

CSE Harmful Elements Analysis Tool

Analysis of *Teen Health Project*

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 11 OUT OF 15

Teen Health Project contains 11 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children.** Having several of these elements should disqualify such materials for use with children.

Program Description: This program is a community level HIV prevention program, originally intended for adolescents in low-income housing developments. *Teen Health Project* discusses many sexual scenarios and incorporates role plays between participants. It mentions abstinence as the only 100% effective way to avoid sexually transmitted infections, but it spends instruction time encouraging condom use and teaching the steps to condom use with penis models. The program incorporates a leadership council where youth participants organize activities to teach their peers about sexual risk reduction strategies.

Target Age Group: Ages 12-17

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>“Lead a discussion about sensations and physical feelings the body experiences during sexual arousal. Bring up external stimuli, such as the cultural/sensual/sexual influences of movies, television, magazines, music, videos, internet, etc., or confusing biological changes/sensations (such as random erections for boys or becoming self-conscious about breast development for girls).” (Curriculum Manual, p. 12)</p> <p>“When a relationship goes from friendship to love, we often only think of sexual intimacy. Is this normal? How often do you imagine young men think about sex? What about young women?” (Curriculum Manual, p. 15)</p> <p>“We’re going to play a game we call ‘Don’t Pass It Along.’ Here’s how it works. In a moment, I’ll ask you stand up and start walking around mingling with one another. When I say ‘STOP,’ you’ll turn to the person nearest you. You will have one minute to discuss the question that I will ask. At the end of the minute, you’ll write down one another’s names on your envelopes underneath your own name... Ask at least five of the following questions. Then have participants return to their seats.</p> <ul style="list-style-type: none">• Concerning HIV and AIDS, teenagers need to know...• Asking my partner if he or she is having sex with other people...• If I were carrying a condom, my partner would think...• If I had to encourage my partner to use a condom, he/she would...• Practicing sexual abstinence to avoid HIV is...• Condoms could make sex more fun by...

- When I tell my friend I practice abstinence, they say..." (Curriculum Manual, p. 25)

"You have just engaged in **an exercise involving 'verbal intercourse.'** What if you had been at a party or in another situation involving possible sexual activity or intercourse? Let's see what might have happened then. Go ahead and open your envelopes. Will the person with the letter 'I' on your card please stand up. Your card represents that you have an STI. Everyone else, take a look at your envelope and see if (Participant Name) is listed there. If (Participant's Name) is on your envelope, please stand up. If you are standing, but you have a 'C' on your card, you may sit down because **you used a condom** when you were with (Participant Name). Congratulations for **practicing safer sex!**" (Curriculum Manual, p. 26)

"If you are still standing, and you have an 'O' on your card, you may sit down because **you had outercourse.** Has anyone ever heard of the term 'outercourse?' We'll talk about that in a minute. If you're still standing and you have a 'U' on your card, please remain standing because **you had unprotected sex. You did not use a condom.** Therefore, you have a higher risk of being infected with whatever STI (Participant Name) had." (Curriculum Manual, p. 26)

"**Outercourse is kissing, rubbing, touching** without any kind of vaginal, oral, or anal penetration involved." (Curriculum Manual, p. 27)

"Who do you believe is responsible for deciding whether to abstain from sex? Who is allowed to start a discussion about **past experiences with sex** and drug use? Girl, boy or both? Why? Who should be responsible for **planning ahead and buying condoms?** Girl, boy, or both? Why? Who should make sure **condoms are used every time?** Girl, boy, or both?... Who made the rules that **love only equals sex and sex equals trust?** Girl, boy, or both? Why?" (Curriculum Manual, p. 30)

"With the unwritten rules in mind, tell me what you think of the following statements:

- **Guys are only after one thing – sex!**
- If I don't want to have sex, it means I'm frigid and unpopular.
- If I do have sex, I get a reputation; if I don't have sex, I get a reputation.
- If someone has had sex before, they can recommit to abstinence." (Curriculum Manual, pp. 30-31)

"Appendix F Risk Cards

- **Anal sex (sex in the butt)** without a condom: Stop – red light
- Vaginal sex (regular sex) without a condom: Stop – red light
- Oral sex (blow job on a guy/eating out a girl) to ejaculation (cumming): Stop – red light
- Anal or vaginal sex (sex in the butt or regular sex) with a condom and a water-based lubricant: Caution – yellow light
- Abstinence (not doing it at all): Go – green light

