

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

**Analysis of**  
***Get Real: Comprehensive Sex Education That Works***  
**7<sup>th</sup> Grade**  
**Based on 15 Harmful Elements Commonly Included in CSE Materials**

**CSE HARMFUL ELEMENTS SCORE = [14 OUT OF 15]**

***Get Real, 7<sup>th</sup> Grade* contains [14 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:** *Get Real* is a middle school curriculum produced by Education, Training and Research (ETR) and Planned Parenthood League of Massachusetts (PPLM). It targets children in Grades 6, 7 and 8, or 11- to 14-year-olds, encouraging them to think about and discuss sex and sexuality in a number of ways. Lessons include a lot of open discussion of a variety of sexual behaviors. Children are taught about condoms and how to use them. Masturbation is also encouraged throughout the curriculum and children are frequently assured that “it’s okay.”

While a number of activities are ostensibly designed to prompt family discussion and include parents, the very same activities encourage students to form their own values, emphasizing that those values may be different from their parents’. The teacher also is instructed to refer the children to “other resources” to answer their questions. Controversial resources listed in the curriculum include Planned Parenthood and similar graphic resources.

**Target Age Group:** Curriculum for 7<sup>th</sup> graders (ages 12 and 13)

**Planned Parenthood Connections:** *Get Real* is produced by Planned Parenthood League of Massachusetts and ETR.

For more information on *Get Real, 7<sup>th</sup> Grade*, see <https://www.etr.org/ebi/programs/get-real/>.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b>	“Point out that sexual activity shown on TV usually doesn't reflect real life. On some teen dramas, every character is sexually active; but in reality, most young teenagers are

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

*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.*

not having sex. **Only 47% of all high school students and only 16% of teens under age 15 have had vaginal intercourse.**" (p. 7.12)

**Note:** *This 47% statistic gives children the impression that almost half of their high school peers have had sex which normalizes teen sex. Also, this statistic is higher than the CDC's most recent statistics from 2017 which lists this number as 40%.*

"Lesson Goals: **List types of sexual behavior.**" (p. 7.39)

"Post behavior cards across the front of the room. Ask students to help you arrange the cards in order from '**definitely not a sexual behavior**' to '**definitely a sexual behavior.**'" (p. 7.40)

"Acknowledge that this may be the first time some students have heard about these behaviors or had them defined, and again acknowledge that the **different feelings that come up are normal**. Clarify that not all people engage in all these activities, but the cards represent a **variety of behaviors that may occur over the course of a lifetime.**" (pp. 7.40 – 7.41)

**"Q: What's the right age to have sex?** A: People have sexual intercourse for different reasons and at different times in their lives. **There is no 'right' age to have sex**" (p. 7.115)

"Chris really likes Terry, and they are going out. **Terry wants to do something sexual that Chris is not comfortable with**. Chris is worried that saying no will cause Terry to break up with Chris and make fun of Chris to their friends." (p. 7.3)

"Explain that students may write any questions they have about the topics being covered in class or about **sexuality in general** on those pieces of paper." (p. 7.4)

"Review different forms of media to get a sense of (and examples of) sexuality - especially in commercials. Find ads for class demonstration **that use sexuality to sell the product.**" (p. 7.11)

**Note:** *This kind of demonstration can lead to inappropriate materials being shown to 12- and 13-year-olds.*

## **2. TEACHES CHILDREN TO CONSENT TO SEX**

*May teach children how to negotiate sexual encounters or how to ask for or get "consent" from other children to engage in sexual acts with them. While this may be appropriate for adults, children of minor age should never be encouraged to*

"There is no 'right' age to have sex. **It's important that the two people involved have agreed and given their mutual consent to engage in sexual intercourse.**" (p. 7.115)

