

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of *Middle School FLASH* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Middle School FLASH 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: FLASH is a sexuality curriculum that is created and owned by the Family Planning Program of Public Health - Seattle & King County, designed to be implemented in middle schools. This 2nd edition contains seven lessons that can be implemented in less than two weeks in a classroom setting.

Middle School FLASH teaches youth where they can go to find birth control, condoms, or have an abortion and frequently refers students to Planned Parenthood resources. It normalizes anal and oral sex and heavily emphasizes transgender ideology. It also has children ages 11-14 learn the detailed steps of condom use.

Target Age Group: Grades 6-8 (Ages 11-14)

Planned Parenthood Connections: Planned Parenthood is specifically recommended as a resource for birth control and abortion. The advisory board of these standards includes members from **Planned Parenthood Federation of America, SIECUS, Advocates for Youth, and GLSEN**.

For more information on *Middle School FLASH* see <https://www.etr.org/flash/>.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of</i>	"Content and skills should be taught before students will need them in their own lives, when possible. There is no risk that introducing material before students are sexually active will hasten their sexual debut. The American Academy of Pediatrics reports that 'There is no evidence that increased sexual knowledge... affects the likelihood of adolescents having sexual intercourse at a younger

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

<p><i>children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>age.'" (p. 11)</p> <p>Note: According to the Institute for Research and Evaluation, "It is simply not accurate to say there is no evidence that comprehensive sex education (CSE) has increased sexual activity at younger ages. Five recent studies endorsed by the federal Teen Pregnancy Prevention program have found that school-based CSE increased sexual risk behavior, either for the full population of participants or major subgroups, many of whom were 12 or 13 years old. These negative effects included increases in sexual initiation, oral sex, recent sex, number of partners, or pregnancy, and lasted anywhere from 6 to 24 months after the program ended." (See Abt Associates, 2018; Kelsey, et al., 2016; Markham, et al., 2014; Philliber, et al., 2016; Potter, et al., 2016).</p> <p>"When the penis or clitoris fills with blood and becomes larger, it's called an _____. Answer: Erection. People can get an erection if the clitoris or penis is touched, if they are feeling sexually aroused, or sometimes for no particular reason." (Lesson 1 – Page 10)</p> <p>Note: What purpose does this serve for boys to learn this about girls or for girls to learn this about boys at this age, how does this protect children from STDs or pregnancy?</p> <p>"What is it called when sperm come out of the body? Answer: Ejaculation. A person might ejaculate during sex, while masturbating, or in their sleep, which is also called a wet dream." (Lesson 1 – Page 10)</p> <p>Note: While this may be appropriate for boys, at what age does a girl need to know this?</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>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.</i></p> <p><i>Note: "Consent" is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to "consent" to sex.</i></p>	<p>Note: Instead of discouraging children from having sex, this program implies throughout that it is ok to have sex just as long as they get consent from their sexual partner.</p> <p>"People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to." (Lesson 2 – Page 8)</p> <p>"If two people have sex or engage in sexual touch, they have to both give consent to each other, which means permission. If a person who is drunk or high gives consent to have sex, it does not legally count as consent. The person they have sex with will get in trouble. It is never allowed to have sex with a person who is passed out, asleep or unconscious, even if the person consented to sex in the past. Consent needs to be freely given each time." (Lesson 3 – Rules of dating)</p>