- Kissing: Go – green light
- **Rubbing, cuddling (grinding):** Go – green light
- Holding hands: Go – green light
- **Oral sex (blow job on a guy/eating out a girl)** with a condom on: Caution – yellow light.
- Mutual masturbation outercourse (freaking): Caution – yellow light
- Oral sex (blow job on the guy) no contact with the penis head: Caution – yellow light
- Giving or getting a hickey: Go – green light, so long as no blood is drawn/swallowed
- Massage (rubbing the entire body): Go – green light
- **Touching someone all over when making out:** Go – green light” (Curriculum Manual, p. 33)

“This might be a good way to remember **safer sexual activities**. The green light activities are low risk activities. Yellow light activities are medium risk activities, and red light activities are high risk activities.” (Curriculum Manual, p. 34)

“Let’s divide up into groups of three... As a group, you must consider the activity written on the card, and decide if it should be considered High Risk (Red Light), Medium Risk (Yellow Risk), or Low Risk (Green Light).” (Curriculum Manual, p. 34)

Note: *This activity has small student groups discussing activities like oral sex and mutual masturbation and deciding how risky they are for contracting STIs.*

“In the next workshop on (Day, Date, Time) we’ll identify triggers, **things that occur before you have sex**, that can have a major influence on your actions.” (Curriculum Manual, p. 36)

“Facilitator’s Reference Copy: Sample Specific Goals

- Write down three creative responses to a partner **who would refuse condoms**.
- Talk to at least one friend about the information learned about HIV/AIDS.
- Write down **three creative safer sex activities** that would be included in the ‘green/go’ light...
- Talk to at least one friend about abstinence as a goal or returning to abstinence.
- **Call or visit a health care clinic** and discover what kids [sic] of services are offered and to whom.” (Curriculum Manual, p. 38)

“Let’s talk about some things over which we have control.

- Going to the bathroom
- Staying awake
- Getting into a fight
- Drinking
- Sitting in a chair
- **Wanting sex**

- **Having sex**
- Not having sex before marriage
- **Having safer sex**
- **Having risky sex**
- Helping my partner stay safer
- Helping my friends stay safer” (Curriculum Manual, p. 49)

“What **turns you on romantically?**” (Curriculum Manual, p. 52)

“How do you explain the double standard: **‘If a guy has sex, he’s a stud; if a girl has sex, she’s a slut?’** What’s the meaning behind this?” (Curriculum Manual, p. 59)

“Talking to our partner about **always having safer sex** is maybe just a little less scary than talking to our parents about sex, and probably is a whole lot less frightening than **imagining our parents having sex!** How do we bring the subject up? What do we say? How can we talk about it so that our partner doesn’t get angry or defensive, accuse of us [sic] cheating, or use the dreaded statement ‘If you really loved me, you would...?’” (Curriculum Manual, p. 67)

“How would you answer someone **who said they didn’t want to use a condom** because ____ (insert one of the excuses from the flip chart)?” (Curriculum Manual, p. 71)

“Conduct 3-5 additional facilitator-participant role plays. Then **have the participants pair up and role play** with excuses they have heard. Make sure that participants swap roles as they work on different excuses. If they can’t think of any excuses to use, offer the following:

- Excuse: Condoms kill the mood for sex.
- Response: Only if you let them. With a little imagination, **condoms can actually make it better.** Let me show you that it doesn’t have to kill the mood.
- Excuse: Let’s do it just this once with [sic] a condom.
- Response: Once is all it takes to get a disease or get pregnant.
- Excuse: Why do I need to use a condom if we’re using the pill?
- Response: So, you can protect your health. The pill doesn’t help prevent transmission of STIs, including HIV... but condoms do.
- Excuse: But **we’ve been having sex without a condom for a while.**
- Response: I know, but we could enjoy each other a lot more if I did not have to worry. And I wouldn’t worry if we used condoms.
- Excuse: I know that I am disease-free. **I have not had sex with anyone else for months.**
- Response: As far as I know, I’m clean, too. But either of us could have an infection and not know it.
- Excuse: I don’t have a condom with me.
- Response: **Let’s satisfy each other without having sex.**
- Excuse: But why won’t you make love to me? I thought you said you loved me. If you really love me – show me.

