CSE Harmful Elements Analysis Tool

Analysis of
Teen Talk High School
2022 Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

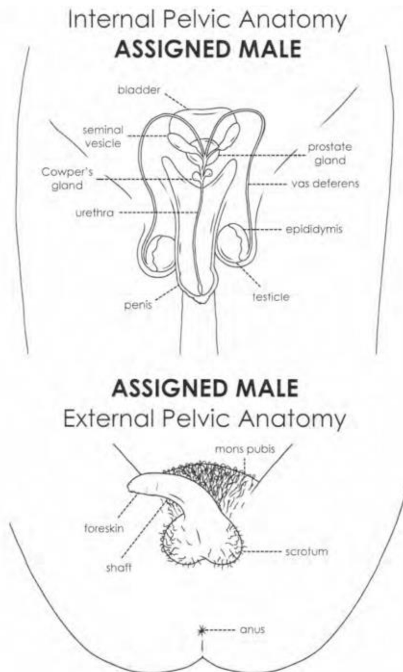
Teen Talk High School, 2022 Ed. **contains 15 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This program is written to California standards, though it can easily be used throughout the country. *Teen Talk* teaches in depth every harmful element found in this analysis. Though acknowledging that minors cannot legally consent to sex, the program teaches every element of "safer sex" to teens, from condoms to birth control to orgasms. Students are encouraged to form their own values around sexual health topics, and abortion is defined as a gentle procedure that removes products of conception from the uterus. *Teen Talk* normalizes an extreme spectrum of sexual orientations and gender identities and teaches that babies are assigned a gender at birth. Students are given an extensive resource list for finding sexual health care services.

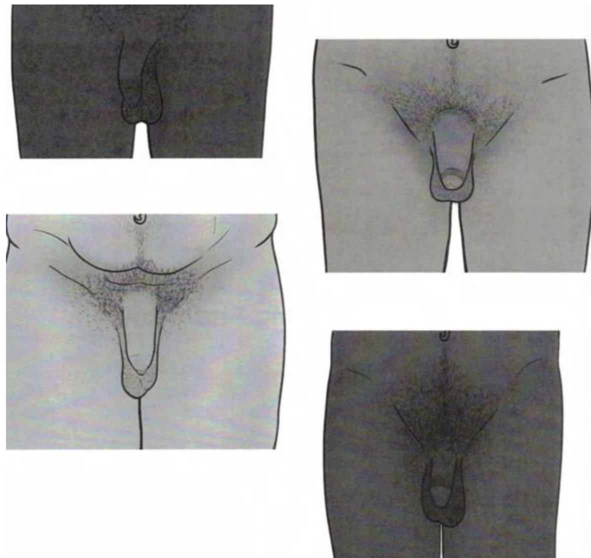
Target Age Group: Ages 14-18

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.*	Values statements: "**It's OK to have sex** with someone outside of a committed relationship. • Possible values for 'agree' – curiosity, pleasure, openness. • Possible values for 'disagree' – chastity, faith, reputation." (Facilitator Manual, p. 21) Values statements: "Partners should **be in love before they have sex**. • Possible values for 'agree' – commitment, intimacy, trust. • Possible values for 'disagree' – pleasure, freedom, autonomy." (Facilitator Manual, p. 22) "Changes in blood flow can affect erectile tissue in the genitals, enabling sexual responses like erection of the penis or clitoris**.** Blood pressure, body temperature, and heart rate **all increase during sexual activity (e.g., masturbation, sex, orgasm**) in order to circulate more oxygen throughout the body." (Facilitator Manual, p. 41) "Muscular system – A system of organs and tissues (e.g., skeletal, cardia, and smooth muscles) responsible for all movement in the body, both voluntary and involuntary… **This system plays a crucial role in many sexual reproductive functions, including orgasm, ejaculation,** menstruation, and childbirth." (Facilitator Manual, p. 42)

“Here is a list of terms that we will be using to label our first set of diagrams. I invite you to **practice saying these terms aloud by repeating after me as a class**: sperm cells, testicles, epididymis, vas deference, seminal vesical, prostate gland, Cowper’s glands, urethra, bladder, penis, foreskin, scrotum, anus, mons pubis.” (Facilitator Manual, p. 50)

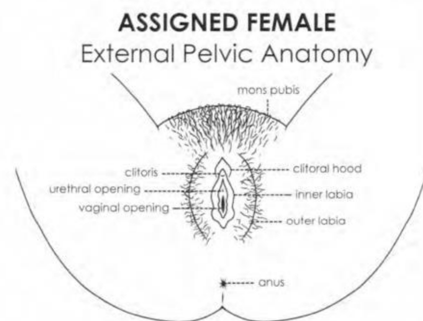


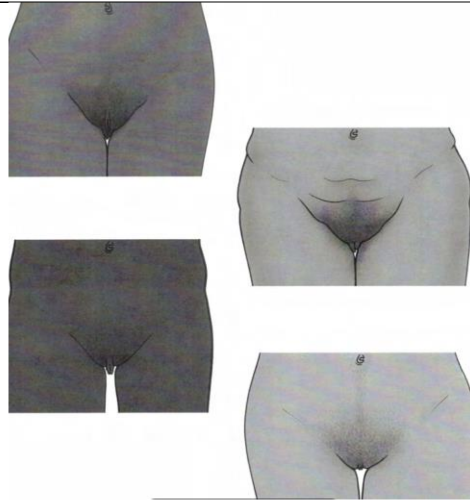
(Facilitator Manual, p. 61)



(Facilitator Manual, p. 62)

“Essentially, the brain sends a signal to increase blood flow to the penis, and these tissues expand as they fill with blood, like a sponge absorbing water. This swelling **causes the penis to grow larger and feel firm, called an erection (commonly known as a ‘boner’)**. For most people with penises, erection can happen at any age, and at any time of the day or night. **Sometimes they occur in**

	response to sexual stimuli (like sexual thoughts, arousing images, or physical touch) but can also happen in response to natural hormone fluctuations in the human body.” (Facilitator Manual, p. 52) “**Ejaculation often occurs during an orgasm**, when a series of muscle contractions and a flood of ‘feel good’ hormones (dopamine and oxytocin) lead to intense feelings of pleasure and release.” (Facilitator Manual, p. 52) “Here is a list of terms that we will be using to label our next set of diagrams. **I invite you to practice saying these terms aloud** by repeating after me as a class: Egg cells, ovaries, fallopian tubes, uterus, endometrium, cervix, bladder, urethra, **vagina, vulva, hymen, labia, clitoris,** anus, mons pubis.” (Facilitator Manual, p. 54) “The vagina also creates its own lubrication, sometimes called **arousal fluid, to help reduce friction during sexual activity.** The vagina is strong and flexible – it can naturally expand in width and length during sexual arousal and childbirth – but this fluid helps to prevent friction inside the vagina.” (Facilitator Manual, pp. 55-56) “Since the **clitoris is so sensitive**, the body has a piece of skin called the clitoral hood that covers and protects it from stimulation, similar to foreskin. **During sexual arousal**, as the **clitoris becomes more erect**, the clitoral hood may naturally retract (pull back) so that the glans is more visible.” (Facilitator Manual, p. 57)  (Facilitator Manual, p. 63)



(Facilitator Manual, p. 64)

"Sexual attraction – having or desiring a sexually intimate connection with someone and/or **becoming sexually aroused by someone**." (Facilitator Manual, p. 105)

"There is no universal definition of 'having sex' that applies to everyone. **People may define sex differently and classify different behaviors as sexual in nature based on their body, identities, relationships, preferences, and values.** For clarity, we use a consistent definition throughout Teen Talk that includes four sexual behaviors:

- Sexual touching – any hand-to-genital contact or genital-to-genital contact between partners
- Oral sex – using a mouth to a penis, vulva, or anus
- Anal sex – inserting a penis or object into an anus
- Vaginal sex – inserting a penis or object into a vagina." (Facilitator Manual, p. 115)

"Pregnancy may also result from **vaginal sex, anal sex, or sexual touching** if partners bring together all three pregnancy 'ingredients' (e.g., sperm, egg, uterus)." (Facilitator Manual, p. 115)

"**How do LGBTQ+ people have sex?** – Every person gets to define what 'sex' means for them. Some people only include certain sexual behaviors in their definition of sex. For example, some people may only consider vaginal or anal sex to be 'sex' because it involves penetration, whereas **others may think of 'sex' as any type of sexual contact with a partner**. Therefore, regardless of how a person identifies, the most important thing is always communication. It is crucial to discuss boundaries and comfort before doing anything sexual with another person to ensure a mutual understanding of what 'sex' involves in that moment." (Facilitator Manual, p. 116)

"Is sexting safer than having sex? – **Sexting** or sending someone sexual text messages (including nude photos), **can be a way of connecting with a partner**, building intimacy, exploring boundaries, **and experiencing pleasure**. Sexting doesn't involve any physical contact, so the health risks of sexual behavior (i.e.,

transmission of STIs) are eliminated; however, sexting can pose various social, emotional, and even legal risks, especially for people under age 18… Balancing the potential risks and outcomes of any sexual behavior, including sexting, is a key part of informed decision making.” (Facilitator Manual, p. 117)

Note: *It is highly irresponsible to suggest to minors that sexting is ever a good idea or a positive behavior. They should be strongly discouraged from ever engaging in such a risky practice that can have lifelong consequences.*

“Draw or project the **Intimate Behaviors Grid** and invite students to brainstorm ideas for each quadrant. Then display or add the following behaviors into the grid, taking time to **explain each behavior**:

- **Solo Sexual** – Masturbation; Fantasizing; Thinking about boundaries; Reading or watching videos (like TikToks or TED talks) for sexual health education
- **Partnered Sexual** – Sexual touching; Oral sex; Anal sex; Vaginal sex; Sexting” (Facilitator Manual, p. 125)

“After ejaculating, **a penis begins to lose its erection quickly**.” (Facilitator Manual, p. 240)

Relationship Realities Scenario: “Sahar tells you: ‘My best friend Mia has started dating this much older guy. She is 15 and he’s like 21. She says she likes him because he’s more mature than the boys our age, he buys her stuff, and he has a car. I know **he’s been asking her to have sex with him**. I get really bad vibes from this guy, but I don’t know if I should tell her what I think.’ What advice would you give to Sahar?” (Facilitator Manual, p. 304)

Relationship Realities Scenario: “Javier tells you: ‘My friend **Tomas has been having sex with his girlfriend and I know they aren’t using birth control**. He doesn’t like condoms because they don’t feel as good, and she’s afraid to get on the pill because she doesn’t want to gain weight. **They are using the pull-out method instead**. I just learned in health class that the pull-out method is not very effective. Should I tell him he’s playing with fire?’ What advice would you give to Javier?” (Facilitator Manual, p. 304)

Relationship Realities Scenario: “Gemma tells you: ‘My friend **Lola and I have been having sex** on and off for a year. We aren’t dating, **we just hook up when we feel like being together**. Lately I’ve been feeling guilty about it because when I came out to my parents, they told me I should wait until I’m in a committed relationship with the right girl to have sex. Can we stay friends with benefits?’ What advice would you give to Gemma?” (Facilitator Manual, p. 305)

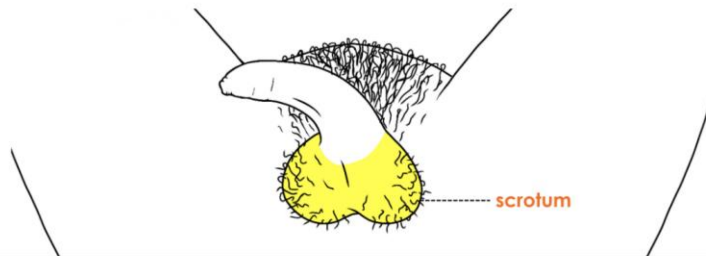
“**Fetishization** – **focusing sexual desire on an object or specific stereotype** of a person, such as their ethnicity, appearance, disability, or sexual orientation. Again, this reduces a person down to one part of who they are – and then sexualizes that part of them – rather than allowing them a full range of human

	emotions and desires that may go against stereotype." (Facilitator Manual, p. 331) Sex, Love, Rock & Roll assignment: "Choose a song **that has a message about sex**, love, or relationships. Read the lyrics carefully and think about how listeners may interpret them. Answer the questions below… What is this song about? **What messages does this song have about sex**, love, and/or relationships? Do you think the messages in this song have an overall healthy or unhealthy view of sex, love, and/or relationships? Why?" (Facilitator Manual, p. 333) "Pose the prompt: **'How do people learn about sex?' (e.g., what to expect, how to have sex, what sex looks and sounds like.)** Encourage students to reflect independently or pair-share for a few minutes, then invite volunteers to share aloud. Continue **brainstorming as a class until someone mentions** '**pornography.'**" (Facilitator Manual, p. 338) "'Why might people look at pornography?' Possible answers include: Boredom, curiosity about naked bodies or sexual behaviors, to **learn how to have sex,** peer pressure (e.g., 'everyone does it' conversations or mentality), **sexual arousal** (i.e., feeling 'horny'), accident." (Facilitator Manual, p. 338) "Wrap up the conversation by posing some of these questions to reflect on the messages portrayed in mainstream pornography: • **What is sex for?** • Who gets to feel pleasure? Who gets to feel powerful? • **What is the role of violence in sex?** • How does someone know what their partner wants or likes? • How might the messages in porn affect people's expectations about what sex is supposed to be like? • How might these messages affect people's view of how they and their partner should act in sexual situations? • How might these messages affect people's views of consent?" (Facilitator Manual, p. 340) "54% of sexually active young people used a condom the last time they had sex, **despite only 11% of porn scenes showing the use of condoms**. The rate of condom usage among sexually active young people is almost 5 times the rate of condom usage in mainstream pornography. If young people learn about sex from watching porn, they might believe having sex without a condom is the norm. In reality, more than half of sexually active young people report using condoms." (Facilitator Manual, p. 342) "Do you think people would be **more likely to use condoms** if they were discussed more openly in popular TV shows and movie scenes?" (Facilitator Manual, p. 342) "Porn actors are hired to portray the experience of pleasure. They often jump right into **oral, anal, or vaginal sex without much communication or foreplay.** Pornography rarely depicts other intimate activities that people in real life enjoy

