lubricated condoms.
- Have fun putting them on – pretend you are different people or in different situations." (pp. 87-88)

"Once you both agree to use condoms, do something positive and fun. Go to the clinic or store together. **Get lots of different brands and colors.** Plan a special day when you can experiment. **Just talking about how you'll use all of those condoms can be a turn-on.**" (p. 90)

"Let's see how many of you know how to put on a condom correctly. This activity will review and examine just how much you know about using a condom correctly... Order of condom-line-up cards:

1. Get latex or polyurethane/polyisoprene condoms and check expiration date

	<ol style="list-style-type: none"> 2. Sexual arousal (hug, cuddle, kiss, massage) 3. Erection 4. Carefully remove condom from package 5. Dab only water-based lubricant on the penis or inside the condom (lubricants that are not water-based can degrade the condom) 6. Squeeze out any air from tip of condom and leave room for ejaculation 7. Roll condom on 8. Intercourse 9. Orgasm (ejaculation) 10. Hold onto the rim of condom and withdraw penis carefully 11. Remove and discard condom 12. Loss of erection 13. Relaxation” (pp. 91-92) <p>“Lubricant: Something wet and slippery used to reduce friction during sex. A person can put it on the outside of a condom or inside the vagina or anus during sex to keep a condom from getting dry and breaking. There are two kinds of lubricants: water-based and oil-based. Only water-based lubricants are recommended because oil-based lubricants can weaken latex and cause a condom to tear or break.” (p. 251)</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>“<i>Sisters Saving Sisters</i> teaches participants to make responsible decisions regarding their sexual behaviors, urges them to respect themselves and others, and stresses the importance of developing a positive self-image. They learn that being responsible and practicing safer sex, if they choose to have sex, can contribute to reaching their goals and dreams.” (p. 13)</p> <p>“HIV infections can happen to anyone who engages in risky behaviors. The choice is yours. I want you to make proud and responsible choices; if you choose to have sex, use a latex or polyurethane/polyisoprene condom every time.” (p. 42)</p> <p>“However, if you choose to have sex, you must make the proud and responsible choice to use a latex or polyurethane/polyisoprene condom every time.” (p. 137)</p> <p>“Being curious about sex at your age is natural and normal. However, experimenting with sex to satisfy curiosity can be an unhealthy way for you to learn about sex. It can lead to the consequences we talked about earlier such as pregnancy and STDs, including HIV. These consequences can alter your life and get in the way of your goals and dreams. At your age, these are some proud and responsible things to remember:</p> <ul style="list-style-type: none"> • It’s OK to think about sex. • It’s OK to talk about sex. • It’s OK to develop feelings and attitudes about sex. • But it’s not a good idea to have sex until you are prepared to have sex with respect and responsibility.” (p. 175)

**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 and “protected” sex as equally good options for children.

“This curriculum acknowledges that abstinence is the most effective way to eliminate these risks. However, realizing that **abstinence is not the path that many young people will choose**, the curriculum spends a great deal of time encouraging the practice of safer sex and condom use.” (p. 5)

“What were the messages discussed between the girls in the library? Answers: Don’t have sex before you are ready. Don’t let anyone pressure you to have sex. **If you have sex, you must use a condom.**” (p. 42)

“We’ve talked a lot about HIV and other STDs and condoms and you have a lot of good information now. However, we have not talked much about **what happens during sex**. In fact, many young people don’t get much information about sex. I am going to spend the next few minutes discussing sex and sexual response with you because this information can help you **learn to enjoy sex with condoms more** and make your partner more interested in using condoms.” (p. 84)

“The human body can react in ways that make people **want to have sex**, but humans also have the capacity to reason, and they need to think before having sex. Some people focus on how to make sex feel really good and be fun for both people. They also need to **think about being safe.**” (p. 85)

“Often people have sex without knowing what is supposed to happen, **how it should and shouldn’t feel** or even without looking at each other or talking to each other. Openly communicating needs and concerns can **increase the enjoyment** of the experience.” (p. 85)

“It is worth taking the time and care to learn about sex. When it happens in a hurry – in the dark and in fear – **it is hard to really enjoy it and be safe.**” (p. 85)

“Knowing what is best for you and your health and doing something about it are two different things. Even bringing up the subject of condom use, which can prevent STDs, including HIV infection, can be hard. **However, it is very important that you talk with your partner about condoms and safer sex.** An open, honest discussion can correct some common misunderstandings.” (p. 98)