	<p>“If someone under the age of 16 chooses to have sex or engage in sexual touch, they can only legally consent to someone who is close in age. The only way a person can make sure they are following the law is to never sexually touch or get in a relationship with someone who is more than 2 years younger than them.” (Lesson 3 - Rules of Dating)</p> <p>“If an older and a younger person have sex, the older person is the one breaking the law, and will be in trouble.” (Lesson 3 – Rules of dating)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>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.</i></p>	<p>Note: The phrase “vaginal, anal or oral sex” appears 25 times in this curriculum. Using the three together equates them as equally acceptable forms of sexual behavior for teens.</p> <p>“The anus is where feces, or poop, comes out of the body. When we talk about anal sex, we are talking about putting a penis in another person's anus.” (Lesson 1 – Page 7)</p> <p>“When we talk about vaginal and anal sex, we are usually talking about the penis going into the vagina or anus.” (Lesson 1 – Page 7)</p> <p>“People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.” (Lesson 2 – Sexual Orientation and Gender Identity)</p> <p>“Abstinence is choosing not to have oral, anal or vaginal sex.” (Lesson 4 – Page 2)</p> <p>“Today we are going to discuss abstinence. Can someone define abstinence? (Allow students time to give their own definitions of abstinence and validate them.) There are lots of ways to think about abstinence. The definition we are going to use at school is that abstinence means not having vaginal, anal or oral sex. Just to remind you, vaginal sex is when a penis goes in someone's vagina, anal sex is when a penis goes in someone's anus (their butt), and oral sex is when one person's mouth goes on another person's penis or vagina.” (Lesson 4 – Page 6)</p> <p>“True or False: Vaginal, anal or oral sex with a penis is much safer when using a condom. True - Condoms are the best way for a person who has vaginal, anal or oral sex with a penis to protect themselves from HIV and other STDs.” (Lesson 5 – Page 8)</p> <p>“Use a condom for vaginal, oral or anal sex with a penis.” (Lesson 5 – Preventing STDs)</p>

	<p>“Prevention: People can prevent getting HIV and other STDs by using a condom if they do have vaginal, anal or oral sex with a penis.” (Lesson 5 – Preventing STDs)</p> <p>“True or False: Vaginal, anal or oral sex with a penis is much safer when using a condom.” (Lesson 5 – Preventing STDs)</p> <p>“True or False: A person can choose abstinence at any point in their life, whether or not they've had vaginal, oral or anal sex before.” (Lesson 5 – Preventing STDs)</p> <p>“Today we are going to learn about condoms. A condom is a thin, stretchy piece of rubber made to fit over a penis to prevent pregnancy and STDs. They are used for vaginal, anal or oral sex with a penis. They work by catching the semen inside the condom, so neither person gets the other person's fluids in their body.” (Lesson 6 – Page 6)</p> <p>“The couple has sex with a condom on, every time. This is true for vaginal sex, anal sex and oral sex with a penis.” (Lesson 6 – Page 7)</p> <p>“Discuss each scenario as a class. Be sure to affirm the bottom line statement: Always use a condom for vaginal, anal or oral sex with a penis.” (Lesson 6 – Page 9)</p> <p>“It's important to always use a condom for vaginal, anal or oral sex with a penis.” (Lesson 6 – Condoms to Prevent HIV and Other STDs)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“The American Psychological Association 'advises that parents, guardians, young people and their families avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth.” (Introduction - Page 16)</p> <p>“How do gay, lesbian and trans people have sex? People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.” (Lesson 2- Page 8)</p> <p>“Sexual orientation describes who a person is romantically attracted to. What were some of the terms you had listed under sexual orientation? Great. I'm going to go over these definitions with you. Usually, we say that a man who is attracted to women or a woman who is attracted to men is straight. The word lesbian describes a woman who is attracted to women, and gay describes a man who is attracted to men. Bisexual is a word to describe a person who is attracted to men and women. Someone might also identify as queer, which is a broad term that can include gay, lesbian and bisexual people, as well as other people</p>

who don't identify as straight.” (Lesson 2 – Page 7)

“How does someone know their **sexual orientation or their gender identity**? A person knows their sexual orientation based on who they feel attracted to. A person knows their gender identity based on whether they feel like a boy, a girl, both, neither or somewhere in between.” (Lesson 2 – Page 8)

“**Can lesbian, gay and trans people have kids**? Yes. Any person with a uterus, ovaries and a vagina can become pregnant, regardless of their gender identity or sexual orientation. They could become pregnant from having vaginal sex or by placing donated sperm in their vagina. People can also arrange to have someone else, called a surrogate, carry a pregnancy for them. Finally, a person of any sexual orientation or gender identity can adopt children.” (Lesson 2 – Page 8)

“If a boy acts like a girl or a girl acts like a boy, **does that mean they are gay**? There is no one way for boys or girls to act, although there are certain stereotypes about what behavior is masculine or feminine. A person's sexual orientation is based on who they are attracted to, not how they act or what sorts of things they are interested in.” (Lesson 2 – Page 8)