- Response: I do love you. But I also love myself and 4me right now, that means not being sexually active. You've always said how much you respect my honesty, so I know you will respect my decision.
- Excuse: Everybody's doin' it!
- Response: I think everybody's saying their [sic] doin' it. I don't care what everybody says, I know NOT doin' it is right for me.
- Excuse: **Sex will take our relationship to a whole new level.**
- Response: I'm just not ready for that level yet. I really care for you, but not having sex is a promise I made to myself. I know you would feel bad if I broke a promise I made to you, and this is one promise I cannot break." (Curriculum Manual, p. 72)

Role Play Scene: "You are at a party and a popular girl comes over to you. You have heard that she has had many boyfriends and you're happy she has come to talk to you. She starts telling you how hot you are and flirts with you. She casually touches you on the hand and arm and starts dancing with you. She pulls you very close and **slips her leg between yours and puts her hand in the front pocket of your jeans. She starts kissing you on the neck.** She whispers to you she knows about a better party than this one and asks if you want to go there instead. You leave the party with her and go to the next place. But when you get there, there is no one there except the two of you. **She starts kissing you and rubbing herself against you. She says she wants to make love to you.** What do you say?" (Curriculum Manual, p. 76)

"Pair up participants so that when it is their turn to be hotline experts, they are ready. ...[P]lay the role of the hotline caller and read one of the questions aloud. Have the pair offer their best answer. Then open the discussion to all participants for other possible suggestions to solve the caller's questions...

- You're really '**in the mood**' and **things are heating up**. Then you discover you're out of condoms. What do you do?
- **The hottest boy/girl in your class wants to sleep with you**. You have decided to remain abstinent. How do you stick with that promise even though this is a once-in-a-lifetime opportunity?
- It is December 2nd and the only condom you and your partner have right now has an expiration date of November 30th. Your partner says it's okay to use it anyways. What do you do?
- You find a condom still in the wrapper while walking down the street. It doesn't look like the package has been opened or torn. Your friend asks to have it so he/she **can use it next time he/she has sex**. What do you do?
- You've **gotten a bunch of condoms from the local clinic**. Just when you're opening one to use with your partner, you notice that there are no dates on them. Do you use the condom anyway?
- You know your brother/sister has had a lot of hook ups. You've never discussed sex with him/her before. How do you talk with him/her about practicing safer sex?
- Your boyfriend/girlfriend of three months is **pressuring you to have sex**. How do you suggest using condom [sic]?

- Your boyfriend/girlfriend brings home ‘natural’ condoms from the drug store. You know that ‘natural’ condoms won’t protect you from HIV and other STIs. What do you do?
- Your mother is dating again. It’s been a really long time since she’s had a boyfriend. How do you talk with her about safer sex? **Do you show her how to use a condom?**
- Your boyfriend/girlfriend of almost year [sic] tells you he/she wants to have sex, even though you’ve discussed the fact that you want to remain abstinent. What do you say? What do you do?
- Your best friend is head-over-heels for this person you know plays around. Your friend tells you he/she **wants to hook up with that person** soon. How do you discuss STIs and HIV with him/her?
- Your brother tells you that he is uncomfortable putting on a condom. He’s afraid of breaking it. Do you show him how to put condoms on correctly?” (Curriculum Manual, pp. 79-80)

“Scenario 1: For your third date, you are invited to watch videos with another couple. Your friend’s parents plan to be out late. The lights are low and as you are watching a love scene, **your date begins kissing you on the neck.** The other couple goes into one of the bedrooms. **The two of you are left alone and feeling very turned on.**” (Follow-Up Session 1, p. 7)

“Please tell us what’s happened to your [sic] and your friends since our last 4ME! follow-up session. Circle those that have happened to you or your friend since our last session...

- First kiss...
- **Made out – necked without sex...**
- Had sex for the first time
- Said no to someone who wanted to have sex
- Went home or left when things were getting too ‘sexy’
- Had sex with a condom
- **Used a condom every time**
- Stopped having sex, decided to abstain
- **Had sex without a condom**
- Got an STI
- Got pregnant or got someone pregnant
- Talked to a partner about using condoms” (Follow-up Session 2, p. 15)

“After a friendly greeting, Lois invites Clarke in to watch a little TV. They talk as they watch a show they both like. Lois decides to change the channel because the main character is whining about the way her last relationship ended. **She accidentally hits the Playboy channel.** Lois laughs and excuses herself for hitting the wrong channel **but does not switch to something else.** Clarke laughs but thinks he should change the channel back to what they were watching before. Clarke also likes Lois a lot and does not want to come off as being a geek. **Both Lois and Clarke have had sex before** (but not with each other) and **did not use a condom when they** had sex in the past. Clarke has been to the 4ME! training

and wants to be safe from now on. Let's see what happens..." (Follow-Up Session 2, p. 16)

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.

No evidence found.

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.