<p><i>“consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>“Terms to Use: <b>Vaginal, oral, and anal intercourse</b>” (p. 7.39)</p> <p>“Go through the cards and give a definition for each behavior. <b>Be sure to include clear definitions for oral, vaginal, and anal intercourse.</b>” (p. 7.40)</p> <p>“Put the High Risk, Some Risk, and Low to No Risk signs on the board. Move most of the behaviors to the side, and ask students where they think the following behaviors belong in terms of their risk for pregnancy or STI transmission: Hugging Kissing Touching under clothes <b>Having oral intercourse</b> Asking someone on a date Masturbation Having vaginal intercourse <b>Having anal intercourse</b>” (p. 7.42)</p> <p>“Move the behavior cards to new categories to reflect <b>anal sex with a condom</b> (some risk), vaginal sex with a condom, and <b>oral sex with a condom or dental dam</b> (low to no risk)” (p. 7.42)</p> <p>“Sexual behavior usually involves touching oneself or another person in ways that cause sexual feelings and pleasure. Sexual behavior includes many different ways of touching. It can range from holding hands or massage to masturbation or <b>intercourse (vaginal/ oral/ anal).</b>” (p. 7.47)</p> <p>“<b>Having oral intercourse:</b> Oral intercourse is <b>mouth-to-vulva or mouth-to penis sex.</b> <b>Having anal intercourse:</b> Anal intercourse is <b>penis-to-anus sex.</b>” (p. 7.131)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></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>“What’s a question you still have about sexuality? (It might be about body changes, reproductive anatomy, <b>sexual orientation</b> or love.)” (p. 7.9)</p> <p>Lesson Goals: “Identify <b>myths and facts surrounding sexual orientation.</b> Explain difference between sexual orientation and gender identity. <b>Discuss LGBTQ issues respectfully.</b>” (p. 7.19)</p> <p>“Terms to Use: Myth, Fact, <b>Sexual orientation</b>, Straight, <b>Gay, Lesbian, Bisexual</b>, Gender identity, Gender expression, Transgender, Questioning, LGBTQ, Ally” (p. 7.19)</p> <p>“Explain that sometimes people can be confused about the right terms to use when talking about sexual orientation - for example, <b>whether “gay” means the same as “homosexual.”</b> To talk about sexual orientation in a respectful manner, it’s helpful to define different words for sexual orientation and gender identity.” (p. 7.21)</p>

	<p>“Sexual Identity Vocabulary List</p> <p><b>Straight:</b> A person who is emotionally, romantically and/or physically attracted to people of another gender.</p> <p><b>Gay:</b> A person who is emotionally, romantically and/or physically attracted to people of the same gender.</p> <p><b>Lesbian:</b> A woman who is emotionally, romantically and/or physically attracted to other women.</p> <p><b>Bisexual:</b> A person who is emotionally, romantically and/or physically attracted to two genders.” (p. 7.24)</p> <p>“A girl who dresses like a boy is probably gay.</p> <p>Myth. <b>Sexual orientation</b> (whom someone is attracted to) is different than gender expression (how someone demonstrates gender to the world). There are lots of different ways to express gender, and how people choose to dress is <b>not necessarily a reflection of their sexual orientation</b>” (p. 7.25)</p> <p>“Homosexuality exists in <b>almost every species</b>.</p> <p>Fact. Scientists have found that homosexuality is as much a part of nature as heterosexuality. They have observed <b>homosexual relationships among many kinds of animals.</b>” (p. 7.25)</p> <p>“Bisexual people are really gay but don't want to admit it.</p> <p>Myth. <b>Identifying as bisexual</b> means having emotional, romantic or physical attractions to two genders. While some people who identify as bisexual may be more attracted to people of one gender over another at different times in their lives, <b>bisexuality is a separate sexual orientation</b>. A person who identifies as bisexual who dates a person of one gender may later date a person of another gender.” (p. 7.25)</p> <p>Patrick's Story: "<b>Before I told my parents I was gay</b>, the fear they wouldn't accept me was overwhelming. Now, knowing that my parents are there for me is incredible. It makes everything better. I see so many stories on the news, and hear from other kids who are gay, that their families don't accept them. My parents totally trust me, I know they support me. Parents need to know that a child they love may be gay. Unless your child tells you, you won't know. There are ways to bring up the subject. For example, when parents see things about the gay community on TV, they need to be aware of comments they make. If they are supportive, <b>children who are gay</b> will feel they can trust their parents to accept them." (p. 7.27)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></p> <p><i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Sexual behavior usually involves touching oneself or another person in ways that cause <b>sexual feelings and pleasure</b>. Sexual behavior includes many different ways of touching. It can range from holding hands or massage to masturbation or intercourse (vaginal/ oral/ anal).” (p. 7.47)</p> <p>“What are some positive outcomes of becoming sexually active when the time is right? (<b>Pleasure</b>, increased intimacy, ability to take on responsibility)” (p. 7.75)</p> <p>“<b>Masturbation</b> is defined as touching, rubbing, and/or fondling one's own sex organs <b>for pleasure</b> and stimulation.” (p. 7.115)</p> <p>“Masturbation is when people <b>touch their own sexual organs for pleasure</b>. It can be a</p>