“**How do gay, lesbian and trans people have sex**? People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.” (Lesson 2 – Page 8)

“How old are people when they **know their sexual orientation or gender identity**? People often know who they are attracted to by middle or high school. They often know if they feel like a boy, a girl, both, neither or somewhere in between by elementary school. However, every person is different and some people will know at younger or older ages.” (Lesson 2 – Page 9)

“Can you **change your sexual orientation or gender identity**? A person cannot control who they are attracted to, and they cannot control if they feel like a boy, a girl, both, neither or somewhere in between. Even though people can't change their feelings, they can change the term they identify with if they need or want to.” (Lesson 2 – Page 9)

“What if I don't know someone's **sexual orientation or gender identity**? What should I call them? Every person has the right to name their own identities. **It is polite to ask someone how they identify their sexual orientation and gender identity**, and what words they would like you to use when talking to them. It is important to respectfully use the terms and pronouns people have asked others to use.” (Lesson 2 – Page 9)

“Now we're going to think specifically about **transgender, lesbian, gay and**

	<p>bisexual people, and what things they could do to help them feel proud of their identities." (Lesson 2 – Page 10)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a "right" to sexual pleasure or encourage children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>Note: <i>While this program does not explicitly teach children they have a right to sexual pleasure or overtly encourage them to seek sexual pleasure, it does describe sexual pleasure through masturbation and fails to present information about the negative outcomes for sexually active children.</i></p> <p>"Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK.'" (Introduction – Page 19)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that.' Even if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands what it is and that - values notwithstanding - no physical harm results from masturbating." (Introduction – Page 19)</p> <p>"Some questions that are apparently fact questions may need a discussion of the underlying values, but always start by answering them: 'Can girls masturbate?' 'This is a common question. Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK.'" (Introduction – Page 19)</p> <p>"That's right, some people believe that masturbation is wrong under any circumstances and that people should never do it. And some believe masturbation is a good and healthy thing, as long as it's done in private. Some people believe it's OK for little kids to masturbate but that after a certain age, children should be taught not to. Others believe there's no age limit. Some people think masturbating is fine for people who are single but that once you are in a relationship it's better to stop. Other people think masturbation is a fine thing to do regardless of whether you are single or in a relationship." (Introduction – Pages 19-20)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with</i></p>	<p>Note: <i>No mention of condom failure rates.</i></p> <p>"If a couple did not want to get pregnant or transmit an STD, a person could wear a condom on the penis while having sex. The condom would keep the semen out of the other person's body." (Lesson 1 – Page 8)</p>

condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

“Condoms:

- Almost all teens who have vaginal sex have used a condom at some point. [**NOTE:** *This suggests condoms are a casual/optional choice*]
- Condoms are **easy to get and easy to use**.
- Condoms are the **only method of birth control** that protects against pregnancy, HIV and other STDs.” (Lesson 5 – Preventing STDs)

“Condoms are excellent at preventing pregnancy and STDs, including HIV.”
(Lesson 6 – Page 2)

“Condoms are really easy to use. There are just a few simple steps to learn. It’s important to learn the steps because there are a few common mistakes that people make that sometimes cause condoms to break or come off. **When people know how to use condoms correctly, they almost never break or come off.**”
(Lesson 6 – Page 7)

After the preceding introduction, students are put into small groups and given nine cards with the steps of condom use to put in order. The cards read:

- “Check expiration date
- Carefully open package
- Pinch tip of condom
- Roll condom down erect penis
- Sex – with condom
- Ejaculation – with condom
- Hold condom onto penis while pulling out.
- Take condom off penis
- Throw condom in the garbage.” (Lesson 6 – Page 7)

“**Demonstrate the steps for correct condom use**, briefly explaining each step again as you model them....**A penis model is ideal** for demonstrating condoms, if you can obtain one. If that is not an option, demonstrate by rolling a condom onto your fingers.” (Lesson 6 – Page 8)

Individual homework assignment: “**Find at least one place in the community where a teen can get condoms**....Take a picture of the condoms at that location and attach it here or email it to your teacher.” Students are then instructed to answer questions about where they bought the condoms; whether they were free or for sale; if the teens were comfortable at this location; alternate suggestions for where to obtain condoms. (Lesson 6 – Condoms to Prevent HIV and Other STDs)