Participants discuss the following sexual behaviors:

- **"Anal sex (sex in the butt)** without a condom: Stop – red light
- **Oral sex (blow job on a guy/eating out a girl)** to ejaculation (cumming): Stop – red light...
- Oral sex (blow job on a guy/eating out a girl) with a condom: Caution – yellow light
- Oral sex (blow job on the guy) no contact with the penis head: Caution – yellow light...
- Anal or vaginal sex (sex in the butt or regular sex) with a condom and a water-based lubricant: Caution – yellow light" (Curriculum Manual, p. 33)

"Put the condom on when the penis is erect and before any contact between the penis and the partner's genitals, mouth, or anus." (Curriculum Manual, p. 63)

"In some cases you may have to overcome a partner's reluctance to use them. However, if you choose to have **vaginal, anal, or oral sex**, using condoms is the first and most important protection against STIs and pregnancy." (Curriculum Manual, p. 73)

"Specific sexual behavior may spread HIV, the virus that causes AIDS.

- **Vaginal Sex:** Sex between a man and a woman when the penis enters the vagina.
- **Oral Sex:** Sex between two people that involves contact between the mouth and the penis or vagina.
- **Anal Sex:** Sex between two people when the penis enters the anus, or butt." (Parent Meeting Outline, p. 32)

<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Questions for discussion:</p> <ul style="list-style-type: none"> • What does being gay mean? What about lesbian? • What about bisexual?” (Curriculum Manual, p. 12)
<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>“Lubrication added to the inside of the condom before you put it on really increases how much the guy feels. But use only water-based lubricants like K-Y jelly.” (Curriculum Manual, p. 64)</p> <p>“Did you know that condoms help a man last longer?” (Curriculum Manual, p. 66)</p> <p>“Who can give me some ideas on how to make condoms part of spontaneity, fun and pleasurable 4me and my partner?” (Curriculum Manual, p. 66)</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>Discussion question: “Can masturbation hurt your body?” (Curriculum Manual, p. 12)</p> <p>Sexual behavior risk assessment: “Mutual masturbation, outercourse (freaking): Caution – yellow light.” (Curriculum Manual, p. 33)</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</i></p>	<p>Workshop Objectives: “Identify safer condoms, practice proper condom use with a penis model, and discuss how to make condom use fun, pleasurable, and safer” (Curriculum Manual, p. 42)</p> <p>“Before the participants arrive, place the penis models, condoms, and lubricants on the table before the participants arrive. It is important that facilitators be very comfortable using these anatomical models, and that the models be presented in a clinical matter.” (Curriculum Manual, p. 43)</p>

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.

“We’re going to pass out a latex condom to each one of you. Please feel free to look over the package, open it, **take out the condom, and unroll it.**” (Curriculum Manual, p. 62)

“Give them a moment to get over the giggles. While they open the packages, model your comfort with the condoms. Open a package and take the condom out. **Put it on over your hand and pull it up your arm,** showing them how strong it is and how it can accommodate **any sized penis.** If it tears on your nails or jewelry, use the opportunity to emphasize the importance of being careful about sharp objects. Encourage discussion on the condom feel, size, lubrication, etc. Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort. Do not appear worried about mess or stickiness. **Demonstrate on a penis model.**” (Curriculum Manual, p. 63)

“Remember the last time we met we discussed our bodies? In order to show you the correct way to use a condom, I’m going to **demonstrate using a penis model.** You may have noticed them sitting out on the table as you came in today. While these are not 100% realistic, most people seem to be comfortable practicing with these than medical models.” (Curriculum Manual, p. 63)

“Open the condom package, being careful not to tear the condom. Trick #1: **Squeeze a few drops of water-based lubricant** into the tip of the condom before putting the condom on the penis. Hold the condom by the last half-inch at the tip, making sure to squeeze out any air. **Put the condom on when the penis is erect** and before any contact between the penis and the partner’s genitals, mouth, or anus.” (Curriculum Manual, p. 63)

“**Put the condom on the tip of the penis.** (A man who is not circumcised should pull back his foreskin before putting on the condom). Unroll the condom down the shaft to the base of the penis leaving ½ inch at the tip. Smooth out any extra air. Trick #2: **Apply lubricant on the outside of the condom if desired.** Check during intercourse to make sure the condom is slipping. Right after **ejaculation before the penis goes soft,** withdraw (pull out the penis) slowly. Hold the condom firmly by the rim at the base of the penis. **Withdraw while penis is still erect.**” (Curriculum Manual, p. 64)

“Lubrication added to the inside of the condom before you put it on **really increases how much the guy feels.** But use only water-based lubricants like K-Y jelly.” (Curriculum Manual, p. 64)