	<p>way for people to explore their bodies and discover what feels good to them. A person can choose to masturbate or choose not to masturbate throughout his or her life. It's a healthy and natural exploration of one's body." (p. 7.131)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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>"Sexual behavior usually involves <b>touching oneself</b> or another person in ways that cause sexual feelings and pleasure. Sexual behavior includes many different ways of touching. It can range from holding hands or massage to <b>masturbation</b> or intercourse (vaginal/ oral/ anal)." (p. 7.47)</p> <p>"Which sexual activity has no risks involved?  a. <b>Masturbation</b>  b. Oral intercourse  c. Anal intercourse  d. Vaginal intercourse" (p. 7.99)</p> <p>"<b>Masturbation</b> is defined as touching, rubbing, and/or fondling one's own sex organs for <b>pleasure and stimulation.</b>" (p. 7.115)</p> <p>"<b>Masturbation</b> is when people touch their own sexual organs for pleasure. It can be a way for people to <b>explore their bodies and discover what feels good to them.</b> A person can choose to masturbate or choose not to masturbate throughout his or her life. It's a <b>healthy and natural</b> exploration of one's body." (p. 7.131)</p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	<p>"After placing the behavior cards, <b>tape wrapped condoms onto the cards for oral, anal and vaginal intercourse.</b> Ask students what condoms do to reduce the risk of pregnancy and STIs (keep fluids from being transmitted)." (p. 7.42)</p> <p>"Steps to Correct Condom Use:</p> <ul style="list-style-type: none"> <li>• Discuss with partner the <b>decision to have sex</b></li> <li>• Discuss protection methods with partner</li> <li>• Check expiration date on condom</li> <li>• Check the package of the condom for holes, tears, or any sign of damage</li> <li>• Carefully open condom package and remove condom</li> <li>• Penis is erect</li> <li>• Place condom on the head of the penis</li> <li>• Hold the tip of the condom to squeeze out any air</li> <li>• Roll the condom down to cover the entire penis</li> <li>• Use lubricant</li> <li>• <b>Have vaginal, oral or anal sex</b></li> <li>• Keep condom on penis until done (whether ejaculation occurs or not)</li> <li>• Hold on to the rim of the condom at the base of the penis</li> <li>• Withdraw the penis</li> <li>• Carefully take the condom off the penis</li> <li>• Throw the condom in the garbage</li> <li>• <b>Use a new condom if both partners want to have sex again"</b> (pp. 7.81 – 7.82)</li> </ul> <p>Spermicide benefit: "<b>Can be put in as part of foreplay.</b>" (p. 7.84)</p>

**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.*

“Point out that this activity shows that, while individuals may disagree about what might be called a **sexual behavior**, it is very important for **people to decide on their personal boundaries around these behaviors, so they can communicate those boundaries and values to their partners.**” (p. 7.41)

“Review the SEL Skills poster as you make the following points: The best way to stay safe from STIs is **by using responsible decision making** (making, healthy choices) and relationship skills (communicating with and respecting your partner).” (p. 7.60)

“For **people who choose to engage in intercourse**, which protection method helps prevent pregnancy *and* STIs?” (p. 7.98)

“Q: What's the right age to have sex? A: People have sexual intercourse for different reasons and at different times in their lives. There is no 'right' age to have sex. It's important that the two people involved have agreed and given their mutual consent to engage in sexual intercourse. **They must be physically and emotionally mature enough to know about, prepare for, and deal with the potential consequences** of sexually transmitted infections or pregnancy. Research shows that abstinence-- delaying sexual intercourse-- is the healthiest and safest choice for middle school students.” (p. 7.115)

***Note:** While the curriculum does state that delaying sex is the healthiest choice, it contradicts that teaching throughout by teaching children that it's up to them to decide when they are ready to have sex and that a deciding factor should be if they feel ready rather than waiting until they are married or at least adults.*

**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 students to **name some positive outcomes of people engaging in sexual behaviors when they are ready** (for example, getting to know yourself or another person, expressing affection, taking healthy risks, **feeling good**).” (p. 7.41)

“Explain that **while there are many positive things about engaging in sexual behaviors** when a person is mature and ready, most sexual behaviors come with risk.” (p. 7.42)

“**Get Real defines abstinence as ‘voluntarily choosing not to engage in certain sexual behaviors, including any sexual behaviors that can result in pregnancy or STIs, including HIV.’**” (p. 7.54)