<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“I really like you and I think you're so hot. I know that we already decided not to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.” (Lesson 4 – Saying No)</p> <p>“I really like you. I know we already decided not to have sex, but I just didn't think we would ever really get this chance. I think we should do it. You're so hot.” (Lesson 4 – Saying No)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“The most effective sexual health education programs take a comprehensive approach, teaching about abstinence, birth control and condoms....The FLASH curriculum also teaches the benefits of birth control, including condoms. It teaches skills needed to use birth control effectively, including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.” (Introduction - Page 12)</p> <p>“On a separate piece of paper, write a Public Service Announcement for social media that encourages people to protect themselves from HIV and other STDs. Your announcement must encourage abstinence, condoms or testing.” (Lesson 5 – Preventing STDs)</p> <p>“Discuss each scenario as a class. Be sure to affirm the bottom line statement: Always use a condom for vaginal, anal or oral sex with a penis. The purpose of this activity is to help students think ahead about overcoming any problems they might face using condoms in the future.” (Lesson 6 – Page 9)</p> <p>“Aiden wants to use condoms, but he feels embarrassed to go to the store to buy them, and embarrassed about what his friends will think if he has condoms.” (Lesson 6 – Condoms to Prevent HIV and Other STDs)</p> <p>“Savannah wants to use condoms, but she doesn't know how to bring up the subject with her boyfriend.” (Lesson 6 – Condoms to Prevent HIV and Other STDs)</p> <p>“CJ believes in using a condom every time. But, CJ has not always had a condom available when needed.” (Lesson 6 – Condoms to Prevent HIV and Other STDs)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p>	<p>“Everyone has a sexual orientation and a gender identity. A person knows their sexual orientation because of who they feel attracted to, not because of who they have sex with. A person knows their gender identity because they feel like</p>

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.

a boy, a girl, both, neither or somewhere in between, not because of their body parts. People of all sexual orientations and gender identities need to know how to prevent pregnancy and STDs, either for themselves or to help a friend.” (Lesson 2 – Page 2)

“Explain the benefits of **respecting individual differences in aspects of sexuality** (such as sexual activity, sexual abstinence, sexual orientation, **gender expression, or gender identity**), growth and development or physical appearance.” (Lesson 2 – Page 3)

“**Gender identity refers to whether a person identifies as a boy, a girl, both, neither or somewhere in between.** So, a person's **gender identity is female if they identify as a girl and male if they identify as a boy.** A person's gender identity doesn't always match the way other people see them. For example, a doctor may have said that a person was male or female when they were born, but that person knows in their heart that really isn't their gender. **When a person's gender identity is different from what the doctor said when they were born, that is called being transgender, or just trans.** When a person's gender identity does match what the doctor said when they were born that's called being **cisgender.** People might also use other **words to identify their gender, like gender fluid or gender queer.** These terms mean different things to different people, but generally they mean people don't feel exactly like a boy or a girl, at least not all the time.” (Lesson 2 – Page 7)

“**Choose a book featuring an LGBTQ character** from the website provided below and write a report....include at least one paragraph explaining how the main character's sexual orientation or gender identity influenced the story.” (Lesson 2 – Sexual Orientation and Gender Identity)

“Every person **has the right to name their own identities.** It is polite to ask someone how they identify their sexual orientation and gender identity, and what words they would like you to use when talking to them. It is important to respectfully **use the words and pronouns people have asked others to use.**” (Lesson 2 - Sexual Orientation and Gender Identity)

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

“The most effective sexual health education programs take a comprehensive approach, teaching about abstinence, **birth control and condoms....**The FLASH curriculum also teaches the **benefits of birth control, including condoms.** It teaches **skills needed to use birth control effectively,** including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.” (Introduction - Page 12)

“Just because it's inappropriate in a public school setting to teach *particular* non-universal values doesn't mean one can't teach *about* the issues. It just means that it must be done with respect for the diversity of opinion within the

abortion and refer them to abortion providers.