“**Place a condom over your hand.** Spread fingers so condom is close against the palm of your hand. Rub baby oil or Vaseline into the condom until it begins to break apart. Explain that any oil-based lubricant – not just the one you used to demonstrate – will cause a condom to fail.” (Curriculum Manual, p. 65)

“How about if we **practice putting a condom on these penis models?** I’ll go over the steps slowly as you practice along.” (Curriculum Manual, p. 65)

“If you have not done so already, **ensure that each participant has a new, unopened condom, a penis model, and a bottle or tube of water-based lubricant** before beginning the demonstration. Demonstrate condom application again using the same steps as before. The co-facilitator walks around, watching the participants and assisting where needed.” (Curriculum Manual, p. 65)

Regarding how to make condoms more pleasurable: “Brainstorm ideas like those below (write participants’ ideas on the flip chart as they think of them; if need be, prompt their thinking with some of the ideas below):

- Keeping condoms within reach
- Trying different brands (ribbed, studded)
- **Using colored condoms, flavored condoms**
- Putting the condom on your partner (for young women)
- Trying different water-based lubricants, **including flavored ones**
- Giving condoms as a **sexy gift to your partner**
- Hiding them on your body and asking your partner to find them.
- Making an envelope or pouch in which to carry condoms.
- (For young women) **Hiding the condom in your bra**” (Curriculum Manual, p. 66)

Example of a short-term goal: “Practice the correct way to use a condom **with a cucumber or banana.**” (Curriculum Manual, p. 81)

“Would someone volunteer to **demonstrate the correct way** to put a on a condom?” (Follow-Up Session 1, p. 4)

“**Condom Relay** (Condom Skill Review):

- Divide participants into two groups... Each team must line up while the first person is given the penis model.
- Each participant is given a condom. The goal is to see which team can get through all condom practices faster.
- When one member has **correctly placed the condom on the model**, they must remove it properly and pass the model on to the next participant/team member.
- One facilitator will watch each team to assure correct placement and provide extra condoms for anyone who makes a mistake and must start over. (**For extra fun, repeat the exercise with eyes closed or blind-folded.**)” (Follow-Up Session 1, p. 6)

“Let’s Get Physical: Teens could be involved in a circuit that involves both using their knowledge about HIV facts and some fun games/activities. Examples include having the HIV toss where the teens would be asked a T/F question and have to throw a bean bag or hula hoop into the ‘True’ or ‘False’ container or around the ‘True’ or ‘False’ Stuffed animal, respectively. Other stations might be as follows:

- Condom relay stations.
- ‘Condom-walk’ [like a cake walk] where HIV videos from the workshops are started and stopped.” (Leadership Council, p. 23)

Recommended video of male condom demonstration:
<http://www.youtube.com/watch?v=gRAPsY5ZW3g> (Video Options, p. 1)

Recommended video of male condom demonstration by Planned Parenthood AZ:
<http://www.youtube.com/watch?v=aSNOZBQzQOQ> (Video Options, p. 1)

Recommended video on condom negotiation: <http://youtu.be/ZbLCPu6mKQg>
 (Video Options, p. 1)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.

“Choosing to NOT be sexually active is a very responsible decision. It means not having to worry at all about pregnancy, STIs, or the sexual transmission of HIV. **4me, having sex is not only a choice, but a personal right that should be my decision**, and my decision alone. Usually at some point in everyone’s life, they do choose to have sex.” (Curriculum Manual, p. 60)

“Usually at some point in everyone’s life, they do choose to have sex. 4me, this might be after I’m married or at an older age. **Whenever that choice is made**, it’s important that everyone have the **right information about one option for safer sex** – condoms.” (Curriculum Manual, p. 60)

“We all know that remaining abstinent is the only true safe sex. **But if you choose to be sexually active**, there is no doubt that using condoms is a good idea because condoms make sex safer. Condoms help to protect both partners from pregnancy and sexually transmitted infections, including HIV. To obtain these benefits, **you must choose good-quality latex or polyurethane condoms** and use them correctly and consistently.” (Curriculum Manual, p. 73)

“Between 16 and 18, **teens are making choices about their sexuality all the time**. These choices include many different issues, such as whether **to become or continue being sexually active**. Other choices teens make involve how to dress, communicate, and act around people to whom they are attracted. Many teens in this age range, up to 50%, **have already become sexually active**. Teens may feel pressure to ‘be like their friends.’ **If they have chosen to be sexually active**, teens should be aware of how to protect themselves from HIV by using condoms.” (Parent Meeting Outline, p. 31)

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.