	during moments of closeness. In addition, most **heterosexual scenes focus on the man's pleasure, where the woman's pleasure comes from pleasing the man. How might this impact our expectations about partners' roles during sex**?" (Facilitator Manual, p. 343) "If asked about kink or BDSM (**Bondage/Discipline, Dominance/Submission, Sadism/Masochism**): Some pornography involves role-playing unbalanced power, even inflicting pain. Partners must thoroughly discuss their boundaries, interest, and a safety plan before enacting a scene." (Facilitator Manual, p. 344) "**1 in 4 men and 1 in 2 women have faked an orgasm**. Why do you think people pretend to have orgasms? The most frequent reason men report faking an orgasm is because it was taking too long or unlikely to occur. The most frequent reason women report faking an orgasm was to avoid negative consequences, specifically hurting their partner's feelings." (Facilitator Manual, p. 345) "One young person admits: 'So like, during the movie … **she was moaning and making all these sounds**. So, I was like, I need to try that. Like I was serious …I seen [sic] a lot of movies that do that, and this was before [**I had sex**], so I was just like, I need to try that.'" (Facilitator Manual, p. 346) "One young person explains how **her partner likes trying things that he sees in porn**: 'He been telling me to do most of the things, but I don't. I'm like**, if you don't like how I satisfy you, then go find a lady that does porn**.'" (Facilitator Manual, p. 346) Example Scenario #2: "You and your partner have been together for a few months now and **things have started to get more intimate**. You are curious about doing a couple of things but are not ready for sex. **Your partner mentions that they are interested in having sex**. Use the Be FIRM model to talk to them about your boundaries." (Facilitator Manual, p. 360) "I'm a 17-year-old- guy, and **I've been having sex for a few months now.** I really don't like the way condoms feel, but I don't want to get an infection either. Is there any way to make condoms feel better?" (Facilitator Manual, p. 369) "I'm a 16-year-old lesbian, but I know my friends and family would freak out if they knew, so I'm not out to anyone. I've even been dating the same guy for about a year as a cover. **The problem is he wants to have sex**, but I definitely don't like him that way. I feel like I need to keep my cover until I go away to college and can truly be myself. Until then, I don't know what to say to him. **Having sex with a guy just isn't what I'm into**." (Facilitator Manual, p. 369) "I am 16 and have been dating my girlfriend for six months. We have only **had sex a few times, but she missed her period and thinks she might be pregnant**. We are both totally overwhelmed! What should we do if she is pregnant?" (Facilitator Manual, p. 369)

	"I am a 16-year-old girl and have been dating this guy for about two months. We've kissed and held hands and stuff, but so far he hasn't tried to go further sexually. It seems like he gets excited when we are together, but it always stops before we go all the way. I'd like to have sex with him, but I think he might be gay. **Why isn't he trying to get me into bed with him?** I thought all guys were interested in sex all the time. What's wrong with him? Is something wrong with me?" (Facilitator Manual, p. 370) "I am 17 years old and have been in a pretty serious relationship with this guy for the past six months. **We have sex a lot**, and we're very safe and responsible about it. My boyfriend is really considerate and always makes sure I have a good time, but he also likes to try new things. **Lately he's been asking for us to try anal sex**. I just can't seem to get into it. I don't want to disappoint him or make him think I'm boring, but I don't think this is something I want to try. What should I do?" (Facilitator Manual, p. 370) "Sofia and Hector have each **had sex with other people in the past**, but they are now starting to feel a physical connection between them." (Facilitator Manual, p. 374) "Jayden and Tamika **have been having sex for the past six months.** Jayden has been concerned recently because, even though Tamika is on the birth control pill, she sometimes forgets to take it." (Facilitator Manual, p. 374) "Yusef and Katya have been dating for a few months and **both feel ready to have sex**. Yusef is under the impression that Katya is a virgin, so he is not worried about STIs. Katya is feeling conflicted because she did have sex with her ex-boyfriend last year but has been afraid to bring it up to Yusef since they started dating." (Facilitator Manual, p. 374) "Choose a sexual health topic we learned about during Teen Talk HS and **write a short poem** about it. Some common themes include birth control, **condoms**, STIs, relationships, consent, and **sexual identity**." (Facilitator Manual, p. 394)

Anatomy Assigned Male

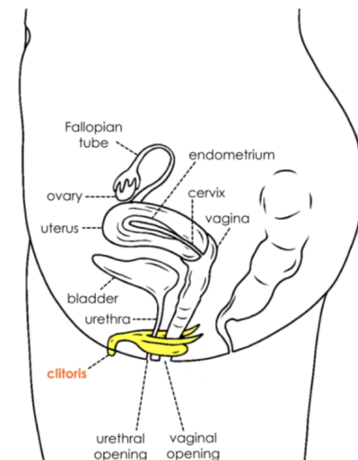


What is the main **function** of the scrotum?

(Lesson 2 PowerPoint: Human Bodies, Slide 74)

Anatomy Assigned Female

What is the main **function** of the clitoris?



(Lesson 2 PowerPoint: Human Bodies, Slide 97)

“**Orgasm** – For most people, this is the **peak of sexual excitement**, when the muscles that tightened during sexual arousal finally relax, causing a very pleasurable feeling. During an orgasm, heart rate increases, breathing quickens, and blood pressure rises. Muscles throughout the body may spasm, especially those around the vagina, penis, and anus. Semen may leave the penis (ejaculation), and vaginal fluid may drip or spray from the vagina (sometimes called (**‘female ejaculation’**).” (Glossary, p. 11)

“**Erection** – The process of a penis going from a relaxed, flaccid state to a stiff, erect state. During an erection, the penis grows in length and width as blood flows into the corpus cavernosa and corpus spongiosum, creating pressure inside the penis. This is often **caused by sexual thoughts or stimulation** but may also occur at random times due to hormonal fluctuations, such as while sleeping.” (Glossary, p. 14)

	"**Aftercare** – The practice of caring for one's sexual partner(s) after a sexual encounter, especially those **involving BDSM or kink play**. At a minimum, it involves checking in after sex to ensure everyone is feeling OK. It is also common for partners to discuss how things went and to engage in mutually supportive actions such as hugging, cuddling, massage, offering a drink of water, or taking a shower. These types of emotional intimacy and/or physical affections can help to regulate emotions after an intensely vulnerable interaction." (Glossary, p. 32) "**Kink** – A term used to describe a variety of sexual behaviors, practices, fantasies, or attractions that **society considers to be unconventional** or non-normative. The term derives from the idea of a 'bend' in one's sexual behavior compared to behaviors that are more common or 'straight.'" (Glossary, p. 33) "**Sex toys** – Any object or device **used to facilitate or enhance sexual pleasure**. These objects, such as a dildo or vibrator, can be used during masturbation or during sexual behaviors with a partner." (Glossary, p. 33) "**Sexual touching** – A sexual behavior involving any hand-to-genital contact or genital-to-genital contact between partners." (Glossary, p. 33) "**Swinging** – A practice of non-monogamy where consenting adults engage in casual or group sex and/or swap partners. Couples that swing typically have an emotionally monogamous relationship with a mutual agreement that allows each other to have sexual contact with others outside of their relationship." (Glossary, p. 33) "**Polyamory** – The experience or interest in having consensual relationships with multiple people simultaneously, also known as ethical non-monogamy. In this relationship structure, all partners are aware of the situations and negotiate boundaries through open, honest communication. A polyamorous person may have one or more primary partners with whom they are sexually or romantically monogamous while also dating or having other partners – this is commonly known as an 'open relationship.' **In 'closed' polyamorous relationships**, a group of three or more individuals form an intimate partnership with one another. In most cases, a polyamorous person will have multiple short-term and/or long-term relationships with varying levels of physical and emotional intimacy and commitment." (Glossary, p. 58)
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,*	"Consent is more than the absence of a 'no.' **Practicing affirmative consent** means ensuring that all partners are clear, ready, willing, and OK with what is going on. For sexual consent to be legal, California law requires that all partners are over the age of 18, sober (i.e., not drunk or high), and freely choosing to consent (i.e., not deceived or coerced)." (Facilitator Manual, p. 114) "Consent is all about respect, open communication, and mutual agreement. **Affirmative consent means an affirmative, conscious, and voluntary agreement to engage in sexual activity.** In 2014, California became the first state to legally adopt a 'yes means yes' model of consent, shifting from the past 'no means no'

children of minor age should never be encouraged to "consent" to sex. *Note: "Consent" is often taught under the banner of sexual abuse prevention.*	standard... As of 2016, all school districts that include health education as a graduation requirement are also mandated to provide instruction on California's affirmative consent standard. According to this standard: • Partners should clearly communicate about their expectations and boundaries. • Partners should have equal power to make informed decisions. • Silence or lack of resistance does not count as affirmative consent. • Pressuring or forcing someone to say 'yes' does not count as affirmative consent. • **Practicing consent should be an ongoing process** of checking in **throughout sexual activity** (i.e., involves conversations before, during and afterward). • Permission can be rescinded at any time for any reason. • The existence of a dating relationship between the persons involved, or the fact of past sexual relations between them, should never by itself be assumed to be an indicator of consent. • It is the responsibility of each person involved in the sexual activity to ensure that they have the affirmative consent of the other(s) to engage in the sexual activity." (Facilitator Manual, p. 115) "Does consent have to be given verbally? – **Consent does not need to be given verbally to be valid.** According to California's affirmative consent standard, partners must freely and clearly agree in whatever language they use. The most direct way of communicating is typically through shared language, either verbally or using signs. While it is important to be aware of our partner's body language and facial expressions, these can be easily misinterpreted, leading to intentional or unintentional pressure, breaking of boundaries, or even sexual violence. It may be uncomfortable to express yourself directly in a sexual situation, but this is the best way to establish and respect boundaries. At its core, consent is all about respect: respecting one another, respecting decisions, and providing agency for everyone involved to make the best decisions for them. The more we practice using language to communicate directly, the easier these conversations become." (Facilitators Manual, p. 116) "How does consent work if one or both partners are under age 18? – California law says that anyone younger than age 18 cannot consent to sexual activity. However, every individual is responsible for making their decisions about sex and relationships. Even if a person chooses to have sex before they are 18, they deserve to have their body and boundaries respected. **The affirmative consent standard should always be used to communicate about personal desires, limits, and protection.**" (Facilitator Manual, p. 116) "For further explanation using a simple analogy, screen the video 'Tea Consent (Clean)' (2:50) from YouTube: youtu.be/fGoWLWS4-kU" (Facilitator Manual, p. 122) ***Note:*** *This video likens initiating sex to making someone a cup of tea and discusses various scenarios of how to decide whether your guest actually wants the cup of tea you are offering.*

	"Point out the other automatic physical responses can happen during sexual situations – signs of sexual arousal – but **these alone are not indications of consent**. A person's body and genitals might respond to sexual contact that they do not want or find uncomfortable, called arousal nonconcordance. A person may get an erection, or their vagina may produce arousal fluid simply because the body senses sexual stimulation. This is an automatic and unconscious reaction unrelated to whether a person is actually interested in or consenting to sex." (Facilitator Manual, pp. 122-123) "Display the consent acronym 'ACCEPT' and explain that **affirmative consent must be**: • Active – Affirmative consent involves **clear and enthusiastic agreement** ('yes!'). Just because a person didn't say 'no' does not mean they have given consent. If you are unsure, ask them! • A Choice – Partners must feel free to say 'yes' or 'no' voluntarily (without fear, pressure, or coercion). If a partner bribes, threatens, or is unwilling to take 'no' for an answer, it is not consent. • Continual – Affirmative consent involves a series of check-ins to ensure partners are comfortable before engaging in each different sexual activity. **It requires ongoing conversations** with lots of trust. People can change their mind and revoke their consent at any time, for any reason. • Based on Equal Power – Partners must be over 18 (in California) and sober (even if over age 21). If someone is in a vulnerable position (e.g., asleep or incarcerated), they cannot consent. If someone uses their authority, control, or significant influence to take advantage of another person (e.g., boss/employee, doctor/patient, teacher/student), consent cannot truly exist between them. • Precise – In order for someone to give their consent, they must understand specifically what they are consenting to. If someone says 'yes' to one thing (like making out) it doesn't mean they have given their consent for anything else (like having sex). Someone should never assume that their partner will be OK with something that hasn't been specified. • Transparent – It's important that partners share relevant information that would affect their decision about engaging in sexual activity. This involves conversations about sexual history, STI testing, birth control usage, and whether partners are having sex with other people. Withholding information (like STI status) or not following through with an ongoing agreement (like wearing a condom) is not practicing consent." (Facilitator Manual, p. 123) "Give the class **examples of 'what consent sounds like'** based on the ACCEPT components: • Active – We can say 'yes!' in many different ways. • A Choice – Offering someone an alternative option can take the pressure off and give them space and permission to say 'no.' • Continual – Checking in with a partner is important since their comfort levels and boundaries can shift. They may change their mind, and that's OK!