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

community. For example, **a teacher may discuss abortion - what it is, where abortions are performed, the fact that it is legal in the United States** - but it is not appropriate for that teacher to share their beliefs about the rightness or wrongness of abortion.” (Introduction – Page 18)

“An egg cell might meet a sperm cell in the fallopian tube **because a couple had vaginal sex without using a condom or other birth control**. Other times, a person may have used donated sperm to create a pregnancy. Most months, the egg cell will not meet any sperm cells. In that case, the egg cell will simply disintegrate. If a couple was having vaginal sex, but did not want to become pregnant, **they could use a condom or the woman could use a hormonal birth control method**. Birth control stops ovulation, which means there would be no egg available to fertilize.” (Lesson 1 – Page 6)

“**An abortion is when a person ends their pregnancy with the help of a doctor**. Abortion is legal in all 50 states. True or False? Answer: True, abortion is legal in the United States. **States have different laws about when a person can have an abortion and how old a person needs to be to get an abortion without a parent's permission. (You may need to remind the class that you are sharing factual information and not inviting students to debate the different beliefs about abortion.)**” (Lesson 1 – Page 10)

“Discuss each scenario as a class. Be sure to affirm the bottom line statement: **Always use a condom for vaginal, anal or oral sex with a penis**. The purpose of this activity is to help students think ahead about **overcoming any problems they might face using condoms in the future.**” (Lesson 6 – Page 9)

“Example Goal Statements:

- I will use a condom **the next time I have sex**.
- I will use a condom the first time I have sex.
- I will buy or get condoms and make sure I have them with me when I go out.
- I will tell my partner ahead of time that I want to use condoms when/if we have sex.
- I will help my friends who need condoms get them.” (Lesson 6 – Condoms to Prevent HIV and Other STDs)

“Note: Research indicates that **it's important to create a positive perception of birth control methods**. Information about contraindications or specific health risks will be covered by medical providers, in the event that a student seeks out a particular method of birth control. It is also covered on suggested links on the resource sheet, for students who want more medical information. **The focus of this lesson is on the advantages of each method.**” (Lesson 7 – Page 8)

“EC is a pill women take to prevent pregnancy after sex. EC is also known as the ‘morning after pill’ and ‘emergency contraception.’

	<p>EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to 5 days after intercourse.</p> <p>Most kinds of EC are made of a hormone similar to one that occurs naturally in the body.</p> <p>It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.</p> <p>EC is very safe.</p> <p>EC will not harm a pregnancy (for example, if the person accidentally takes it when already pregnant).</p> <p>Some brands of EC can be bought by men or women at the drug store without a doctor's prescription.</p> <p>For more information about getting EC, go to www.not-2-late.com.</p> <p>It does not protect against STDs or HIV.” (Lesson 7 - Birth Control Methods)</p> <p>“This method can be used after sex to prevent pregnancy. Answer: EC In what situations would a person need birth control after sex? (Didn't use birth control; condom breaks; used another birth control method incorrectly; rape/did not consent to sex.)</p> <p>EC works best the sooner it's taken. It must be taken within 5 days of unprotected sex in order to work.</p> <p>What do you think would happen if EC didn't work? (The person would be pregnant. It would not harm the pregnancy.)” (Lesson 7- Page 10)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>Applicable National Sexuality Education Standard: “Develop a plan to promote dignity and respect for all people in the school community.” (Lesson – Page 3)</p> <p>“Demonstrate how to effectively communicate support for peers when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.” (Lesson 2 - Page 3)</p> <p>“For this exercise, the class will act as peer educators, encouraging others to take action against the spread of HIV and other STDs. The purpose of this persuasion map is to help you map out a convincing argument.” (Lesson 5 – Preventing STDs)</p> <p>“On a separate piece of paper, write a Public Service Announcement for social media that encourages people to protect themselves from HIV and other STDs. Your announcement must encourage abstinence, condoms or testing.” (Lesson 5 – Preventing STDs)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents' beliefs or</i></p>	<p>“A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.” (Lesson 2 – Page 2)</p> <p>Applicable National Sexuality Education Standard: “Analyze external influences</p>