“As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unplanned pregnancy and sexual transmission of HIV and other STDs. However, **if you choose to have sex**, then act responsibly by getting tested and using condoms consistently and correctly every time.” (p. 122)

“It is important to talk about **your decision to have safer sex** or abstain before the moment arrives.” (p. 137)

“It’s important to have a backup method in case you **decide to stop using abstinence** in order to be able to protect yourself from pregnancy and STDs, including HIV.” (p. 178)

	<p>“How can you reduce your risk of HIV? – Get tested for HIV. Be sure any sex partner has been tested before having sex.” (p. 46)</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>“Transgender is another term for gay, lesbian and bisexual people. MYTH. Actually transgender is not about being gay, lesbian or bisexual because it’s not about sexual orientation. Transgender refers to a person’s gender identity. Gender identity is your inner sense of your gender – Do you feel like a guy? Do you feel like something different than a guy or a girl? Often gender identity matches a person’s body – someone with a girl’s body feels like a girl on the inside or someone with a boy’s body feels like a boy on the inside – but not always. Transgender is when a person’s inner feelings about gender don’t match the body.” (p. 168)</p> <p>“Transgender people can have any sexual orientation – gay, lesbian, bisexual or straight.” (p. 168)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“What was the message about condoms in the DVD? Answer: Use latex (or polyurethane/polyisoprene) condoms every time you have anal, oral, or vaginal sex.” (p. 41)</p> <p>“Begin by writing all the pros (the reasons for using condoms) on the newsprint. (Make sure their list includes that latex and polyurethane/polyisoprene condoms can prevent sexually transmitted HIV, other STDs and pregnancy.) Make sure their list includes:</p> <ul style="list-style-type: none"> • Condoms can help prevent pregnancy. • Condoms can help prevent STDs, including HIV. • Condoms make you feel good about yourself. • You know you are safer when you use a condom.” (p. 74) <p>“I know that many of you are still skeptical about using condoms for a variety of reasons, but as we continue our discussions today, I hope you will be able to see condom use in a more positive way.” (p. 76)</p> <p>“It can be difficult to start using condoms when unprotected sex has already been part of the relationship. If people now want to start using condoms it does not necessarily mean they are cheating. They want to protect themselves and their partners from pregnancy and STDs such as HIV. Condoms don’t ruin sex. There are ways to make condoms a fun, natural and pleasurable part of sex.” (p. 118)</p>

“What form of protection does Renee choose to use? Those of you with Renee’s card, why do you think Renee chose to **use birth control pills instead of condoms** as her form of protection? Does this make sense? Do you think that using the pill is OK if you are having sex with only one person? Why or why not?” (p. 121)

“These days everybody knows that **using condoms is a good idea because they make sex safer**. Condoms help to protect both partners from pregnancy, HIV and other STDs. To obtain these benefits, you must choose a good quality latex or polyurethane/polyisoprene condom and use them correctly. In some cases, you may have to overcome your partners’ reluctance. However, if you choose to have vaginal, anal or oral sex, **using a condom is the first and most important step.**” (p. 125)

***Note:** The FDA has only approved one condom for anal sex. The chances are very small that teenagers will go find that specific condom if they choose to engage in anal sex.*

“If a prospective father doesn’t feel ready to have a child, he can insist that his partner have an abortion. MYTH. In the case of an unplanned pregnancy, a girl or woman has three options: (1) She can have the baby and raise it (with her partner, alone or with support of caregivers); (2) She can have the baby and place it for adoption; or (3) or [sic] **she can have an abortion**. Because the pregnancy is happening in her body, the woman gets to make this decision independently. So, if she wants to have the baby, her partner can voice his opinion but the decision is up to her. The only real power boys or men have in this situation is to prevent an unplanned pregnancy from happening in the first place. **Bottom line: use a condom!**” (p. 170)

“To **obtain some methods of birth control**, you need a prescription from your doctor. Some of these methods work by regulating hormones involved in the reproductive process. These hormonal methods include **some IUDs, the implant, Depo-Provera shots and birth control pills, the patch, and the ring**. Although these methods are very effective at preventing pregnancy, they do not prevent sexually transmitted diseases. Therefore, if you use one of these hormonal methods for pregnancy prevention, your partner must also use a latex condom so that you will be protected against STDs. Let’s discuss the specific methods. These methods are highly effective if used correctly. And with some of them, there’s nothing you have to do once they are inserted!” (p. 178)