- Based on Equal Power – It's never OK to take advantage of someone being in a vulnerable position. We should always check if someone is safe, sober, and able to consent.
- Precise – Using vague phrases like 'hook up' can be confusing. Making a more precise suggestion (e.g., **asking to give a hickey**) gives someone a chance to think about their specific boundaries.
- Transparent – It's important that partners share health information like STI status and birth control usage before sexual activity. **Consent conversations are an opportunity for partners to get on the same page about what protective measure they will use**. Additionally, transparency means checking in about exclusivity or how sex might change the relationship." (Facilitator Manual, p. 123)

"Point out that asking for consent is not always phrased like a question. There are also many different ways to check in with a partner using all the ways we naturally communicate. Instead of being formal, we can ask for consent in our own words, the same way we would ask any other kind of question. It can sometimes sound like making a statement and waiting for the other person to respond, noticing their body language, and giving them plenty of space to react. **For example, instead of asking someone 'is it OK if I kiss you?' a person could state, 'I really want to kiss you,' then wait to see if the other person smiles, looks pleased, leans toward them, or gives a positive verbal response.** The important part is waiting for a response before acting!" (Facilitator Manual, p. 124)

"Explain that respectful negotiation is also an important aspect of consent conversations. This can mean asking follow-up questions or **making suggestions to find a compromise that feels good for everybody**. It also means respecting when someone says 'no' and not pushing back…" (Facilitator Manual, p. 124)

"Partners should **discuss their boundaries and mutually agree before sex** can begin. Consent must be affirmative, conscious, and voluntary between legal adults (age 18 or older in CA)." (Facilitator Manual, p. 239)

"Can a person like to get raped? – No. A person may experience arousal (e.g., erection, vaginal lubrication) or even orgasm from sexual stimulation, **but this does not equate to affirmative consent.** In some sexual relationships, adults may decide to role-play scenarios with unequal amounts of power. This requires trust, mutual understanding, clear communication, and a safety plan (e.g., safe word) to ensure that both partners have the power to make the role-play stop if they become uncomfortable." (Facilitator Manual, p. 259)

"'What does **culture of consent** look like?'… A culture of consent means that affirmative consent is a normalized part of the community. When this is a foundation of all interactions, it becomes second nature for everyone to ask for consent and respect other peoples' boundaries." (Facilitator Manual, p. 263)

"**In sexual situations**, which are inherently more vulnerable interactions, **consent is especially important**. Practicing affirmative consent reduces the likelihood of

	committing harm by allowing each person to have equal power." (Facilitator Manual, p. 263) "Write the word 'consent' on board. Invite students to pair-share what they know about consent, then ask for a few volunteers to share what they discussed. Be sure to address the following: **Consent is permission or mutual agreement to do something.** Everyone involved must over 18 (in California). Everyone involved must be sober (not under the influence of drugs or alcohol). Everyone involved must actively agree (the absence of a 'no' does not equal a 'yes')." (Facilitator Manual, p. 264) "Just Kiss and Touch – Kissing, sexual touching, or **getting naked with someone does not mean that sex is definitely going to happen**. The only way to know for sure it to ask!" (Facilitator Manual, p. 268) Zoe's Story - "He put his arm around me, and we started to snuggle. **Before I knew it, we were kissing.** I was into it, and I knew he was too, so I **started to try to unbutton his pants**. **But he pushed my hands away and said 'don't.'** I didn't understand what his problem was, but I assumed he was probably just nervous. We had been flirting for a while now, and I could tell it was turning him on. Obviously this was going to happen. **He wanted me to stop at first, but his penis was hard, so I took that as a 'yes' and kept going.** He didn't try to stop me again, so I'm sure he liked it." (Facilitator Manual, p. 274) Leo's Story - "She leaned into me, so I put my arm around her, and we started snuggling. Her lips were so pretty and reminded me of our kiss. **We eventually started making out**. Then she reached for my zipper, but I felt like things were going too far. She started unbuckling my belt, but I pushed her hands away and told her to stop. **She looked at me unconvinced and said, 'It *looks* like you want it,' then looked down at my erection.** I didn't know what to say. I didn't want to hurt her feelings by rejecting her or risk her telling people what she knows about me. But I never said 'yes.' She just kept going and went down on me." (Facilitator Manual, p. 274) "**Leo had an erection**. Is that always a sign that **a person wants sex**? – No. Erections can happen for lots of reasons, like feeling nervous or scared, having a full bladder, or a random spike in testosterone. Even if an erection is caused by sexual thoughts or feelings, **having a physical reaction to arousal does not constitute giving consent**." (Facilitator Manual, p. 273) "Use a strong, confident voice and tell the other person how you feel using an 'I' statement. For example, '**I am comfortable kissing, but I want to keep our clothes on.**' If they ask you to do something you don't want to do, stand up for your boundaries by saying something simple and clear like 'I don't do that' or 'I'm not interested.'" (Facilitator Manual, p. 359)

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.*	Values statements – "**Oral sex counts as 'having sex.'** • Possible values for 'agree' – chastity, pleasure, culture. • Possible values for 'disagree' – tradition, pleasure, culture." (Facilitator Manual, p. 21) "For clarity, we use a consistent definition throughout Teen Talk that includes four sexual behaviors: • Sexual touching – any hand-to-genital contact or genital-to-genital contact between partners • **Oral sex** – using a mouth to a penis, vulva, or anus • **Anal sex** – inserting a penis or object into an anus • Vaginal sex – inserting a penis or object into a vagina." (Facilitator Manual, p. 115) **"**If a person is **performing oral sex on a vulva or anus**, a dental dam can shield from skin-to-skin contact and the exchange of body fluids." (Facilitator Manual, p. 142) "**Anal sex** – A sexual behavior where a penis or object is inserted into an anus. If partners have all three pregnancy 'ingredients' (sperm, egg, and uterus), a pregnancy through anal sex is possible (but rare)… It is also common for STIs to be passed through anal sex since the anus and rectum are made of delicate tissue that can tear from friction… Lubrication is especially important **to reduce friction and increase pleasure** during anal sex." (Glossary, p. 32) "**Oral sex** – A sexual behavior where a mouth is used on a penis, vulva, and/or anus." (Glossary, p. 33)
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.*	"**Sexual orientation** is a way of categorizing and describing patterns of sexual and romantic attraction" (Facilitator Manual, p. 88) "What does 'homosexual' mean? – This is a term that describes people who are attracted to people with their same gender. This word has historically been used to pathologize same-sex attraction as a disease or mental illness. **Today, most people prefer terms like gay, lesbian, queer, but each person is entitled to self-identify with the term that best fits them**." (Facilitator Manual, p. 89) "It is OK to say 'queer'? – This is an umbrella **term that a person who is not heterosexual and/or not cisgender might use to describe themselves**. This word has historically been used in a derogatory way, and sometimes still is. The general rule is that people may self-identify this way, but we should not place this identity onto others since it may be hurtful." (Facilitator Manual, p. 89) "We also know that **sexual orientation is <u>not</u> a choice**. To clarify, the words we use to describe our identity are our choice, and how we act upon our feelings is our choice, but **our innate sense of attraction is not something we can decide or control.**

	• Some people may choose to live a life that does not reflect their true identity, but their feelings of attraction do not change.
	  ○ For example, **a man might marry a woman even though he is only attracted to men.** This choice could be in order to avoid social stigma, for fear of rejection from friends and family, or for personal religious or cultural believes.
	• Also, dating, marrying, or having sex with someone of a different gender may cause the outside world to interpret a person as heterosexual, but their feelings of attraction do not change.
	  ○ For example, **if a bisexual woman starts a relationship with a man, it does not mean that she is now heterosexual.** She is still attracted to multiple genders but is choosing to be in a relationship with a man." (Facilitator Manual, p. 106-107)
	
	"**Lesbian describes women who are attracted to other women**. This definition has been expanding in recent years to be more inclusive of nonbinary people, so some may define 'lesbian' as a person who does not identify as a man and is attracted to other people who are not men." (Facilitator Manual, p. 107)
	
	"**Gay describes men who are attracted to other men**, and it also used as an umbrella term for anyone **attracted to their same gender**." (Facilitator Manual, p. 107)
	
	"**Bisexual describes people who are attracted to two or more genders**, such as being attracted to women and men or two people of the same and other genders." (Facilitator Manual, p. 107)
	
	"**Pansexual describes people who experience attraction to many or all types of people.** This does not mean a pansexual person is attracted to everyone all the time. It typically means that their attractions are not limited by gender, and instead they find themselves more attracted to a person for who they are." (Facilitator Manual, p. 107)
	
	"**Queer** is an umbrella term that describes people whose gender or **sexual identities are outside of societal norms**… Many people like the term 'queer' because the term 'queer' does not imply a specific identity and allows more flexibility as self-concept and expression may shift over time. It can also help reduce feelings of pressure from stereotypes and expectations related to other gender and sexual identity terms." (Facilitator Manual, p. 107)
	
	"**Asexual (or ace)** describes people who **experience little or no sexual attraction**. An asexual person may still experience romantic attraction (e.g., interest in a relationship, feeling 'in love'), but is not interested in sexual intimacy with other people." (Facilitator Manual, p. 107)
	
	"**Aromantic (or aro)** describes people who **experience little or no romantic attraction**. An aromantic person may still experience sexual attraction (e.g.,

interest in sex) but is not interested in romantic intimacy with other people." (Facilitator Manual, p. 107)

"**Hetero-flexible** can describe people who are **mostly straight** but occasionally attracted to people of the same gender (i.e., more flexible in their sexual and/or romantic interests)." (Facilitator Manual, p. 107)

"I met Taylor my first day of high school. I was immediately attracted to her; she was older and had so much confidence**. I've had crushes on other girls before but never dated one.** When she asked me out, I was so excited! On our date, **she said she had come out to her family as lesbian**, but they weren't supportive. It broke my heart to see how hurt she was. She thought it was best to keep our relationship a secret from our families and friends." (Facilitator Manual, p. 300)

"**Homophobia and transphobia** are driving forces that limit what is considered socially acceptable in terms of personal style and expression." (Facilitator Manual, p. 329)

"You have felt attraction toward girls and boys for as long as you can remember, and **you finally feel ready to come out** to your trusted adult. But when **your cousin recently told the family they are pansexual**, you overheard your trusted adult saying that 'it's just a phase.' You're afraid that they will say the same thing to you." (Facilitator Manual, p. 365)

"**I'm bisexual**, and I've been with my partner Maksim for 2 years now. He's really amazing and I love him so much, but sometimes he talks about my sexual orientation in a way that makes me feel weird." (Facilitator Manual, p. 369)

"Sadie and Marisol have been together ever since they met last year. **Sadie has told all of her friends and family that she is lesbian,** and she's also a member of her school's GSA (Gender and Sexuality Alliance). **Marisol has not told anyone that she is gay,** and she tells people that she and Sadie are just best friends…" (Facilitator Manual, p. 375)

"**Sexual orientation is not a choice**. The words we use and how we act upon our feeling is our choice, but **our innate sense of attraction is not something we can decided or control**." (Lesson 3: Identities PowerPoint, Slide 73)

Heteronormativity

– showing or expressing a worldview that promotes heterosexuality as the normal or preferred sexual orientation

(Lesson 10: Media and Body image PowerPoint, Slide 24)

	"**Aromantic (or 'aro')** – A sexual orientation that describes people who experience little to no romantic attraction to others… Aromatic [sic] can also refer to experiencing romance as conditional, unreliable, or outside of societal expectations. For example, **demiromantic** describes people who experience romantic attraction that is contingent on having an emotional connection." (Glossary, p. 27) "**Asexual (or 'ace')** – A sexual orientation that describes people who experience little to no sexual attraction to others… Asexuality is a spectrum, meaning people may experience sexual attraction conditionally or to varying degrees. For example, **graysexual** describes people who experience sexual attraction infrequently, at low intensity, or only directed towards specific people." (Glossary, p. 28) "**Biphobia** – Stigma, prejudice, and discrimination against bisexual people. This often includes bi-erasure, the false assumption that bisexuality is not a real identity. **Biphobia arises from both cisheteronormative society** and from within the queer community, particularly from cisgender gay men and lesbian women." (Glossary, p. 24) "**Coming out** – A process of acknowledging, accepting, and **telling other people about one's gender and/or sexual identities**. This can be a very emotional or stressful experience… The concept of coming out is also inherently biased in that only LGBTQ+ individuals are expected to come out; most people are assumed to be cisgender and heterosexual unless otherwise identified. The related term 'outing' refers to a person disclosing someone else's identity, typically without their consent." (Glossary, p. 24) "**Heteronormativity** (or cisheteronormativity) – The presumption that being heterosexual (and cisgender) is the 'normal' or preferred identity." (Glossary, p. 26) "**Pansexual (or omnisexual)** – An identity that describes people whose attractions are not limited by gender, body parts, or other sexual identities. Many pansexual people experience same-gender and mixed-gender attraction. Even when a pansexual person is in a monogamous relationship, their identity is not exclusively gay or straight." (Glossary, p. 30) "**Polyamorous (or poly)** – An identity, interest, or experience that involves ethical, honest, and consensual relationships with multiple people simultaneously. This means that everyone involved is fully aware and OK with their partner having other partners. Polyamory is also known as **non-monogamy**, and polyamorous relationships are sometimes called **open relationships**." (Glossary, p. 30) "**Sapphic** – An identity and umbrella term that describes people and **communities of women-loving women (WLW)**. Lesbian, bisexual, pansexual, and queer people of a variety of genders may identify as sapphic if the term resonates with them." (Glossary, p. 30)

	"**Sexual orientation** – A category that describes patterns of sexual and/or romantic attraction to other people." (Glossary, p. 26)
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.*	"What is **'female ejaculation'** and how common is it? – **During orgasm**, some **people assigned female at birth experience ejaculation or 'squirting'** when the Skene's glands release a milky white fluid made of creatinine, urea, and PSA (Prostate-specific antigen) through the urethra. Research is limited, but some studies estimate that anywhere from 10-50% of bodies with a vagina can experience this type of ejaculation." (Facilitator Manual, p. 38) "The external genitals on all bodies have a high concentration of sensory nerve endings **so that people can feel sexual pleasure from physical contact**. • Many people experience orgasm at the peak of sexual pleasure… • Just before an orgasm, heart rate and breathing increase and muscles tightly contract. **The pleasurable feeling of orgasm results from the relaxation of the muscles along with the release of hormones and sexual fluids** as heart rate and breathing begin returning to normal. • The release of dopamine ('feel-good hormone') and oxytocin ('love hormone') during orgasm not only encourages the species to reproduce, but also helps with emotional regulation (e.g., stress reduction) and bonding between partners (e.g., building intimacy). These biophysical responses are what **drive humans to desire sexual pleasure and motivate most people to have sex.** • While sexual reproduction requires two specific cells from two different bodies, these cells are irrelevant to sexual intimacy and pleasure. This is why many humans **have sex for reasons other than reproduction**." (Facilitator Manual, pp. 47-48) "The 'head' or glans is the most sensitive part of the penis. It has about 4,000 sensory nerve endings that send information to the brain and **contribute to feelings of pleasure**." (Facilitator Manual, p. 52) "The part of the **penis that becomes erect is called the shaft**. It is usually smooth and hairless, but the skin on the shaft has lots of sensory nerve endings that **contribute to feelings of pleasure**." (Facilitator Manual, p. 53) "What is the **main function of the clitoris**? – It has no role in the process of reproduction, but the clitoris is the most sensitive organ of the human body. It contains about 8,000 sensory nerve endings (twice the amount in the glans of a penis) that send information to the brain and **contribute to sexual pleasure**." (Facilitator Manual, p. 56) "Intimacy is not always sexual, but many people choose eventually to **engage in sexual form of intimacy with themselves or other because it feels good**." (Facilitator Manual, p. 125)