“**Risk-reduction** training among adolescents that include [sic] skills training and engage [sic] adolescents in neighborhood-based HIV prevention activities can produce and maintain reductions in sexual risk behavior, including **delaying the onset of sexual activity and increasing condom use**.” (Leadership Council, p. 1)

“It is critical that all role-plays end with a successful resolution, namely, employing **a safer sex technique, or a no-sex outcome**.” (Curriculum Manual, p. x)

“The only way to completely prevent STIs is by remaining abstinent. **But if condoms are use [sic] consistently and correctly, they are highly effective** in preventing the sexual transmission of HIV, the virus that causes AIDS. In

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.

addition, consistent and correct use of latex (or polyurethane if allergic to latex) condoms reduce the risk of other sexually transmitted infections.” (Curriculum Manual, p. 19)

“Briefly **discuss the definition of safer sex**. Answer any questions that may arise.” (Curriculum Manual, p. 21)

“The best ways not to get infected through sexual contact are to use a latex or polyurethane condom **each and every time you have sex or abstain** from sex completely.” (Curriculum Manual, p. 27)

“When faced with almost any problem, there is a variety of goals that a person might have in that situation. Some people might wish to avoid having sex altogether. Or some people might **avoid sex with some individuals** or in certain situations. Others might wish to **have sex with a condom**.” (Curriculum Manual, p. 56)

“Whenever solutions are generated in risk-reduction problem-solving in response to triggers, ensure that options include:

- Not having sex in the circumstance;
- **Outercourse**; and
- **Condom use**.

If the participants do not generate all of these options, **propose the above as possible options**.” (Curriculum Manual, p. 57)

“When we talk with partners **about abstinence or safer sex**, it’s very important to realize that how we talk can affect whether we are successful in staying safe.” (Curriculum Manual, p. 70)

“Unfortunately, actually talking with a partner is a lot more difficult. (Name of co-facilitator) and I are going to pretend we’re partners, and I’m going to try and convince (Name of co-facilitator) to **use a condom, or not have sex**. After we’ve finished, let’s discuss if my arguments were realistic and convincing.” (Curriculum Manual, p. 71)

“(Participant Name), how would you like to try one? I’ll be your partner and it’s your challenge to convince me to **use a condom or not have sex**.” (Curriculum Manual, p. 71)

Note: *The above role play scenario has an adult facilitator negotiating condom use with a minor.*

“We all set goals last time aimed at staying safe, as far as HIV/AIDS risk. We planned **either to remain abstinent, return to abstinence, or to use condoms**.

- What is challenging about keeping pledges to ourselves to be safe?
- Are we feeling pressure to have sex?
- Are condoms pleasurable and convenient?
- Are you able to carry condoms or have them readily available?

	<ul style="list-style-type: none"> • How successful have you been at getting people that attract you to want to be safe, too? • Does anyone want to share a personal situation without using any names?" (Follow-Up Session 1, p. 4) <p>"The only 100% sure way to stay safe from HIV and AIDS is by practicing abstinence – which is not having vaginal, anal, or oral sex. This is the main message that we share with the teens. Since teens will become sexually active at some point in their lives, we also teach them about condoms. Condoms help protect a person by stopping body fluids that can carry HIV." (Parent Meeting Outline, p. 27)</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>No evidence found.</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</i></p>	<p>"On the table near the door, we have condoms for you to take if you want to. There are sealed envelopes with ten condoms inside. If you want more or less than ten, there is a basket/box of condoms and empty envelopes to put them in if you would rather do that. Feel free to pick some up on your way out at the end of the workshop" (Curriculum Manual, pp. 38-39)</p> <p>Sample participant goal: "Write down three creative responses to a partner who would refuse condoms." (Curriculum Manual, p. 38)</p> <p>"The goal of this <i>4ME!</i> program is for each of us to realize we need to take responsibility for our own sexual health. No matter how deeply I care for another person, <i>4me</i> to be around a long time to enjoy that person, I have to look out <i>4me</i>. So there can't be any excuses for me not to protect myself by using a condom each and every time I have sex." (Curriculum Manual, p. 61)</p>