“**People may have different ideas about what constitutes abstinence**, from no sexual contact of any kind, including kissing, to **abstaining only from sexual intercourse, and all points in between.** (from SIECUS, "Guidelines for Comprehensive Sexuality Education, K-12)" (p. 7.54)

“This week in *Get Real* class, your child has been learning about the concept of abstinence and how it relates to sexual activity. *Get Real* defines abstinence as choosing not to engage in certain sexual behaviors, including any sexual behavior **that could result in pregnancy or sexually transmitted infection (STI)**, including HIV. People may have different ideas about what abstinence is. For some it means no sexual contact of any kind, including kissing. **For others it can include everything but sexual intercourse.** Still others fall somewhere in between. Some people choose to abstain from sex until marriage. Some decide to put off or postpone having sex until they are older.” (p. 7.57)

	<p>“When it comes to sexual behavior, it's important for people to be able to <b>communicate with their partners</b> and to think about the risks before choosing to engage in the behavior.” (p. 7.143)</p> <p><b>Note:</b> <i>So when a child is able to communicate with their “partners” and to “think about the risks” they may be ready to “choose” sex? Keep in mind that this curriculum is for 12- and 13-year-old children.</i></p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Terms to Use: Myth, Fact, Sexual orientation, Straight, Gay, Lesbian, Bisexual, <b>Gender identity, Gender expression, Transgender, Questioning, LGBTQ, Ally</b>” (p. 7.19)</p> <p>“Sexual Identity Vocabulary List  <b>Gender Identity</b> Refers to a person's deeply personal feeling of identifying as a man, a woman or some other gender, which may or may not line up with the sex the person was assigned at birth.  <b>Gender Expression</b> How people express their gender to the world. This can include a person's name, clothing, hairstyle, behavior, body language and mannerisms.  <b>Transgender or trans</b> An umbrella term for people whose gender identity and/or expression is different from what might be expected based on their sex assigned at birth.  <b>Questioning</b> A term used to describe people who are in the process of exploring their sexual orientation or gender identity.  <b>LGBTQ</b> An acronym for Lesbian, Gay, Bisexual and Transgender. Q can stand for Questioning or Queer.  <b>Ally</b> A person who is not LGBTQ but shows support for LGBTQ people and promotes equality in a variety of ways.” (p. 7.24)</p> <p>“Being transgender is not the same as being gay or lesbian. <b>Transgender describes a person's internal sense of gender identity</b>, while <i>gay</i> or <i>lesbian</i> are terms that describe a person's sexual orientation-the feelings of emotional, romantic and physical attraction the person feels toward other people.” (p. 7.26)</p> <p>“<b>Transgender people</b> have some issues in common with gay, lesbian and bisexual people, <b>such as "coming out"</b> (when a person tells another person about his/her sexual orientation or gender identity), finding access to health care, self-esteem and being targets of prejudice or violence. But <b>gender identity is not the same as sexual orientation.</b>” (p. 7.26)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach</i></p>	<p>“After placing the behavior cards, <b>tape wrapped condoms onto the cards for oral, anal and vaginal intercourse</b>. Ask students what condoms do to reduce the risk of pregnancy and STIs (keep fluids from being transmitted). Explain that abstinence is the healthiest choice for seventh graders, but for people <b>who choose to engage in oral, anal or vaginal intercourse</b>, one protection method will help prevent unplanned pregnancy and STI transmission: the condom.” (p. 7.42)</p> <p>“Ask students <b>how the addition of the condom</b> affects the risk level for sexual behavior (lowers the risk). Explain that <b>when condoms are used correctly every single time</b>, they greatly reduce the risk of pregnancy and STIs.” (p. 7.42)</p>