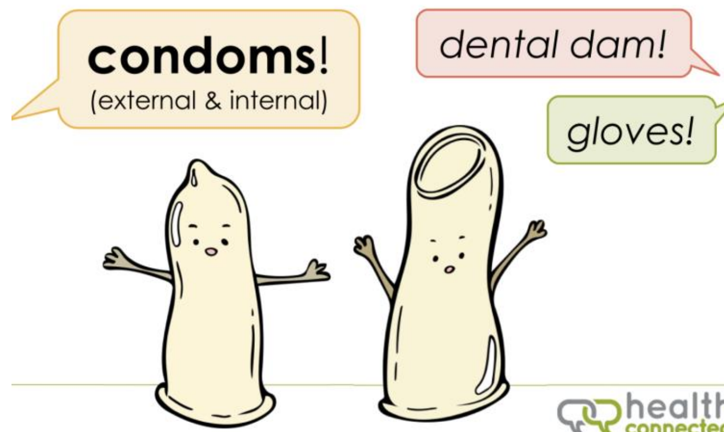
	"**Moaning may be a way someone expresses that they are enjoying themselves**, but this response is also common when in pain. Not everyone will express pleasure in the same way. Checking in with a partner is the only way to know for sure they are enjoying the experience." (Facilitator Manual, p. 346)
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.*	"Why do erections happen randomly? While **some erections are triggered by physical stimulation (e.g., sexual touching, masturbation)**, or physiological stimulation (e.g., thinking about a crush, viewing pornography), they can also result from natural hormonal fluctuations." (Facilitator Manual, p. 38) "Some asexual ('ace') people **engage in masturbation** and others do not have the desire; this is a **personal choice** separate from the experience of attraction." (Facilitator Manual, p. 107) "Is it OK to masturbate often? – **Many people choose to masturbate**, and many people choose not to. No one should ever feel pressured to masturbate if they don't want to. It's normal for someone to be curious about exploring their body, and **masturbation can help them learn what feels good and what their boundaries are.** There's no amount of masturbation that is healthier or unhealthier… If someone chooses to masturbate, it's important that they have clean hands and are in private." (Facilitator Manual, pp. 116-117) "It may be useful to acknowledge **mutual masturbation, which can include hand-to-genital contact of a partner or of oneself in the presence of a partner**. If only engaging in the latter form of mutual masturbation, this behavior has little to no risk for STI transmission." (Facilitator Manual, p. 127) "I learned in health class that **masturbation is considered healthy and normal**. But **I do it every day**, sometimes more than once a day. Is this normal? Can you masturbate too much?" (Facilitator Manual, p. 372) "**Mutual masturbation** – sexual behavior where two or more people sexually stimulate each other's genitals at the same time using hands or objects (sexual touching), or where they simultaneously stimulate their own genitals (masturbation) while observing or communicating with one another." (Glossary, p. 33)
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*	"Pinch the tip of the unrolled condom with one hand and **roll it down to the base of an erect penis** with the other hand. Only use one condom at a time; using more than one at the same time causes friction which may cause the condoms to break. Only used water-based or silicone-based lubricants; oil- based lubricants will cause latex condoms to break. **Change into a new condom between each sex act (especially from anal to vaginal or oral sex)**." (Facilitator Manual, p. 147) Internal condom instruction: "For vaginal sex, pinch the inner ring to help insert the condom into the vagina. **For anal sex, remove the inner ring and gently push the condom into the anus.** The other ring of the condom should remain on the outside of the vagina or anus, and a penis is inserted into the plastic pouch during sex. Only use one condom at a time; using more than one at the same

inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.	time causes friction which may cause the condoms to break." (Facilitator Manual, p. 148) ***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.* "We are going to **practice the proper steps** to use a condom with a hands-on demonstration. Students are invited to practice this skill using a real condom and a Styrofoam **condom training model**." (Facilitator Manual, p. 239) "Lead the condom demonstration: • Step 1: Ask for consent… • Step 2: Check the package… • Step 3: Open carefully… • Step 4: Check the direction o Examine the condom to determine if it is inside out. It should look like the tip of a baby bottle, with a ring around the outer edge. o Note to Instructor: Walk around the classroom and check each condom or ask students to check their neighbor's before moving on. **Show the class what it would look like if a person attempted to put on their condom inside out** and explain why a condom cannot be flipped inside out once it has touched a penis. • Step 5: Pinch the tip o Using your thumb and forefinger, pick up the condom by pinching the tip. This removes the air and reserves empty space inside the condom to collect semen after ejaculation. • Step 6: Roll onto erect penis o While pinching the tip, use your other hand **to roll the condom down to the base of the condom training model.** It is OK that the condom is not completely unraveled as long as it covers the entire shaft; condoms are designed to fit all different penis sizes. • Step 7: Remove carefully o After ejaculating, **a penis begins to lose its erection quickly**. Hold onto the base of the condom as the penis is withdrawn from the partner's body to ensure the condom does not slip off. o Gently push the condom from the base towards the tip and off the penis without spilling any fluids inside. • Step 8: Dispose in the trash o Tie a knot in the condom to prevent any fluids from leaking out. o Wrap the used condom in tissue and throw it in the trash. Never flush condoms down the toilet." (Facilitator Manual, pp. 239-240) "Optional: Demonstrate the different types of lubrication: water-based, silicone-based, and oil-based. • Inflate three latex condoms to capacity and tie each end, forming three balloons.

	• Ask for six volunteers: three will hold the balloons, and three will apply lubrication with friction.
	  ○ The first pair of volunteers will **rub water-based lubrication onto an inflated condom** – nothing will happen (it is safe to use with latex condoms).
	  ○ The second pair of volunteers will **rub silicone-based lubrication onto an inflated condom** – nothing will happen (it is safe to use with latex condoms).
	  ○ The third pair of volunteers **will rub oil-based lubrication** (e.g., baby oil, Vaseline) **onto the inflated condom** – it will pop! (Oil will always break a latex condom).” (Facilitator Manual, p. 240)
	
	“Next we are going to learn the **proper steps to use an internal condom**. This type of condom is a strong, safe, nitrile (non-latex) pouch designed to be worn inside of a vagina or anus, rather than rolled onto an erect penis. It is sometimes referred to as a ‘female condom,’ but it can be used by anyone during vaginal or anal sex. We will see how a real FC2 condom is properly placed **using a plastic pelvic model**.” (Facilitator Manual, p. 240)
	
	“Lead the **internal condom demonstration**:
	• Step 1: Ask for consent…
	• Step 2: Check the package…
	• Step 3: Open carefully…
	• Step 4: Insert condom
	  ○ Unfold the condom and locate the inner plastic ring. This ring is designed to help insert and anchor the condom inside the body during vaginal sex.
	  ○ **For vaginal sex**: Squeeze the inner ring and gently push the condom into the back of the vagina, under the pelvic bone. The material will adjust to the body’s heat and moisture to conform to the vagina. The outer ring of the condom should remain visible outside the vagina, covering part of the vulva to provide additional protection against STIs.
	  ○ **For anal sex**: Remove the inner ring and gently push the empty condom into the anus. The outer ring of the condom should remain visible outside the anus to prevent the condom from getting stuck inside the body and to provide additional protection against STIs.
	• Step 5: Remove carefully
	  ○ The internal condom does not need to be removed immediately after ejaculation, but it should be removed prior to standing up to prevent semen from leaking out.
	  ○ Twist the outer ring of the condom to contain the fluids, then gently remove the condom from the body.
	• Step 6: Dispose in the trash…” (Facilitator Manual, p. 241)
	
	“Optional: **Demonstrate how a dental dam can be held in place for oral sex**.

- Use the plastic pelvic model and a dental dam (or make one by cutting an external condom).
- Explain that this barrier method should be used during oral sex on a vulva or anus.
- Point out that – since they are for oral sex – some dental dams have a color, scent, or flavor added.” (Facilitator Manual, p. 241)

Use a Barrier During Sex



(Lesson 7: STIs PowerPoint, Slide 33)

Condom Demonstration

Step 1: Ask for consent

Step 2: Check the package

Step 3: Open carefully

Step 4: Check the direction

Step 5: Pinch the tip

Step 6: Roll onto erect penis

(Lesson 7: STIs PowerPoint, Slide 69)

	  (Lesson 7: STIs PowerPoint, Slide 73)
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.*	"How does someone **know if they are ready to have sex**? What does it mean for a sexual relationship to be 'healthy'?" (Facilitator Manual, p. 32) "Sex and intimacy mean different things to different people. There is a wide variety of sexual and nonsexual **intimate behaviors a person may choose to engage in** to connect with themself or with a partner. Personal values and identities often inform **each person's own definition of 'sex'** and their sexual boundaries." (Facilitator Manual, p. 114) "It is bad to watch porn? – Pornography is any media depicting people in sexual situations or engaging in sexual behaviors. Porn is made by adults and meant to be entertainment for adults… A person may feel best when their sexual decision-making, **including the choice to watch or not to watch porn**, aligns with their personal values." (Facilitator Manual, p. 117) "Emphasize that individuals should always have agency over their body and sexual decisions. **Sexual agency** means that each person has autonomy or the right to make their own choices about who gets access to their body, when, and how. **Those choices include how a person experiences intimate contact with others**, such as physical contact (e.g., hugging and kissing), sexual behavior, and even medical examinations." (Facilitator Manual, p. 120) "Intimacy and sex are expansive concepts that can be defined and practiced in many different ways. There is no universal definition of 'sex' – **everyone gets to decide if, when, and how they want to be sexual with another person**." (Facilitator Manual, p. 126) "Since many people at some point **choose to engage in sexual activity with other people** and therefore assume some level of physical, interpersonal, and/or emotional risks, safer sex practices involve proactive communication with a partner about personal and relationship boundaries, including a plan to prevent STIs." (Facilitator Manual, p. 193)

	"Why can teens access sexual health services and free condoms even though the legal age of consent in California is 18? – **California uses a "harm reduction" approach to public health, which prioritizes keeping people safe and healthy whether they choose to follow the law or not**… While the majority of high school students are not having sex, all young people have the right to protect their health with services like condoms, birth control and STI testing." (Facilitator Manual, p. 4)
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.*	"Ask the class: 'What should a person **consider before becoming sexual with a partner**?' Answers may include, but are not limited to: • Consent (i.e., discussing boundaries and values) • Legality (i.e., being sober and of legal age to consent to sex) • STI status (i.e., getting tested and sharing the results with each other) • Pregnancy prevention (if needed)" (Facilitator Manual, p. 127) "People may have **different definitions of abstinence based on their moral values** and beliefs about what counts as sexual behavior or 'having sex.' For example, some people choose to abstain from all of the partnered sexual behaviors that we included in the grid, and some people choose to abstain from specific types of physical sexual contact (e.g., anal or vaginal sex)." (Facilitator Manual, p. 128) "Not having sex is the only 100% effective method to prevent unintended pregnancy. **If a person is deciding to have sex that can lead to reproduction**, the IUD and Implant are both over 99% effective in preventing unintended pregnancy." (Facilitator Manual, p. 142) "While not engaging in any sexual behaviors with a partner is the most effective way to prevent the transmission of STIs, **there are many options to reduce harm if a person is choosing to have sex.**" (Facilitator Manual, p. 194) "**Sexually active teens** should get tested for STIs every year, **before every new partner**, or if something starts to look or feel different. Getting tested and communicating openly about sexual history (e.g., STI status, birth control use, other partners) is very important **before engaging in sexual contact** with a partner." (Facilitator Manual, p. 245) "You and your partner have been dating for around 2 years now. **You have had sex before, but always with a condom.** You are worried about STIs and want to keep yourself safe. Your partner has recently been complaining to you that none of their friends use condoms because 'it doesn't feel as good.' Use the Be FIRM model to talk to them about **why using condoms is important to you**." (Facilitator Manual, p. 364) "I have a boyfriend and **we started having sex pretty soon into our relationship**. Sometimes I feel too young and immature to be having sex, but now that I've started, I don't want to stop because I love him and want to keep him happy.

	How can I make myself **feel more comfortable having sex**?" (Facilitator Manual, p. 370) "CJ and Morgan have been dating for a year, and they started having sex about four months ago. **Both have had sex with previous partners, but neither has been tested for STIs.** They are not consistent with their condom use – sometimes they use one, and sometimes they don't**. Morgan has recently been feeling that condoms are very important and that they should be using one every time they have sex**. Morgan wants to talk to CJ about their feelings but knows that CJ thinks sex with a condom doesn't feel as good." (Facilitator Manual, p. 375) "**Group sex** – A practice of non-monogamy where three or more consenting adults engage in sexual behaviors together. Communications about boundaries and safter sex practices (e.g., STI testing, birth control) are especially important when practicing any type of non-monogamy, such as group sex." (Glossary, p. 32)
10. PROMOTES TRANSGENDER IDEOLOGY *Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.*	Into Survey – "What is it called when a person's **sex assigned at birth** does not align with their gender identity? A. Heterosexual B. Asexual. C. Gay or lesbian. D. Transgender. E. Not sure." (Facilitator Manual, p. 14) Values statement – "**Labeling people with a gender at birth** is harmful and unnecessary. • Possible values for 'agree' – openness, curiosity, autonomy. • Possible values for 'disagree' – security, recognition, acceptance." (Facilitator Manual, p. 22) "When a person is born, medical providers will typically assign them to a biological category based on their genitals, known as **'sex assigned at birth.'** Our society commonly uses the terms 'female' and 'male' as **generic labels for bodies that follow one of the two most common patterns of sexual development**. However, we know that not everyone assigned female at birth is a girl, and not everyone assigned male at birth is a boy. We also know that not every human body fits into one of these binary categories since come people are born with natural variations and intersex traits." (Facilitator Manual, p. 37) "Note to Instructor: Be inclusive and deliberate in your language about human bodies. This lesson is **focused on biology and body parts, not gender**. Remind students that **some men are assigned female at birth and some women are assigned male at birth,** and some people are born with a mixture of typical sex characteristics. • Avoid using specific gender identities and pronouns when referring to anatomy. For example, instead of saying 'when a woman is on her period, blood leaves the body through her vagina' try saying 'when a person is on their period, blood leaves the body through the vagina.' o When referring to something related to a specific body part, it is most inclusive to use part-specific language. For example, '**a person with a cervix should have a PAP test** every three years…'