“Note: Take care to **present the female condoms in a nonjudgmental fashion**. It is a great option for people who choose to have sexual intercourse and don’t want to depend on a partner to use a male condom. Although the female condom may not look as familiar as the male condom, it’s not too complicated to use. Reassure participants that it will simply take a few times to practice and then it will be no problem. Note the female condoms can be **inserted well in advance of being with a partner**, so that intercourse can be spontaneous.” (p. 182)

“Condoms are only **one of many birth control methods** that exist. However, they are the **only method besides abstinence** that can effectively prevent the transmission of sexually transmitted infections, including HIV. The other methods of protection described here are effective only in preventing pregnancy.” (p. 206)

“Adolescents can obtain two types of contraceptive methods: **prescribed methods** that must be obtained from a health care provider, or **over-the-counter methods** that can be purchased from a store without a prescription. Contraceptives can also be categorized as **hormonal methods** (e.g., birth control pills and Depo-Provera) and **barrier methods** (e.g., condoms and diaphragms). Except for abstinence and condoms, use of any of the following methods should be coupled with consistent condom usage for STD prevention.” (p. 206)

Detailed information is provided on the following contraceptive methods, including how to use them, where to get them, advantages, and disadvantages:

- Abstinence
- IUD
- Implant
- Depo-Provera
- Birth control pill
- Birth control patch & vaginal ring
- Male condom
- Female condom
- Diaphragm, Cervical cap, Sponge
- Contraceptive foam, gel, cream, film, suppositories or tablets
- Emergency contraception (pp. 206-216)

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.

“It is **important that you teach your friends** information about HIV, and other STDs, pregnancy prevention and condoms. Talk to your friends about using condoms and being safe. Show your friends that protecting yourself is important, and that they should do the same.” (p. 136)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

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

“Masturbation is actually defined as stimulating one’s own genitals for sexual pleasure. You might also hear the term ‘self-stimulation’ or ‘self-pleasuring.’ Personal values about masturbation vary. For some people, **masturbation may be against their religion; other people have no beliefs against it.** The bottom line is that **most people masturbate at some point** in their lives.” (p. 169)

<p><i>regarding sex, sexual orientation or gender identity.</i></p>	<p>“I also understand personal values about birth control vary. For example, some people don’t believe in using birth control because it goes against their religion; other people have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to make informed decisions about protecting yourselves, so we’re going to learn about all the options.” (p. 176)</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>“Can teens be tested without parent permission? Yes, teens can consent to HIV testing without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.” (p. 192)</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</i></p>	<p>“Remember that when you have unprotected sex, you are exposing yourself not only to your partner, but also to all of your partner’s previous partners. It is important for both individuals to get tested. If you choose to have sex, it is very important to use a latex or polyurethane/polyisoprene condom every time.” (p. 78)</p> <p>“For the chart listing credible websites for teens, include the following websites and any others you would recommend:</p> <ul style="list-style-type: none"> • stayteen.org • sexetc.org • amplifyyourvoice.org” (p. 164) <p>“Learn how to evaluate websites. Use reliable directories and take recommendations from trusted sources. Websites that end in ‘.org,’ ‘.gov’ or ‘.edu’ are more likely to be credible. Check out stayteen.org, sexetc.org and amplifyyourvoice.org. Scarleteen.com is also a helpful and credible website.” (p. 167)</p> <p>Note: <i>The tagline for scarleteen.com is, “Queer sex ed for all since 1998.”</i></p> <p>“Where can a person go to get tested? One of the easiest ways to find a convenient HIV testing site is to use the online HIV Testing and Care Service Locator (http://aids.gov/locator/). Users can type in a ZIP code to see a list of HIV testing sites (including free HIV testing).” (p. 192)</p>

www.WaronChildren.org and
www.InvestigatePPF.org)

“Tests are available at public health clinics, hospitals, state and local health departments, community events, mobile testing vans and other locations. **Many places offer free or low-cost testing.** Home testing kits can be purchased at pharmacies or online. People using home kits mail a small blood or saliva sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.” (p. 192)

“Condoms are available at markets, drugstores, family planning and STD clinics and online. **They also may be available in vending machines or at schools.** Anyone can buy condoms, regardless of age or gender. No prescription is needed.” (p. 211)

“**Where do I go to get tested?** Your local health department, community clinic, private doctor or **Planned Parenthood** are all good locations to check out for STD testing. The CDC National HIV STD Testing website lets you look up free or low-cost clinics in your area that do STD testing: gettested.cdc.gov.” (p. 246)