<p><i>their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>that have an impact on one’s attitudes about gender, sexual orientation and gender identity.” (Lesson – Page 3)</p> <p>“The teacher's role is to provide information on these matters and to facilitate respectful discussion about them. Examples of non-universal issues where there is a wide range of values in the community include:</p> <ul style="list-style-type: none"> • Abortion • Birth control • Masturbation • Sex outside of marriage • Cohabitation • At what age & under what circumstances it's ok to start having sex” (Introduction – Page 17) <p>“Example: Q: "What do you believe about masturbation?" A: "That's an interesting question; a lot of kids wonder about masturbation. This is not a fact question like most of the ones you've been asking me. It's one where families might believe different things. I can tell you what masturbation is. It's when a person touches their genitals for pleasure. What kinds of beliefs have you heard about masturbation? Some people believe... [pause] Uh, huh, and some people believe... [pause, listen, nod] Some people believe... [pause]. So the point is: there are lots of different perspectives about masturbation. Only your family can tell you what they believe about it. It would be a good idea for you to talk with someone in your family and ask them what their beliefs are.” (Introduction – Page 18)</p> <p>“On sensitive issues such as sex and religion, it is unfair and potentially illegal to ask individual students their own beliefs. But it is very appropriate to ask them to think about what they have heard.... Your role is two-fold:</p> <ol style="list-style-type: none"> 1. to make sure that every belief gets expressed - or paraphrased - respectfully, hopefully just the way the person who believed it might express it, and 2. to make sure that a complete a range of beliefs gets expressed, even if you have to supplement the few values the group can think of” (Introduction – Pages 19-20)
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><u>May instruct children they have rights to confidentiality and</u></p>	<p>“The FLASH curriculum also teaches the benefits of birth control, including condoms. It teaches skills needed to use birth control effectively, including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.” (Introduction - Page 12)</p>

<p><u>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.</u></p>	<p>“States have different laws about when a person can have an abortion and how old a person needs to be to get an abortion without a parent's permission.” (Lesson 1 – Page 10)</p> <p>“Confidential - Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.” (Lesson 1 – Reproductive System and Pregnancy)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>“PREGNANCY - You may need to refer a student for a pregnancy test or for services related to an existent pregnancy. The most appropriate referral is usually to a family planning clinic. They can perform a pregnancy test and can make additional referrals if a student is pregnant.” (Introduction – Page 16)</p> <p>“For solid advice on this subject, see Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel at: www.apa.org/pi/lqbt/resources/just-the-facts.pdf. To find a reputable provider in your area, check with a local LGBT agency, PFLAG chapter, or university mental health clinic.” (Introduction - Page 16)</p> <p>“I want you to notice that I've posted a resource sheet here at the front of the room, with information about where you could go to get help with some of these topics. Learning this information today will be useful for later lessons.” (Lesson 1 – page 5)</p> <p>Note: The resource sheet contains contact information for <i>Planned Parenthood and other abortion providers.</i></p> <p>“Birth Control and STD Clinics These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.” (Lesson 1 – Reproductive System and Pregnancy)</p> <p>“Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/” (Lesson 1 – Reproductive System and Pregnancy)</p> <p>“Birth Control and STD Clinics - There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.” (Lesson 5 - Preventing STDs)</p> <p>“Enter your zip code or call to find the nearest Planned Parenthood clinic.</p>

www.plannedparenthood.org 1-800-230-PLAN” (Lesson 5 - Preventing STDs)

“Click on the map to see a list of abortion clinics in your state.

<http://prochoice.org/think-youre-pregnant/find-a-provider/>” (Lesson 5 - Preventing STDs)

“Call 1-877-257-0012 to **find the nearest abortion clinic.**” (Lesson 5 - Preventing STDs)

“Call 1-800-772-9100 to get **more information about abortion** and where to get financial help.” (Lesson 5 - Preventing STDs)

“**Abortion Clinics** - The National Abortion Federation maintains a list of abortion providers by state. <http://prochoice.org/think-youre-pregnant/find-a-provider/>” (Lesson 5 - Preventing STDs)

“Providing Health Care for Minors - Individual states have laws about what, if any, health care minors can consent to on their own. Different ages may apply to different services, such as accessing contraceptive care, STD services, prenatal care, adoption, **abortion, medical care for a child**, and mental health care.

When discussing with a student any kind of health care **for which the student can legally consent**, it is very important to remember to protect that student's privacy... See what the minor consent laws are in your state:

www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf” (Appendix 2 – Page 1)