	o When referring to a larger process that involves a set of body parts or the interaction of many body systems, it may be more useful to use the labels assigned to bodies at birth. For example, 'most **people with typical female anatomy** will begin menstruation during puberty…' • Keep in mind that there are no specific ways for trans and gender-nonconforming bodies to look and function. Some people may pursue aspects of medical transition; however, this is a very personal decision and not necessarily a linear process. **Acknowledge various types of gender-affirming health care** (e.g., hormone therapy, surgery) and diversity of how people feel about their bodies." (Facilitator Manual, p. 44) "Acknowledge the limitations of current language to accurately represent and affirm all people. • '**Sex assigned at birth**' is a system of labels assigned to certain bodies to describe a specific set of biological traits and pelvic anatomy. o However, the language and definitions of these 'biological sex' categories determined by medical and scientific communities have historically excluded and othered people who do not fit into the expected binary pattern. • Our society commonly uses the labels 'female' and 'male' to describe bodies, yet **individuals who inhabit these bodies may or may not self-identify using these terms.** o Some people prefer using language that refers to their specific body parts and processes – like **'bodies with a penis' or 'bodies that menstruate'** – while some people find it offensive to describe their body based on their genitals or reproductive functions. • Additionally, these binary labels fail to account for and represent the incredible diversity that naturally occurs through the process of sexual differentiation and development." (Facilitator Manual, p. 44) "While most people … are **assigned one of these two labels at birth**, the categories are imperfect and can be very harmful. They imply that human bodies are binary (i.e., that there are only two mutually exclusive sexes), **which we know is not scientifically accurate**. They also fail to account for the diversity that exists within and between these categories. Many people – including those with trans and gender nonconforming identities – may not identify with the label assigned to their body at birth." (Facilitator Manual, p. 46) "Some people may also choose to **undergo aspects of medical transition using gender-affirming hormone therapy** – which affects secondary sex characteristics like body hair and breast growth – or gender-affirming surgery, which can affect the appearance of a person's genitals." (Facilitator Manual, p. 47) "Puberty is also when bodies begin to develop secondary sex characteristics. Many of these changes are unrelated to reproductive function but are specific to an individual's pelvic anatomy and hormone levels. For example, **people of any**

	gender may be capable of menstruating (having periods) if they are born with the necessary body parts – namely, ovaries, a uterus, and a vagina.” (Facilitator Manual, p. 50) “Some people are aware from a young age that **their body does not match how they feel inside**, so developing secondary sex characteristics can intensify feelings of gender dysphoria. Gender-diverse young people may want to talk with their trusted adults and medical providers about **using gender affirming hormone therapy like ‘puberty blockers’** to prevent certain physical changes.” (Facilitator Manual, p. 50) “For most **people with penises**, erection can happen at any age and at any time of the day or night.” (Facilitator Manual, p. 52) “**Gender identity is a self-concept** influenced by aspects such as physical traits, personal expression, and how someone is interpreted by the world around them. Societal expectations related to gender vary across cultures and throughout history. Many people feel limited by these gender-based expectations. When someone **feels that their body, expression, or attribution is misaligned with their identity**, they may pursue gender congruence through aspects of medical, social, or legal transition.” (Facilitator Manual, p. 88) “If someone is born intersex, are they cisgender or transgender? – There is no universal answer; it can vary from person to person. Some intersex people are assigned an endosex label at birth (i.e., male or female) that aligns with their gender identity. Other intersex people are labeled intersex at birth or assigned an endosex label that does not align with their gender identity**. Regardless of how a person is labeled at birth, everyone is entitled to determine the identity words that feel most comfortable and accurate for them** and to have their identities respected.” (Facilitator Manual, p. 89) “What bathroom would a transgender or intersex person use? – The law in California affirms a person’s right to **use the bathroom and changing room that aligns with their gender identity**. For example, a trans girl has the right use the women’s bathroom and locker room. As of 2013, public schools in California must allow student to participate in sex-segregated or gender-specific activities (e.g., sports teams, clubs, competitions) and use the facilities consistent with their gender identity. Some people prefer to use gender-neutral bathrooms or private spaces without a gender designation.” (Facilitator Manual, pp. 89-90) “How many genders are there? First, we must acknowledge that **gender is a human-made framework (or social construct)** used to organize society’s expectations for appearance and behavior based on sex assigned at birth…. Today, many scientists and society as a whole are shifting toward **understanding gender identity as more of a spectrum** and recognizing that we cannot enumerate the human experience of gender.” (Facilitator Manual, p. 90) “How do I know if I am [gay, transgender, etc.]? – Our identities are very personal, and it takes time to figure these things out. Some people may feel

anxious or curious, but there is no pressure to label ourselves, and no one else can tell us how to feel or identify. Adolescence is a time of incredible growth and change, and some of our identities will become clearer as we continue to mature and have new experiences. **It is OK if we are unsure how to identify or if the labels we choose for ourselves end up changing in the future**." (Facilitator Manual, p. 91)

"There are three components of gender that may contribute to a person's gender identity, how someone sees themself on the inside**. Gender identity is not determined by what genitals a person has**, but rather a deeply held internal sense of belonging or connection with other people in their gender category." (Facilitator Manual, p. 100)

"**Nonbinary** describes any gender that is not woman or man; many nonbinary people identify outside or in between these binary categories. It is both gender identity itself and an umbrella category for other gender identity terms:

- Genderfluid, bigender, and pangender describe people who identify with multiple genders.
- **Gender-neutral, genderless, and agender** describe those who don't identify with any particular gender.
- **Genderqueer, gender nonconforming, gender-expansive, and gender-diverse** can describe anyone who exists outside or beyond the gender binary in some way. Each person's experience of gender is unique!" (Facilitator Manual, pp. 100-101)

"Additional gender **categories outside of the traditional binary** have existed throughout history in cultures across the world, often unique to native culture or communities.

- Some Native American people **identify as Two-Spirit**, meaning they embody both masculine and feminine traits and gender roles. This was not considered a flaw, but rather a gift…
- Many Indigenous nations had third gender categories long before a gender binary was imposed during colonization, and Native people have fought to preserve these identities and traditions.
    - Due to the **imposition of homophobia and misogyny and the shaming of gender-nonconformity during colonization**, much of the history and practices of Indigenous third-gender people were lost." (Facilitator Manual, p. 101)

"Lots of other cultures and countries (e.g., Mexico, Philippines, Samoa, India) **also recognize three or more gender categories**. Māhū is an identity term in Hawaiian that translates to 'in the middle,' describing people who embrace the feminine and masculine traits that are embodied within all of us. Historically, Māhū people were valued and respected as caretakers and teachers, passing on sacred wisdom through traditional practices like hula and chant." (Facilitator Manual, p. 101)

	"**Cisgender** describes when a person's **gender identity aligns with** or matches their gender attribution (i.e., the gender they were labeled at birth.)" (Facilitator Manual, p. 102) "Not everyone is cisgender. **Transgender describes when a person's identity does not align with their gender attributions.** Some people know they are transgender from the time they are very young, and others may not realize or have the language to describe their feelings until they are older. The term transgender includes binary trans people – trans women and trans men – as well as nonbinary people." (Facilitator Manual, p. 102) "An easy way to show respect is by using the name and pronouns that a person tells us to use for them. Remember, these **pronouns are usually based on a person's gender identity**, not based on their body parts or what we assume they are." (Facilitator Manual, p. 102) "**People may also use they/them pronouns**. This is recognized as a grammatically correct way to refer to a person in a gender-neutral way." (Facilitator Manual, p. 102) "There are also neo-pronouns – newer options that were created to be gender-neutral. Some examples of **neo-pronouns are xe/xir, ze/zir, and fae/faer**." (Facilitator Manual, p. 102) "If you are unsure how to address someone… ask respectfully! • For example: '**What pronouns do you use**?' or 'What would you like me to call you?' Open-ended questions like these are the most respectful; avoid limited-option questions that can feel restricting (e.g., 'Are you a boy or a girl?'). • Other helpful methods are to **display your pronouns in accessible ways (e.g., social media profiles, email signatures, name tags) and to introduce yourself using your pronouns (e.g., 'My name is Sam and I use he/they pronouns'**). These actions open the space for others to share their name and pronouns (if they want to) without putting anyone on the spot." (Facilitator Manual, p. 102) "**Androgynous** describes a person who is **expressing a mixture of masculine and feminine traits** or is expressing themselves in a way that is neither masculine nor feminine (i.e., gender-neutral)." (Facilitator Manual, p. 103) "Nonconforming can relate to both identity and expression – it simply describes individuals who do not conform to what society expects of their gender. • There are many different reasons why someone might have a nonconforming gender expression, and there is no right or wrong way to be gender nonconforming – everyone's expression is unique! • **Drag is an exaggerated or theatrical performance of gender,** often by someone who does not personally identify with the gender they are performing. For example, drag queens are often men who perform hyper-

femininity, and drag kings are often women who perform hyper-masculinity.” (Facilitator Manual, p. 103)

“**Gender dysphoria** is an intense discomfort related to:

- **Disconnect between one’s body and gender identity** (i.e., feeling like your body does not align with who you are). This may include acute distress about certain (often gendered) body parts or desire for different body parts.
- Not being able to express oneself in the way that feels comfortable (e.g., being required to wear a uniform or hairstyle that misrepresents your gender).
- False gender attribution (i.e., when your gender is assumed incorrectly based on your body or expression) or being misgendered…
- **Experiencing dysphoria is one way that many trans people realize they are transgender**, but not all trans people feel dysphoric or uncomfortable with their body.” (Facilitator Manual, p. 104)

“Some trans or nonbinary people may pursue various aspects of transition to feel more gender euphoria:

- **Social transition** – this may include telling others about their gender identity, changing their name and/or pronouns, and changing their gender expression to better reflect their identity.
- **Legal transition** – this involves legally changing their name and/or gender marker on official documents (e.g., driver’s license, birth certificate, passport).
- **Medical transition** – this means making physical changes to their body using hormones or surgery.” (Facilitator Manual, p. 104)

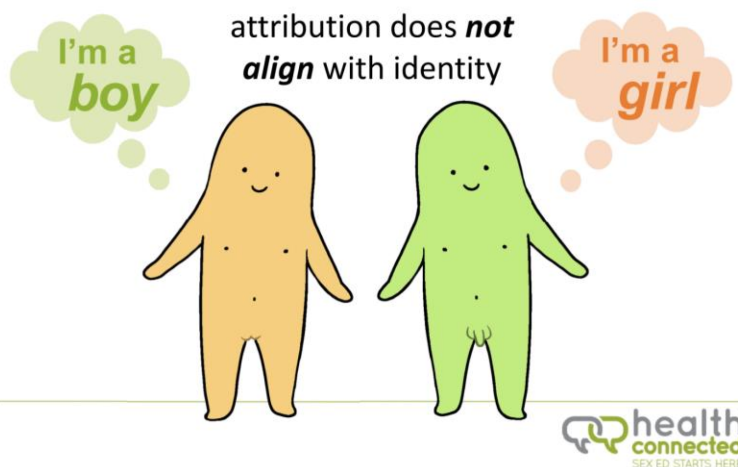
“Lesbian describes women who are attracted to other women. This definition has been expanding in recent years to **be more inclusive of nonbinary people**, so some may define ‘lesbian’ as a person who does not identify as a man and is attracted to other people who are not men.” (Facilitator Manual, p. 107)

“Questioning is a term that describes people who are still exploring their attraction and/or gender. **It is completely normal to go through a period of questioning the labels and identities that we were assigned** or attributed and to spend time figuring out the words that truly describe how we feel.” (Facilitator Manual, p. 107)

“Heterosexual and cisgender people often have the privilege of having their identities correctly attributed because these identities are still considered the ‘default’ in our society. **People who are LGBTQ+ may need to disclose their identities to correct others’ assumptions**.” (Facilitator Manual, p. 108)

“What can we do to feel good about our identities and ourselves? Think about how our identities make us feel seen and connected with others. Surround ourselves with people who validate and respect our identities and experiences. Volunteer in our community and advocate for others. Reach out to our

	community for support, connection, celebration, relaxation, etc." (Facilitator Manual, p. 108) "We are going to watch a TEDx presentation by A. Wylde, a queer and genderqueer writer, activist, and former student at Colorado State University. This presentation introduces Wylde's project from 2015, 'The Gender Tag,' a **compilation of videos from trans and cis people from different cultures and classes**, with different ability statuses, different romantic orientations and so on. Their project uses a series of 10 prompts covering topics from gender identity to gender expression and gender roles, aimed at creating conversations about each individual's own understanding of gender." (Facilitator Manual, p. 109) "Why might someone use birth control for reasons other than preventing pregnancy? …Gender alignment – **For people who are transmasculine or nonbinary,** menstruation (and pregnancy) can contribute to gender dysphoria. It may also be a safety concern that having periods (or being pregnant) **could 'out' someone as being assigned female at birth**. Using hormonal contraceptives to suppress menstruation (and/or prevent pregnancy) can be used in combination with gender-affirming hormone therapy." (Facilitator Manual, p. 140) Scenario 3: "KC and Murphy have been dating casually for several months. **Murphy is transmasculine and currently taking testosterone.** They both want to prevent pregnancy, but do not want to use anything that would affect Murphy's hormones." (Facilitator Manual, p. 157) "Exploring Their Options - Scenario 10: A 30-year-old **trans man has become pregnant** by his husband. They want to have kids eventually, but his neighbors and co-workers do not know that he is transgender. • Abortion: His neighbors don't know he is trans, and he might not feel safe being visibly pregnant. • Adoption: He wants to continue the pregnancy but might feel more comfortable once he is out in his community. • Parenting: He and his husband want to have kids." (Lesson 6: Pregnancy Options PowerPoint, Slide 40) "Explain that there are different ways that people and communities may respond to violence based on different concepts of justice. Illustrate the difference using an example scenario: '**Two students are sent to the principal's office because one student (Student A) was misgendering another student** (Student B) and making fun of their hairstyle…' • Restorative justice is an approach that brings survivors and perpetrators of harm together (if they feel comfortable) to take accountability, forgive, and heal. It involves both of them communicating to share their perspectives and learn from one another about why the behavior was harmful… • In our example scenario, this could mean Student A and Student B meet with a trained counselor so that Student A can take responsibility and learn how their comments hurt Student B.