<p><i>present failure rates or side effects.</i></p>	<p>Example of a long-term goal: “Use a condom each time I am sexually active for the next month.” (Curriculum Manual, p. 82)</p> <p>“To make sex safer: Use latex condoms every time you have vaginal, oral, or anal sexual contact” (Parent Meeting Outline, p. 32)</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 CSE itself) or to promote abortion.</i></p>	<p>Example of short-term goal: “Write a list of my personal sexual rights.” (Curriculum Manual, p. 81)</p> <p>“Be creative and flexible in establishing and working with the Leadership Council in your setting. The weekly Health Council meetings, and the ideas that arise from them, must be teen driven. This guide will help you to provide context and a framework for Health Council in your community.” (Leadership Council, p. 2)</p> <p>Primary goal of Leadership Council: “Systematically provide sustained modeling, peer norm, and social reinforcement supports for maintaining the avoidance of HIV risk behavior.” (Leadership Council, p. 2)</p> <p>“The Health Council encourages teen 4ME! participants, identified by their peers as opinion leaders, to model protective behaviors and/or discuss the adoption of risk reduction behaviors such as practicing abstinence or using condoms as a health benefit. It is anticipated that such modeling as this will exert a particularly strong influence on other teens observing or discussing the desirable behavior change.” (Leadership Council, p. 6)</p> <p>“The Health Council also assists the adolescents who participated in the 4ME! workshops with maintaining behaviors that reduce their risk of HIV and other sexually transmitted infections.” (Leadership Council, p. 7)</p> <p>“Pledge Card – As a member of the Health Council, I will:</p> <ul style="list-style-type: none"> • Actively work as a member of the Council during meetings • Set an example for other teens • Create and share messages that will remind teens to stay safe • Support messages about abstinence and practice safer sex by using latex condoms • Finally, and most importantly, serve as a role model by promoting behavior that keeps me and my community safe from HIV” (Leadership Council, p. 10) <p>“Community-wide events can be an avenue for prevention messages regarding safe sex and abstinence. Working together on a variety of projects allows the teens to build trust within the group, model desired behavior for other teens in their neighborhood, and spread the prevention messages.” (Leadership Council, p. 12)</p> <p>Possible Activities for Social Events: “Pledge Party: Have music, refreshments, disco ball (?). On the walls, hang large white sheets of butcher paper, with labels on top such as 4ME! pledge or something similar. The teens attending the event</p>

pledge to practice safer sex by signing their name. If they would like they can add a specific, personal pledge. Teens could also decorate the pledge sheets with pictures of drawings representative of their decision to be safe. These pledge sheets could then be on display for all teens and community members to see.” (Leadership Council, p. 22)

Possible Activities for Social Events: “Fact Bowl: For this semi-structured activity, fill a bowl with cards or folded slips of paper with **facts, myths, and misconceptions about STIs, HIV/AIDS and their transmission** and prevention. Health Council members take turns ... asking participants to draw from the bowl, read the card, and say whether it is true or false and why. A teen with the correct answer gets a prize; an innocent answer means the teen draws another card.” (Leadership Council, p. 22)

Possible Activities for Social Events: “Poster Contests: **Teams of teens design posters for HIV awareness/safety messages.** A panel of Health Council members, staff, and possibly parents, judge the posters. These are displayed in the development office. Winners have their posters copied and framed to take home. All teens could receive an unframed copy of their team’s poster.” (Leadership Council, p. 23)

Possible Activities for Social Events: “Let’s Get Physical: Teens could be involved in a circuit that involved both using their knowledge about HIV facts and some fun games/activities. Examples include having the HIV toss... Other stations might be as follows:

- **Condom relay station;**
- Timed ‘go, caution, stop’ activity where the different colored lights are spread out;
- Mini basketball dribble station with small hoop to slam dunk for each **correctly identified body fluid** that passes HIV;
- ‘Spin-the-bottle’ version of Don’t Pass it Along (writing names on envelopes by who the bottle points to);
- Broad jump or hopscotch-like board where teens have to jump to the right number;
- **‘Condom-walk’ [like a cake walk]** where HIV videos from the workshops are started and stopped;
- HIV version of musical chairs where person without a chair can stay in the game if he/she answers an HIV question correctly; etc.” (Leadership Council, p. 23)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

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

No evidence found.