<p><i>children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“A <b>condom should be used during oral, anal and vaginal intercourse</b> to be effective against STI transmission. There are <b>two kinds of condoms</b>: external/male condoms and internal/ female condoms, but external/ male condoms are used more frequently.” (p. 7.76)</p> <p>“Distribute Handouts 7.8-3a &amp; b and the <b>Protection Methods Chart</b> for students to keep. Explain that the chart includes <b>important information on all types of protection methods</b>, and that the Steps to Correct Condom Use can be found on the back of the Protection Resources handout.” (p. 7.79)</p> <p><b>Note:</b> <i>This handout given to 12- and 13-year-olds is copyrighted by Planned Parenthood League of Massachusetts. It contains detailed information on all types of contraceptives, including emergency contraception, where they can be acquired, and what the benefits are for each one.</i></p> <p>“For <b>people who choose to engage in intercourse</b>, which protection method helps prevent pregnancy <i>and</i> STIs?</p> <ul style="list-style-type: none"> <li>a. Birth control pills</li> <li>b. IUD</li> <li>c. Emergency contraception</li> <li>d. Condoms” (p. 7.98)</li> </ul> <p>“People should use a new condom <b>every time they engage in intercourse.</b>” (p. 7.101)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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><b>No evidence found.</b></p>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“Look at where your beliefs and values come from. Which are universal? (For example, all children have a right to be safe.) Which are more individual? (For example, <b>people differ in their beliefs about when it's OK for young people to become sexually active.</b>” (p. 7.8)</p> <p>“Emphasize that Alicia has the right to dress however she chooses and <b>should not have to conform to social or peer norms.</b>” (p. 7.32)</p> <p>“Explain that the topics covered in the next four lessons (dating and sexual behaviors, abstinence, STIs and protection methods) should help students <b>define their personal values</b> about dating and sexual behaviors. <b>Normalize having a variety of feelings</b></p>



	<p>around these topics.” (p. 7.40)</p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></p> <p><i>May <u>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.</u> May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Ask students to silently reflect on the question: How does what you've learned from parents or other influences play a role in the decisions you make around sexual behaviors? Ask students to reflect silently on the <b>pros and cons of what they have learned from parents</b> and other influences.” (p. 7.41)</p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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 <a href="http://www.WaronChildren.org">www.WaronChildren.org</a> and</i></p>	<p><b>Protection Methods Chart</b> is copyrighted by Planned Parenthood League of Massachusetts. (p. 7.83)</p> <p>“Definitions and background information adapted from the <b>Human Rights Campaign: Glossary of Terms:</b> <a href="http://www.hrc.org/resources/entry/glossary-of-terms">www.hrc.org/resources/entry/glossary-of-terms</a>.” (p. 7.23)</p> <p>Family Letter 7.4 Resource: “<b>Planned Parenthood Sexual Health Counseling and Referral Hotline</b> - Trained health center staff and volunteers are available to discuss a wide range of issues related to birth control, pregnancy options, sexually transmitted infections, including HIV/ AIDS, and other aspects of reproductive health.” (p. 7.35)</p> <p>Family Letter 7.4 Resource Websites:  <b>“Planned Parenthood: <a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a></b>  This website contains information on contraception, pregnancy testing, emergency contraception, pregnancy options, STI and HIV testing and treatments, as well as a pro-choice action network and sex education programs.  <b>SIECUS (Sexuality Information and Education Council of the United States):</b>  <a href="http://www.siecus.org">www.siecus.org</a>  SIECUS provides medically accurate information about sex and sexually transmitted diseases. They also provide many guides for talking with children about these topics.  <b>Advocates for Youth:</b> <a href="http://www.advocatesforyouth.org/parents">www.advocatesforyouth.org/parents</a>  This organization creates programs and advocates for policies that help young people make informed and responsible decisions about their reproductive and sexual health.  <b>Parents, Families and Friends of Lesbians and Gays (PFLAG):</b> <a href="http://www.pflag.org">www.pflag.org</a>  PFLAG's mission is to promote the health and well-being of gay, lesbian, bisexual and transgender persons and their families and friends. PFLAG provides support in coping with a hostile society, and offers education and advocacy.” (p. 7.36)</p>

[www.InvestigateIPPF.org](http://www.InvestigateIPPF.org)

“Books for Preteens (10-14):

Robie Harris, illustrated by Michael Emberly, *It's Perfectly Normal* (also en Espanol).” (p. 7.36)

**Note:** *It's Perfectly Normal* is one of the most explicit books available to children. Written for ages 10 and up, it describes in full detail maturation, LGBT lifestyles, masturbation, erections, and sexual intercourse. The book contains realistic illustrations of fully nude people of all ages and stages of development, as well as illustrations of people masturbating, having erections, and nude people having sex.

“A great resource is *The Parent Buzz*, a bimonthly newsletter that contains helpful strategies for talking with kids about sex and sexuality. It gives parents and other caring adults tips for talking with their children, current information about sex and sexuality issues and trends, links to useful websites, and descriptions of the stages of adolescent development. To receive *The Parent Buzz*, please visit [www.pplm.org/education](http://www.pplm.org/education) to sign up. If you decide *The Parent Buzz* isn't for you after reading one issue, simply click on the opt-out box in the newsletter.” (p. 7.48)

**Note:** *This newsletter is published by Planned Parenthood League of Massachusetts.*