	• It could also mean that **Student A volunteers with the school's GSA (Gender and Sexuality Alliance)** and Student B shares what would make them feel safe and comfortable in their school." (Facilitator Manual, pp. 268–269) "**I am a transfeminine person,** and I've been taking hormones since middle school. Now that I'm in college away from where I grew up, people assume I'm a cisgender woman. I feel like I can finally have a fresh start, and it's nice to not have my trans identity be the first thing people know about me. Recently I've started dating, and **I want to have sex** eventually… but I've been too scared that **people will reject me when they find out I have a penis**. How do I balance my own safety and well-being with the constant need to come out to potential sexual partners?" (Facilitator Manual, p. 371) "Over the summer **I came out as nonbinary**. My close friends have been super supportive, but most people at school still call me by the name and pronouns I used last year. It's frustrating to **constantly be misgendered**, but it's sometimes really awkward to correct people, especially teachers." (Facilitator Manual, p. 371)  (Lesson 3: Identities PowerPoint, Slide 41) "**Assigned female at birth** (AFAB) – A sex category for people born with a vulva… AFAB may also be used to self-describe one's trans experience, particularly by those who are nonbinary or transmasculine." (Glossary, p. 28) "**Assigned male at birth** (AMAB) – A sex category for people born with a penis… AMAB may also be used to self-describe one's trans experience, particularly by those who are nonbinary or transfeminine." (Glossary, p. 28) "**Binding** – The practice of **compressing breast tissue to flatten the chest**. This is one tool commonly used to alleviate gender dysphoria for transmasculine and nonbinary people. Binding can be done safely using chest binders, undergarments specifically designed to compress breast tissue, such as sports

	bras or certain elastic bandages (e.g., TransTape). However, binding can cause bodily harm if done improperly." (Glossary, p. 24) "**Boi** – A culture-specific identity coined within Black queer spaces in the 1990s to represent a variety of gender and sexual identities. This term typically describes masculinity that is not cisheteronormative and is most commonly used by lesbians, trans folks, and gender nonconforming individuals." (Glossary, p. 28) "**Bottom surgery** – Gender affirming surgeries that transgender or nonbinary people may undergo to change their genitalia or reproductive organs. This type of medical transition can help some people better align with their gender identity and experience gender euphoria." (Glossary, p. 24) "**Cishet** – An abbreviation for cisgender and heterosexual." (Glossary, p. 28) "**Demigirl** or **Demiboy** – A nonbinary identity that describes people who partly identify as a girl or boy but also partly feel outside of the gender binary." (Glossary, p. 28) "**Gender attribution (or gender assigned at birth)** – The process through which society ascribes a gender to a person, typically without any knowledge of that person's gender identity. Gender is often assigned at birth based on a baby's assigned sex (which is mostly based on their external genitals)." (Glossary, p. 24) "**Gender binary** – The concept that there are two separate and complementary genders (women and men) and that all or most people fit into one category or the other. In Teen Talk, we recognize that many people do not fit within a binary gender system, and that the human experience of gender is much more expansive and complex." (Glossary, p. 24) "**Gender dysphoria** – An ongoing experience of distress reflecting inconsistency between a person's internal sense of gender identity and the way that society perceives them (gender attribution). It can also result from distress related [sic] gender expression (e.g., being forced to wear gendered clothing) and/ or one's body (i.e., having or missing certain physical traits)." (Glossary, p. 25) "**Gender neutral (or agender)** – An identity and adjective that describes people who do not identify with any particular gender or the concept of gender overall." (Glossary, p. 29) "**Gender nonconforming** – An identity and umbrella term that describes people whose gender includes a wider range of experiences, roles, and expressions than expected within a binary gender system (i.e., women and men)… People may also use terms such as **gender-expansive** and **genderqueer** to self-describe their unique nonbinary identity." (Glossary, p. 29) "**Gender spectrum** – The concept that there are many different gender identities encompassed within a broad range of possibilities. The gender spectrum is not necessarily linear with binary genders (man and woman) at either end, but rather

	a vast nebula of culturally unique understandings of gender. In Teen Talk, we recognize that this framework more accurately portrays the diversity of human experiences and identities. **People can have multiple genders simultaneously**, may fluctuate between genders over time, and can also exist without gender – all of these are part of the human experience." (Glossary, p. 25) "**Mx**. – A gender-neutral honorific (e.g., Mr., Ms., Mrs.) commonly used by nonbinary people." (Glossary, p. 30) "**Nonbinary (or enby)** – An identity and umbrella term that describes people whose gender identity does not fit within a binary framework (i.e., woman or man). Many nonbinary people self-identify using different terms that feel affirming to their experience, such as genderfluid, trans, or two-spirit." (Glossary, p. 30) "**Passing** – The experience of a gay or queer person being seen as (i.e., able to 'pass for') heterosexual (straight-passing) of a trans person being seen as a member of their self-identified gender without being identified as trans (cis-passing). For some trans people, this type of gender attribution contributes to gender euphoria. However, not all LGBTQ+ people want to pass as cisgender and/or heterosexual. This presumption is problematic and **reinforces privilege based on cishet-normative standards**. It also enables the justification of anger or violence toward queer and trans people who are perceived to be deceiving others about their identity." (Glossary, p. 26) "**Sex assigned at birth** (also called **'biological sex'**) – A category that describes physical sex characteristics (body parts, hormones, and DNA) based on different patterns of fetal development. Biological sex is often assigned at (or before) birth based on a baby's external genitals or sex chromosomes." (Glossary, p. 26) "**SOGIE** – An acronym that stands for Sexual Orientation, Gender Identity and Expression. This term is used as a more inclusive way to refer to human gender and sexual identities since **every person has a sexual orientation, a gender identity, and a gender expression** – not only people who are LGBTQ+." (Glossary, p. 26) "**TGNC** – An initialism that stands for **Transgender and Gender Non-Conforming**. This shorthand is often used to collectively refer to people who are not cisgender." (Glossary, p. 31) "**Top surgery** – Gender affirming surgeries that transgender or nonbinary people may undergo to change their chest or breast tissue. This type of medical transition can help some people better align with their gender identity and experience gender euphoria." (Glossary, p. 27) "**Transgender (or trans)** – An identity that describes people whose gender identity differs from their gender attribution based on their sex assigned at birth." (Glossary, p. 31)

	"**Transitioning** – A process of making social, legal, and/or physical changes to better align with one's gender identity and/or to help others recognize their gender identity." (Glossary, p. 27)
11. Promotes Contraception/Abortion to Children *Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.* *May encourage the use of contraceptives, while failing to present failure rates or side effects.*	Intro Survey – "**What is emergency contraception**? A. A pill taken after sex to prevent STIs; B. A pill taken after sex to prevent cancer; C. A pill taken after sex to prevent pregnancy; D. All the above; E. Not sure" (Facilitator Manual, p. 14) Intro Survey – "Which type of birth control also helps **lower a person's risk of getting an STI**? A. Depo shot; B. Condom; C. Vaginal ring; D. Birth control pill; E. Not sure" (Facilitator Manual, p. 14) Intro Survey – "A hormonal birth control method can be **combined with a condom** for more effective protection against pregnancy and STIs. True. False. Not sure. (Facilitator Manual, p. 14) Values statement: "All high schools should have **condom vending machines**. • Possible values for 'agree' – agency, health responsibility • Possible values for 'disagree' – lawfulness, innocence, purity" (Facilitator Manual, p. 21) Values statement: "There should be a hormonal **birth control option for people assigned a male at birth**. • Possible values for 'agree' – equality, freedom, inclusion • Possible values for 'disagree' – pride, culture, success" (Facilitator Manual, p. 21) "Students who identify as LGBTQ+ may feel excluded from this lesson, especially if pregnancy through sex is not a possibility for them. Also, preventing pregnancy is not necessarily the goal for all students. This lesson acknowledges that contraceptives often have additional effects that may be beneficial beyond preventing pregnancy… **Contraception is not only for heterosexual people who are sexually active**." (Facilitator Manual, p. 133) "If engaging in sexual behaviors that could result in a pregnancy, it is important for partners to share responsibilities. A person with a uterus can choose from a variety of hormonal or non-hormonal contraceptives. A person that makes sperm cells can use a condom. They can also **support their partner in accessing or correctly using their chosen contraceptive method** (e.g., picking up the prescription, reminding them to take their pill, accompany them to appointments)." (Facilitator Manual, p. 135) "Behavior Methods • **Abstinence** – not engaging in sexual behaviors with other people. This method is the only 100% effective method to prevent pregnancy and also the most effective way to prevent STIs. • **Fertility Awareness** – monitoring the body for signs of ovulation and avoiding sexual behaviors that could lead to pregnancy. This method may

	be difficult to practice accurately and consistently, especially for those with an irregular menstrual cycle (which is very common among adolescents). • **Withdrawal ('pull-out')** – removing the penis from the vagina or anus before ejaculating. This method is not recommended as it can be difficult to practice accurately and consistently, and pre-ejaculatory fluid may still contain sperm cells." (Facilitator Manual, p. 135) "Barrier Methods • **Condom** – a thin, flexible sleeve worn on an erect penis to catch semen and pre-ejaculatory fluid that may come out of the penis during sex. This method is also effective at preventing many STIs. • **Internal Condom (FC2)** – a thin, flexible pouch worn inside of a vagina or anus to catch semen and pre-ejaculatory fluid that may come out of the penis during sex. This method is also effective at preventing many STIs. • **Diaphragm** – a flexible, rubber dome placed at the back of the vagina to physically block sperm cells from entering the uterus. This method is more effective when used with spermicide. • **Cervical Cap** – a flexible, plastic dome that covers the cervix with suction to physically block sperm cells from entering the uterus. This method is more effective when used with spermicide." (Facilitator Manual, pp. 135-136) "Hormonal Methods • **Pill** – a daily oral medication to prevent ovulation, thicken cervical mucous, and thin endometrium. Pills that only contain progestin (a.k.a. the 'mini-pill') may not prevent ovulation. • **Patch (Xulane)** – a thin, beige sticker applied to the skin to prevent ovulation, thicken cervical mucous, and thin endometrium. • **Ring (NuvaRing. ANNOVERA)** – a flexible plastic ring placed into the vagina to prevent ovulation, thicken cervical mucous, and thin endometrium. • **Shot (Depo-Provera)** – an injection of hormones to thicken cervical mucous and thin endometrium. This method may also prevent ovulation in some users. • **Implant (Nexplanon)** – a small, flexible rod placed into the upper inner arm to prevent ovulation, thicken cervical mucous, and thin endometrium. This method is a long-acting reversible contraceptive (LARC). • **IUD (Mirena, Kyleena, Liletta, Skyla)** – a small, flexible T-shaped rod placed in the uterus to thicken cervical mucous and thin endometrium. This method is a long-acting reversible contraceptive (LARC) and may also prevent ovulation in some users. • **Emergency Contraception Pill (Plan B, ella)** – a single dose of oral medication taken within 3-5 days after unprotected sex to prevent ovulation, thicken cervical mucous, and thin endometrium." (Facilitator Manual, p. 136) "Other (Non-Hormonal) Methods

	• **Copper IUD (ParaGard)** – a small, flexible T-shaped rod wrapped in copper wire and placed in the uterus to inactivate sperm cells. This method can also act as emergency contraception if inserted with 5 days after unprotected sex. • **Spermicide (nonoxynol-9)** – a chemical solution inserted into the vagina before sex to inactivate sperm cells. This method can be used alone or in combination with a barrier method. • **Vaginal Gel (Phexxi)** – a chemical solution inserted into the vagina before sex to change the pH balance of the vagina, creating an acidic environment to inactivate sperm cells. • **Sterilization** – a surgical procedure to permanently close off the vas deferens (vasectomy) or fallopian tubes (tubal ligation). This method is only available to people over age 21 in the U.S." (Facilitator Manual, p. 136) "Is it safe for a trans or nonbinary person taking testosterone to use hormonal birth control? – In short, yes. **A person who has a uterus and ovaries and who uses testosterone for gender-affirming hormone therapy can use any birth control method**. While many transmasculine people (assigned female at birth) choose to avoid hormonal methods that contain estrogen, **progestin-only methods … do not interact with testosterone and may also help decrease monthly bleeding, which can support gender euphoria**. It is also important to note that transfeminine people (assigned male at birth) should not rely on hormonal contraceptives as gender-affirming hormone therapy as these methods do not contain the same form and dose of hormones typically prescribed for this type of medical transition." (Facilitator Manual, p. 138) "Ask for volunteers to share their thoughts about the Welcome Question: 'Why might someone use birth control for reasons other than preventing pregnancy?' and acknowledge the following reasons: • **STI prevention…** • **Period symptoms…** • **Menstrual suppression** – While many people find their period to be manageable or even reassuring, periods may also pose a significant inconvenience or health risk for some... Hormonal contraceptives can be used to safely skip periods, occasionally or on a regular basis. This might be especially useful for athletes, travelers, **or anyone who experiences gender dysphoria from having a period**. • **Gender alignment** – For people who are transmasculine or nonbinary, menstruation (and pregnancy) can contribute to gender dysphoria. It may also be a safety concern that having periods (or being pregnant) could 'out' someone as being assigned female at birth." (Facilitator Manual, p. 140) "Explain that the terms 'birth control' and 'contraception' are interchangeable; the former is more commonly used in general, while the latter is often used in medical settings. Some people may have a preference on terminology depending on their intentions. For example**, a person aiming to prevent pregnancy may be**

more likely to use 'birth control,' while a person aiming to suppress mensuration may prefer the term 'contraception.'" (Facilitator Manual, p. 140)

"Which are the longest lasting methods? Not having sex can be used for as long as a person decides to. If a person is deciding to have sex that can lead to reproduction, **IUDs protect against pregnancy for 3-10+ years** (depending on the type), and the Implant is effective for 3-5 years." (Facilitator Manual, p. 142)

"Which methods also help protect against STIs? Not having sex greatly reduces a person's risk of being exposed to STIs. If a person is deciding to have oral, anal, or vaginal sex, using one condom or internal condom can help protect against many STIs, including HIV. If a person is **performing oral sex on a vulva or anus, a dental dam** can shield from skin-to-skin contact and the exchange of body fluids." (Facilitator Manual, p. 142)