<p><i>regarding sex, sexual orientation or gender identity.</i></p>	
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., 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>“Call or visit a health care clinic and discover what kinds of services are offered and to whom.” (Curriculum Manual, p. 38)</p> <p>“Find out where condoms are sold or given away, and their cost or availability.” (Curriculum Manual, p. 81)</p> <p>“Use the following list of resources to find additional materials to make available to your participants... From the American Social Health Association (800-783-9877, www.Ashastd.org), below are links to brochures available for purchase. Most have preview copies available.</p> <ul style="list-style-type: none"> • ‘Teens and STIs: Real Questions, Honest Answers’ • ‘Healthy Relationships: How to stay safe, happy and smart’ • ‘Condoms, Contraceptives and STIs’ (includes both male and female condom application) • ‘What You Need to Know About STIs’ • ‘HPV Vaccines’ • ‘STI Fact Sheets’ • ‘A Practical Guide for the Tongue-Tied: How to Talk with Your Healthcare Provider about Sexually Transmitted Infections’” (Resource List, p. 3) <p>“From the Planned Parenthood Store (www.ppfastore.org, 800-226-7962). Pamphlets are sold individually and in blocks of 50.</p> <ul style="list-style-type: none"> • ‘How Do You Know When You’re Ready for Sex?’ This 8-page pamphlet, revised in 2007, includes a self-assessment quiz. • ‘Sexually Transmitted Infections – The Facts’ This 20-page booklet addresses 14 common STIs at about an 8th grade reading level. It is also available in Spanish. Revised in 2010. • ‘Sex – Safer and Satisfying’ Provides definitions of safer sex, and addresses intercourse, condoms, STI transmission, trust in relationships,

and a self-assessment quiz. Revised in 2009, written at about a 5th grade level.” (Resource List, p. 4)

“Select a **video about safer sex negotiation/condom negotiation**:

- *Let’s Try Something New*:
<http://www.youtube.com/watch?v=UXz5nhKHB5g>
 - *Toothpaste*, which can be streamed online for free at the Scenarios USA website:
<http://www.scenariosusa.org/watchfilms/films/2006/08/toothpast.html>
 - *He Told Me He Loved Me*:
<http://www.youtube.com/user/selectmediainc#p/u/1/ggKxhubxLhY>
 - *Vida*:
<http://www.youtube.com/user/selectmediainc#p/u/4/VnqCvroMSoy>
 - *Seriously Fresh Part I*:
<http://www.youtube.com/user/selectmediainc#p/u/5/2uPJS2ZQ4eY>
- (Resource List, p. 6)

“GLBTQ Resources

- **Trevor Project**, <http://www.thetrevorproject.org/> – The Trevor Project has numerous resources for youth including online discussions and a database of community organizations that can provide local support to youth. The Trevor Lifeline is the only nationwide, around-the-clock crisis and suicide prevention lifeline for LGBTQ youth. The Trevor Lifeline is a free and confidential service that offers hope and someone to talk to, 24/7. Each year, tens of thousands of calls are fielded from young people across the country.
- **It Gets Better Project**, <http://www.itgetsbetter.org/> – Itgetsbetter.org is a place where young people who are lesbian, gay, bi, or trans can see how love and happiness can be a reality in their future. It’s a place where our straight allies can visit and support their friends and family members. It’s a place where people can share their stories, take the It Gets Better Project pledge, watch videos of love and support, and seek help through the Trevor Project and GLSEN.
- **National Center for Transgender Equality**, <http://transequality.org/> – NCTE is a social justice organization dedicated to advancing the equality of transgender people through advocacy, collaboration and empowerment.
- **Parents, Families and Friends of Lesbians and Gays (PFLAG)**, <http://pflag.org> – PFLAG promotes the health and well-being of gay, lesbian, bisexual and transgender persons, their families and friends through Support, to cope with an adverse society, Education, to enlighten an ill-informed public and Advocacy, to end discrimination and to secure equal civil rights.
- **Youth Resource**, www.youthresource.com – YouthResource is a Web site created by and for gay, lesbian, bisexual, transgender and questioning (GLBTQ) young people. YouthResource takes a holistic approach to sexual health and exploring issues of concern to the GLBTQ youth, by

providing information and offer [sic] support on sexual and reproductive health issues through education and advocacy.” (Sex Ed Resources, p. 1)

“General Sex Education Resources

- **Sex, Etc.**, <http://www.sexetc.org/>
- **Planned Parenthood resources for teens**, <http://plannedparenthood.org/info-for-teens/>
- **Scarleteen**, <http://www.scarleteen.com/>
- **My Sistahs**, www.amplifyyourvoice.org/mysistahs – MySistahs is a Web site created by and for young women of color to provide information and offer support on sexual and reproductive health issues through education and advocacy. Through monthly features, message boards, and online peer education young women receive information on activism, culture, sexual health, and other issues that are important to them.” (Sex Ed Resources, p. 2)

“Sites in Spanish

- **ADVOCATES FOR YOUTH, AMBIENTE JOVEN**, www.ambientejuven.org – This site is a dedicated community for gay, lesbian, bisexual and transsexual youth, and contains information on sexual and mental health.” (Sex Ed Resources, p. 2)