"Legal pregnancy options: If a person knows they are pregnant, they may proceed by continuing or **terminating the pregnancy**." (Facilitator Manual, p. 170)

"Abortion

- Medication abortion – two medications (Mifepristone and Misoprostol) taken in order to terminate a pregnancy and **expel the products of conception from the uterus**.
- Procedural abortion – a medical provider gently opening the cervix and using suction to **remove the products of conception from the uterus**. Roughly 1 in 4 Americans with a uterus have an abortion in their lifetime, the vast majority of which (nearly 90%) occur within the first trimester (12 weeks)." (Facilitator Manual, p. 170 - 171)

Note: *An abortion does not remove "the products of conception from the uterus." It removes a preborn baby. Using vague and inaccurate language like this desensitizes students to this critical issue. They need to understand that abortion takes a human life and that mothers have very real physical and emotional consequences as a result.*

Birth Control Scenario 1: "Jose and Lucia are 17 and both plan to go to college after high school. They have been going out for six months and **recently decided to start having sex.** Neither of them have had sex before this relationship. Lucia is also scared of needles." (Facilitator Manual, p. 157)

Birth Control Scenario 2: "Rosie and Ben have been living together since college. They are considering getting married, but neither of them wants kids. **They use condoms sometimes, but they want to try a different method** since they aren't good about using them consistently. Both have been tested and neither has an STI." (Facilitator Manual, p. 157)

Birth Control Scenario 3: "KC and Murphy have been dating casually for several months. Murphy is transmasculine and currently taking testosterone. **They both**

	want to prevent pregnancy, but do not want to use anything that would affect Murphy's hormones." (Facilitator Manual, p. 157) Birth Control Scenario 4: "Tianna and Junior are in high school. **They got together at a party last month and have been hooking up ever since**. They haven't really talked about their situation or plan to prevent pregnancy. Also, neither has been tested for STIs recently." (Facilitator Manual, p. 157) Birth Control Scenario 7: "Alvin and Eliza are seniors in high school. Eliza plans to become a veterinarian, and Alvin wants to move to New York after graduating to pursue a career as a musician. **They had sex last night and the condom broke**. Eliza has been using the pill but forgets sometimes." (Facilitator Manual, p. 158) "Explain that there are four legal options when **a person experiences an unplanned pregnancy**." A flow chart then lists abortion, adoption, parenting, and safe surrender. (Facilitator Manual, p. 178) "**Medication abortion** – This is typically done within the first 10 weeks of pregnancy. The pregnant person takes two medications; the first terminates the pregnancy, and the second causes the uterus to contract and **expel the products of conception**. They may experience cramping and bleeding as if they are having a heavy period." (Facilitator Manual, p. 178) "**Procedural abortion** – This is typically done within the first 12 weeks of pregnancy, but it may be chosen up to 24 weeks in California. The procedure is performed by a trained medical provider at a clinic or hospital. The pregnant person's cervix is numbed and dilated, then a vacuum aspirator is used to **empty their uterus with gentle suction**. In some cases with later abortions, doctors may need to alter the procedure by using a curette or other medical instruments to empty the uterus." (Facilitator Manual, p. 178) "Read the scenario and think about this person's options. Consider different reasons why they might choose abortion, adoption, or parenting based on their personal circumstances… • Scenario 1: A 19-year-old college student was raped at a party. As a result of her assault she is now pregnant. • Scenario 2: A 15-year-old student lives in foster care. Her boyfriend was recently incarcerated and a few days after he got arrested, **she found out that she is pregnant**. • Scenario 3: A 28-year-old sales manager was dating a man for 4 months, but they broke up before she found out that she was pregnant. She had not planned on being a single parent. • Scenario 4: A 50-year-old woman thought she was in menopause because she has not had a period in over a year. She was therefore surprised to learn from her doctor that she is pregnant. She already raised two children and is about to become a grandmother.

- Scenario 5: A 39-year-old hair stylist has four children and just found out they are pregnant again. Their partner recently lost his job, and they are struggling to pay rent and feed their family right now.
- Scenario 6: An 18-year-old high school senior has never considered birth control because she identifies as a lesbian. However, she hooked-up with someone at a party a few months ago and just learned that she is pregnant…
- Scenario 8: A 16-year-old high school student recently started having sex with their partner. **They were using a condom and it broke**, but they did not know about using emergency contraception to prevent a pregnancy within five days of birth control failure. As a result, they are now pregnant...
- Scenario 10: A 30-year-old trans man has become pregnant by his husband. They want to have kids eventually, but his neighbors and co-workers do not know that he is transgender." (Facilitator Manual, pp. 183-184)

Barrier Methods

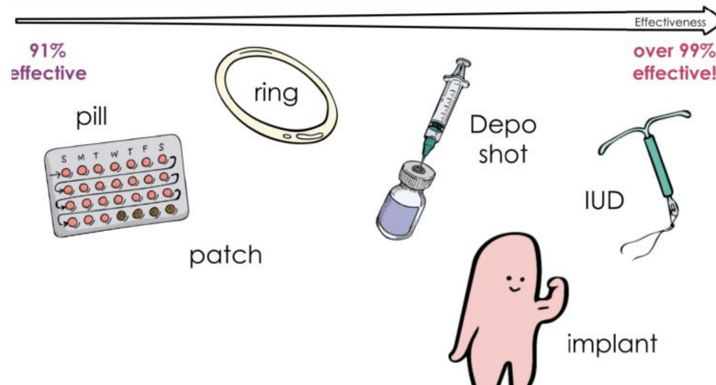
internal
condom
79 – 95% effective

- ✓ Use **one** at a time
- ✓ Available for ***FREE*** at local health clinics
- ✓ **NO** age restriction

(external)
condom
82 – 98% effective

(Lesson 5: Birth Control PowerPoint, Slide 19)

Hormonal Methods



(Lesson 5: Birth Control PowerPoint, Slide 28)

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.*	"Explain that **each student will be creating an advertisement to feature one birth control method.** Give each student a copy of the Birth Control Ads instruction sheet and review the instructions: • **Create a poster to advertise one birth control method**. It can be hand-drawn or made on a computer and printed out. If the ad includes pictures or drawings, they must be classroom appropriate! • The add must answer all of the questions on the instruction sheet using factual information… Once the posters are completed (in class or for homework), invite students to present their work to the class or allow 5-10 minutes for a 'gallery walk.'" (Facilitator Manual, p. 159) Birth Control Ads Activity: "Create an advertisement to highlight one method of preventing pregnancy. **Be creative and engage the audience to learn more about the method.** The ad must answer all of the questions below using accurate facts and information… • Name of the birth control method • What type of method is it? • How effective is this method? • How does this method prevent pregnancy? • How long does this method last? • Does this method help protect against STIs? • Where can a person get this method locally? • Any other important information about this method?" (Facilitator Manual, p. 160) Lights… Camera… Action! Activity: "**Create a two-minute skit** (e.g., infomercial, song, puppet show) **that teaches the class about a birth control method and answers the questions below**. Writing a script is recommended, but do not read from it during the performance. Each group must include at least two props or costumes into the performance. Be creative! 1. Birth control method 2. How does it prevent pregnancy? 3. How effective is it? 4. How is it used? 5. Does it offer STI protection? 6. Where can a person get it? 7. Why might a person choose this method over another? 8. Why might a person not choose this method?" (Facilitator Manual, p. 162) Night at the Oscars Activity: "**As you watch your peers perform, take notes** on each birth control method you learn about. • Where can a person get free condoms? How effective are condoms? • Does the patch lower the risk of STIs? How does the patch work to prevent pregnancy? • Where is the implant placed on the body? How long does the implant prevent pregnancy? • How effective is the pill? How does a person use the pill correctly?

	• How often does a person need to return to the clinic for the shot? How effective is the shot? • Besides preventing pregnancy, what is the advantage of not having sex? If a person is choosing to not have sex, how else can they show affection to a partner? • How does the internal condom work to prevent pregnancy? Does the internal condom lower the risk of STIs? • Where is the IUD placed in the body? What are the two different types of IUDs, and how long can each type last? • Where can a person get the ring? How long does each type of ring last? • In what situation might a person need emergency contraception? Where can a person get emergency contraception?" (Facilitator Manual, p. 163)
13. Undermines Traditional Values and Beliefs *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	"Clarify the difference between personal (or family) values, and universal values, morals, and ethics: • **Personal values** – an individual's central beliefs that guide their decision-making. These principles influence our behavior, personality traits, aspirations and relationships. Examples include generosity, cleanliness, excellence, punctuality, creativity, faith, beauty, honesty, safety, responsibility, integrity, success, status, comfort, pleasure, etc. • **Universal values** – principles that apply to all humans, regardless of their social or cultural origin. These principles are both foundational and aspirational; they motivate us to improve the world we live in. Examples include the preservation of life, health, safety, human dignity, freedom, justice, courage, etc. • **Morals** – personal or societal standards (based on values) that inform what is considered 'right' and 'wrong.' • **Ethics** – morals in action, evident through our behavior." (Facilitator Manual, p. 17) "Explain the activity and expectations: • **This exercise will help us consider our personal values and opinions about statements related to sex, relationships, and sexual health.** Whether a person agrees or disagrees with the statement as written can be influenced by their values system and unique lens. • Once you have evaluated the statement yourself, move to either the AGREE or DISAGREE side of the room; there is no middle option. Pair-share with peers nearby to discuss your thoughts about the statement. Then a few volunteers from each side will be invited to share their thoughts with the class… • This is an individual activity that we will be doing as a group. Everyone should think independently and make their own decisions; do not try to persuade or judge peers who have opposing views, **there are no 'right' or 'wrong' answers** and no judgments, so be curious and have fun!" (Facilitator Manual, p. 18) Values statements evaluated in the above activity: • **Sexting is safer than having sex**.

	• It's easy for teens to get sexual health services (e.g., condoms, STI testing, birth control). • The media offers good role models for young people. • Watching pornography can negatively affect a person. • It's OK to have sex with someone outside of a committed relationship. • It's OK to be dating multiple people at the same time. • **Oral sex counts as 'having sex.'** • People should get tested for STIs before having sex with a new partner. • All high schools should have condom vending machines. • Birth control should be accessible without a prescription (over-the-counter). • There should be a hormonal birth control option for people assigned male at birth. • **Labeling people with a gender at birth is harmful and unnecessary**. • All high school sports should be gender-inclusive. • The legal age of consent should be changed. • **Sex work should be legalized**. • Clinics should have to inform parents/guardians before allowing a teen to access abortion. (Facilitator Manual, pp. 20-22) "Some people believe that LGBTQ+ parents are more likely to raise LGBTQ+ kids, or that children are socially and academically 'better off' when raised by a mother and father instead of same sex-parents. **This has been widely disproven** based on lived experiences, thorough research, and scientific consensus." (Facilitator Manual, p. 106) ***Note:*** *This is absolutely not true. Children fare best in nearly every measurable indicator when raised by their married mother and father. Countless studies verify this. It has NOT been "widely disproven." There are a few studies showing what they claim, but they have been widely debunked as junk science.* "In describing the intentions of their project, Wylde explains: **'If you never explore your identity as it pertains to gender, you might never be able to make informed choices about your body and your life.'** What do you think this statement means? How is gender related to decision-making and health?" (Facilitator Manual, p. 109) "Display a list of prompts for the 'The Gender Tag' Project and invite students to silently reflect or journal about their thoughts and feelings, and responses to any of the prompts: • **How do you self-identify your gender, and what does that definition mean to you?** • What pronouns honor you?... • **Have you experienced being misgendered?** If so, how often? • Do you experience dysphoria? How does that affect you?... • Anything else you want to share about your experience with gender?" (Facilitator Manual, p. 110)

	“What counts as ‘losing your virginity’? – **Virginity is a social construct rooted in various cultural and religious ideals** and practices around purity, chastity, and marriage. Generally, virginity means someone has not had sex; however, **sex means different things to different people**. Someone may have specific values around partnered sex that influence what behaviors they feel count as ‘losing their virginity.’ There is no medical definition of virginity, and there is no physical or visible marker that someone has had sex before. For example, a person’s hymen may disappear from nonsexual activities, like using a tampon or riding a bike. Ultimately, **it is an individual decision whether someone considers themselves to be a virgin** or whether that language feels applicable for them all.” (Facilitator Manual, p. 117) “Is abortion murder? – Abortion is when someone chooses to end a pregnancy using medicine or a surgical procedure. The state or country that someone resides in can affect how late into a pregnancy they may be able to access an abortion. **People’s values about abortion may vary:** some folks may find it acceptable in most cases, some may think it depends on the circumstance, and some may find it unacceptable in all cases. Because there is no consistent medical or legal answer to this question, it’s important to understand the facts about abortion, **we will not use emotionally charged language like ‘murder’ or ‘kill’ when discussing abortion** during Teen Talk.” (Facilitator Manual, pp. 171-172)
14. Undermines Parents or Parental Rights *May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.*	“While the **legal age to consent to sex is 18**, all teens in California have the right to stay safe and healthy by **accessing confidential sexual health services**, such as condoms, prescription birth control and STI testing. Many young people also qualify for Family PACT, a state-funded insurance program that can cover the cost of most sexual health services. **Schools in CA are required to protect students’ privacy through a confidential medical release system** for students who may need to visit a clinic during school hours.” (Facilitator Manual, p. 3) “In California, **minors of any age have the right to access confidential sexual health services** including: • Birth control and condoms • Pregnancy testing and options counseling • Prenatal care • Abortion services • STI testing and treatment (must be age 12 or older) • Sexual assault and rape services” (Facilitator Manual, p. 3) “Minors in CA are **not required to obtain parental/guardian consent before accessing these services,** and medical providers are **not allowed to notify parents/guardians without consent of the minor.** Parental/guardian notification is only required if a minor age 12 or younger is seeking medical services for sexual assault or rape. **Minors also have the right to be released from school to attend a confidential medical appointment.** All public and charter schools in CA are required to protect students’ privacy and implement a system to release

	students for confidential medical services **without requiring parental notification**." (Facilitator Manual, p. 3) "**Minors may also access free, confidential services** from their own doctor or pediatrician by submitting **a Confidential Communications Request form** to their insurance provider." (Facilitator Manual, p. 4) "Keep it Confidential – www.myhealthmyinfo.org – A helpful guide for minors to **keep their sexual health information confidential from their parent/guardian** or spouse, provided by ACLU California, Essential Access Heath, and National Center for Youth Law. Also available in Spanish." (Facilitator Manual, p. 5) "Name two local clinics **where a teen can get FREE and CONFIDENTIAL** birth control, STI testing and treatment, as well as pregnancy testing and counseling." (Facilitator Manual, p. 14) "Explain to students that all young people living in California have the right to **consent to their own sexual health services**. This includes: • Birth control, including condoms and emergency contraception. • Pregnancy testing, options counseling, **abortion**, and prenatal care. • STI testing and treatment (must be 12 years or older)." (Facilitator Manual, p. 24) "To receive services confidentially (i.e., **privately, without parents/guardians knowing**) from a clinic that is not a Family PACT provider, such as a personal doctor or pediatrician, a person can download the privacy form from www.myhealthmyinfo.org and submit the completed form to their provider." (Facilitator Manual, p. 24) "**What if I 'come out' and my family is not supportive** – Coming out to an unsupportive family can be a scary and painful experience. If a young person suspects that their family **may have a violent reaction or kick them out** of the home, it is a good idea to make a safety plan before coming out. **This involves identifying** resources (e.g., TrevorChat, CA Youth Crisis Line, local LGBTQ+ center) and **supportive people (e.g., friends, relatives, counselors, GSA at school)** to help if things become dangerous at home and you need a safe place to go. **Know that there are people who will accept and affirm your identity, even if those people are not in your family.** Many queer people find meaningful connection and support through 'chosen family' kinship with friends and partners." (Facilitator Manual, p. 91) "Minors in who become pregnant have the right to make their own decisions about their pregnancy. California state law **does not require notification or consent from a pregnant teen's parent/guardian**." (Facilitator Manual, p. 170)
15. Refers Children to Harmful Resources	"Resources for Instructors: • **Advocates for Youth**: Issue Areas - www.advocatesforyouth.org/issues - Information and advocacy for young people's reproductive and sexual

Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.) *Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.* *(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)*	health rights, including resources on a range of issues from contraceptive access and HIV education to racial justice and intersectionality. • **Amaze**: Educator Toolkits - www.amaze.org/educators/toolkits - Animated video collections, lesson plans, and digital resources to support teaching about puberty, consent, LGBTQ+ topics, sexual violence and technology, among other health topics. • **American College of Obstetricians and Gynecologists** (ACOG): FAQs - www.acog.org/patient-resources/faqs - Answers to Frequently Asked Questions (FAQS) about women's health, teen health, contraception and pregnancy, labor, delivery, and postpartum care, special procedures, and other gynecological issues. • **Answer (Rutgers University)**: Resources for Professionals – www.answer.rutgers.edu/page/resources - A national sexual health resource that provides information, online workshops, webinars, lesson plans, and other resources to support instructors and youth-serving professionals. • **GLSEN**: Educator Resources - www.glsen.org/educate/resources/guides - Educator guides and tools for addressing bias and increasing LGBTQ+ visibility and affirmation in school settings. • **Gender Spectrum**: Principles of Gender-Inclusive Puberty & Health Education - www.genderspectrum.org/blog/gender-inclusive-puberty-and-health-education - A comprehensive guide designed to help instructors create gender-inclusive learning environments and affirm and reflect all students. • **Planned Parenthood**: Digital Tools - www.plannedparenthood.org/learn/for-educators/digital-tool - A collection of educational videos, lesson plans and other digital tools to help provide comprehensive sex education in schools and youth programs. • **Power to Decide**: National & State Data - www.powertodecide.org/what-we-do/information/national-state-data - A national campaign to prevent unintended pregnancy, including comprehensive state and national data on adolescent pregnancy and birth rates. • **SIECUS**: Sex Ed for Social Change - www.siecus.org - A national nonprofit that develops and shares sexual health information and advocates for the rights of all people to accurate information, comprehensive sex education, and access to sexual and reproductive health services." (Facilitator Manual, pp. xxi-xxii) "**Instructors are required to inform students** of their rights as listed above, as well as **how and where to access sexual health services locally**. Activity 1.5 includes two curated clinic lists for the San Francisco Peninsula and South Bay Area, as well as a blank template to create clinic lists in other geographical areas." (Facilitator Manual, p. 3) "Additional Resources • **Family PACT** – www.familypact.org – California's innovative approach to provide comprehensive family planning services to eligible low-income

	residents. Young people may enroll in this program to receive free sexual health services at designated Family PACT clinics. • **Keep It Confidential** – www.myhealthmyinfo.org – A helpful guide for minors to keep their sexual health information confidential from their parent/guardian or spouse, provided by ACLU California, Essential Access Heath, and National Center for Youth Law. • **Teen Health Rights** – www.teenhealthrights.org – Information for teens about their legal rights and responsibilities related to sex, pregnancy, and being a young parent in California, provided by the National Center for Youth Law. • **Your Health, Your Rights** – www.yourthealthyourrights.org – Information for teens and adults about legal to access sexual health and reproductive care services in California, provided by ACLU of California and ACCESS Women's Health Justice. Call the ACCESS Healthline: 1 (800) 376-4636. Also available in Spanish." (Facilitator Manual, pp. 4-5) "Visit www.familypact.org/provider-search to identify local clinics that accept Family PACT and add them to the blank Local Clinic List template provided. An additional free template with instruction is available at: www.ashwg.org/sites/ashwg/assets/File/Know-Your-Rights-Template.pdf**. Be sure to only list clinics that provide comprehensive sexual health services** (or referrals thereto). **Some health centers** (known as 'crisis pregnancy centers') **may have anti-abortion bias and therefore cannot be included on your local clinic list.** Also, school-based health centers can be a great resource for students seeking information or support but may not offer on-site sexual health services." (Facilitator Manual, p. 23) "What are the 'sexual health services' a teen can receive from the clinics? Answers may include **free condoms, STI tests,** pregnancy tests, birth control prescriptions, **emergency contraception** (e.g., Plan B), HIV prevention (e.g., PrEP), advice and information." (Facilitator Manual, p. 23) "Note: Kaiser Teen Clinic does not accept Family PACT but does **provide free, confidential sexual health services** to Kaiser members (age 12 and older)." (Facilitator Manual, p. 24) "**San Francisco Peninsula Clinic List** • Daly City Youth Health Center, www.dalycityyouth.org, (650) 877-5700, 350 90th St. (3rd Floor) • Kaiser Teen Clinic (members only), www.kaiserpermanente.org, (650) 301-4475, 395 Hickey Blvd. • Planned Parenthood South SF, www.ppmarmonte.org, (877) 855-7526, 435 Grand Ave. • Planned Parenthood San Mateo, www.ppmarmonte.org, (650) 235-7940, 29 Baywood Ave. • Mayview Community Health Center, www.mayview.org, (650) 327-8717, 270 Grant Ave.

	• Mayview Community Health Center, www.mayview.org, (650) 965-3323, 900 Miramonte Ave. (2nd Floor) • Planned Parenthood Mountain View, www.ppmarmonte.org, (650) 948-0807, 225 San Antonio Rd. • Fair Oaks Health Center, www.sanmateomedicalcenter.org, (650) 578-7141, 2710 Middlefield Rd. • Kaiser Teen Clinic (members only), www.kaiserpermanente.org, (650) 299-2025, 910 Marshall Rd. • Planned Parenthood Redwood City, www.ppmarmont.org, (650) 503-7810, 2907 El Camino Real • Sequoia Teen Wellness Center, www.smchealth.org/locations/sequoia-teen-wellness-center, (650) 366-2927, 200 James Ave. • Ravenswood Family Health Center, www.ravenswoodfhc.org, (650) 330-7400, 1885 Bay Rd. (Suite A) • Planned Parenthood Mountain View, www.ppmarmonte.org, (650) 948-0807, 2500 California St. • Mobile Health Clinic (Location Varies) - Stanford Teen Health Van, www.stanfordshildren.org/en/service/teen-van/schedule, (650) 736-7172" (Facilitator Manual, p. 25) "**United Nations for LGBT Equality**: Intersex Fact Sheet - www.unfe.org/wp-content/uplaods/2017/05/UNFE-Intersex.pdf - A fact sheet about individuals born with intersex traits, including information about global violence and discrimination, health care and human rights, and action points to increased intersex visibility and protections in society." (Facilitator Manual, p. 39) "Additional Resources • **CenterLink: LGBT Community Center Directory** - www.lgbtcenters.org/LGBTCenter - An online directory of over 250 LGBTQ+ community centers across the United States. • **Gender Spectrum** - www.genderspectrum.org/audiences/youth - Articles and resources for youth to help and understand gender identity, discuss personal experiences, and learn about legal rights and protections for trans and nonbinary students. • **GLSEN**: Support for Student-led Clubs - www.glsen.org/support-student-gsas - A resource for teachers and school staff to develop or support their school's Gender and Sexuality Alliance (GSA). • **InterACT: Advocates for Intersex Youth** - www.interactadvocates.org. information, resources, and legal advocacy for the human rights of children born with intersex traits. • **It Gets Better** - www.itgetsbetter.org - A global story platform to uplift, empower, and connect LGBTQ+ youth around the world. Provides comprehensive EduGuides for instructors to lead extended discussion about LGBTQ+ people and stories in popular media: www.itgetsbetter.org/media • **Send the Right Message** - www.sendtherightmessage.ca - An interactive guide for teens to learn and practice how to be an ally to the LGBTQ+

	community. Messaging primarily targets youth and digital communication culture while encouraging acceptance and inclusivity from all people. • **Trans Student Educational Resources** (TSER): **The Gender Unicorn** - www.transtudent.org/gender - An educational graphic designed to help youth and adults understand the different aspects of gender and sexual identity. • **The Trevor Project** - www.thetrevorproject.org - LGBTQ+ youth suicide prevention and mental health advocacy, including crisis intervention support. Provides training and material and guides for teachers and school staff to implement LGBTQ-competent suicide prevention… • **United Nations for LGBT Equality**: Transgender Fact Sheet - www.unfe.org/wp-content/uploads/2017/05/UNFE-Transgender.pdf - A fact sheet about trans and nonbinary identities, including information about global violence and discrimination, health care and human rights, as well as action points to increase trans visibility and protection in society… • **We Are the Youth** - www.wearetheyouth.org - An ongoing photojournalism project that chronicles the unique and diverse individual stories of the LGBTQ+ youth across the United States." (Facilitator Manual, pp. 91-92) "Additional Resources • **Planned Parenthood: Sex** - www.plannedparenthood.org/learn/teens/sex - Clear, helpful information for teens about sex, consent, virginity, and masturbation. • **Scarleteen: Driver's Ed for the Sexual Superhighway** - bit.ly/NavigatingConsent - An inclusive, comprehensive guide for teens and emerging adults to navigate consent, including communication tips, signs to look out for, and examples of what to say." (Facilitator Manual, p. 118) "Additional Resources • **Bedsider** - www.bedsider.org - A comprehensive visual guide for instructors to find clear, helpful information about birth control methods. • **Hello Clue: Birth Control** - www.helloclue.com/ariticles/birth-control - A collection of teen-friendly articles about birth control, including information about the science of hormones, common myths and misconceptions, and **birth control options for male bodies**. • **Hello Clue: LGBTQIA** - www.helloclue.com/articles/lgbt - A collection of teen-friendly articles about birth control for trans and nonbinary people, including information about hormone therapy and fertility. • **Pandia Health: Birth Control FAQs** - www.pandiahealth.com/faq - A collection of answers to frequently asked questions about birth control methods, including information about proper use, effectiveness rates, side effects, access, privacy, insurance, contraindications, and how different hormonal methods may affect periods. Provides online appointments, referrals, and contraceptive prescriptions delivered by mail.

	• **Planned Parenthood: Birth Control** - www.plannedparenthood.org/learn/birth-control - Clear, helpful information for teens about birth control, including methods that are best at preventing pregnancy, are easiest to use, help with periods, help prevent STDs, and have less or no hormones." (Facilitator Manual, p. 138) ***Note:*** *The "Hello Clue" link has since been updated to https://helloclue.com/articles/lgbtqia.* "Internal condoms are **available for free at many health clinics**, or they can be purchased at a pharmacy or online at www.fc2.us.com. There is no age requirement to buy condoms." (Facilitator Manual, p. 148) "Additional Resources • **Abortion Resolution Workbook** - www.pregnancyoption.info/abortion-resolution-workbook - A printable 80-page workbook to **support anyone having a difficult time after an abortion experience**. This guide focuses on emotional and spiritual healing through reflection exercises and nonjudgmental insight to process the complex feelings that may feel overwhelming or confusing. • **American College of Obstetricians and Gynecologists** (ACOG): Induced Abortion - www.acog.org/patient-resources/faqs/special-procedures/induced-abortion - Frequently Asked Questions and up-to-date medical information to help instructors answer students questions about medication and procedural abortions. • **All-Options** - www.all-options.org - Provides confidential, nonjudgmental support and factual, unbiased information about all legal pregnancy options. Operates a free hotline for anyone considering next steps for themselves or their pregnant partner. • **California Abortion Access** - www.abortion.ca.gov - A safe space to find current, accurate information and abortion providers in California. Information includes types of abortions, steps in the process, and how to pay for abortion services. • **Choice Network** - www.choicenetwork.org/your-choices - An organization dedicated to changing the definition of family through supported open adoption, judgment-free abortion conversations, as well as parenting resources and counsel. • **Connect & Breathe** - www.connectandbreathe.org - A safe space to talk openly and honestly about abortion experiences with people trained to listen and provide unbiased support and encouragement or self-care." (Facilitator Manual, pp. 172-173) "**Find local STI testing services, condoms**, and PrEP at http://gettested.cdc.gov." Facilitator Manual, p. 191) "Find Local HIV Services – http://locator.aids.gov. A federal directory to help find local health services, **including STI/HIV testing and treatment**, PrEP and PEP

	access, and assistance with substance abuse, mental health and family planning." (Facilitator Manual, p. 191) "Before starting the demonstration, ask the class: '**Where can a person get condoms for free?**' (Emphasize local clinics.)" (Facilitator Manual, p. 239)