

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

Making a Difference!

An Evidence-Based, Abstinence Approach to Teen Pregnancy and HIV/STD Prevention

4th Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Making a Difference! (4th Edition) 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: *Making a Difference! An Evidence-Based, Abstinence Approach to Teen Pregnancy and HIV/STD Prevention (4th Edition)* is an eight-module curriculum for young people aged 11-14 (middle school). It is listed as an “evidence-based” “sexual risk avoidance” program under the Teen Pregnancy Prevention (TPP) program of the U.S. Department of Health and Human Services.

Making a Difference, however, has many elements of a comprehensive sexuality education (CSE) program, cleverly disguised as an abstinence program. It was built upon the CSE curriculum *Making Proud Choices*, allegedly, with the condom promotion removed to make it an abstinence program.

While the subtitle of *Making a Difference* stresses abstinence, and while ETR, the distributors of this curriculum, states that *Making a Difference* “provides young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases, HIV and pregnancy by abstaining from sex,” most parents would find this program to be anything but an abstinence program. In fact, hundreds of times throughout this curriculum, abstinence is defined, not as abstaining from sex but rather, only as abstaining from “unprotected sex.” In other words, *Making a Difference* promotes an anything goes, other than protected anal and oral sex and protected intercourse.

Abstinence is hardly the standard presented here, as this program introduces the pleasures of sex and sexual foreplay to minors. Children, too young to legally consent to sex, are taught that they can “**express themselves sexually with a wide range of behaviors.**”

The program marketing materials claim that condoms and other forms of contraception aren’t mentioned as part of the *Making a Difference* curriculum, yet there are references to condoms, particularly in the role plays and activities. Through this curriculum children are being sexualized and encouraged to experiment with risky behavior and are not taught about condoms in appropriate ways. Glaringly absent is information that should be included about condoms, i.e., condom failure rates. Nor are there any warnings about the harmful effects of early sexual debut.

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.

The curriculum writers, in particular the lead writer, Loretta Sweet Jemmott, PhD, RN, FAAN, are experienced “risk reduction” experts, well known for their promotion of teen sexuality and condoning of teen promiscuity, as long as risks are reduced under the banner of “safe” sex.

Another of the writers, Konstance A. McCaffree, PhD, CSE, served on the Board of Directors of the controversial Sexuality Information and Education Council of the U.S. (SIECUS), as President of the Society for the Scientific Study of Sexuality (SSSS), and as an officer in the American Association of Sexuality Education, Counselors and Therapists (AASECT). All three of these organizations are known for their blatant promotion of child sexuality and their graphic and promiscuous approach to sex education.

Target Age Group: 11 to 13 years

Planned Parenthood Connections: *Making a Difference* is promoted and marketed by ETR Associates, the former publishing arm of Planned Parenthood, and the current publisher and clearinghouse for much of Planned Parenthood-approved curriculum.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“You can clearly see that sexual expression is not just about having vaginal, oral, or anal sex. People can express themselves sexually with a wide range of behaviors.” (p. 68)</p> <p>“Understanding that there are many behaviors that express sexual feelings helps participants choose sexual behaviors that do not result in pregnancy or sexually transmitted infection.” (p. 66)</p> <p>Note: <i>Why are children, aged 11-13, which is before they are legally able to consent to sex, being told they can choose the kind of sexual behavior to participate in?</i></p> <p>“If participants are hesitant, ask prompting questions, i.e., What kind of sex can people have by themselves? What other words do we use for touching? What other things might people do with their mouths? What kinds of things can people do with their hands?” (p. 63)</p> <p>“Sexual arousal can make your palms sweaty, your heart beat faster, or make you feel like there are butterflies in your stomach. Boys may experience erections, and girls may feel warm and tingly in their genital area.” (p. 55-57)</p> <p>“Activity B. Why Some Teens Have Sex: To experience physical pleasure, for sexual release, to give support to their partner.” (p. 58)</p> <p>In “Activity C. Understanding Messages of Sex” the instructor is to ask: “Why do you think teens your age are curious about sex?” and to stress to students: “It’s OK to THINK about sex, It’s OK to TALK about sex, It’s OK to DEVELOP feelings and attitudes about sex, But, it’s NOT a good idea to HAVE sex until you are prepared to have sex with respect and responsibility.” (pp. 61-64)</p> <p>Note: <i>This curriculum follows a similar pattern of most CSE programs. Instead of discouraging sex until marriage or at least until adulthood it tells children they should just wait until some vague and undetermined time when they feel “prepared” to have sex.</i></p> <p>“Jolie is 13 and Malik is 16.... Jolie and Malik are making out on the couch at his house. His parents won’t be home for a while. Things begin to get hot and heavy. They both are very sexually excited. How can Jolie avoid having sexual intercourse?” (Student</p>

	<p>Workbook, p. 8)</p> <p>Role play scenario: “Keisha and Jamal are in the 9th grade. They have been going out for three months.... Jamal has been putting some pressure on Keisha to have sex, and they’ve started talking about it more....he no longer wants to wait until marriage.” Keisha talks to a friend who says, “What’s the big deal? Having sex isn’t that big a thing. Everybody is doing it.” (Student Workbook, p. 6)</p> <p>“Why do you think some teens your age are having sex?” “To experience physical pleasure,” “For sexual release,” etc. “The consequences of having sexual intercourse at a young age can really get in the way of your hopes and dreams.” (p. 43-44)</p> <p><i>Note: 11-13-year-olds are encouraged to participate in brainstorming about teens and sex. Then, only the consequences of sexual intercourse are discussed. Students are led to believe that other risky behaviors, as long as they don’t result in pregnancy, are okay.</i></p> <p>“Role Play E: Alex and Casey: ...The friends in your group, especially you, always seem to be talking about how much sex they’re having with their girlfriends and boyfriends. So you exaggerate the number of times you have had sex.”</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>“How can we let our partners know what we are willing and not willing to do?” (p. 64)</p> <p>Focus on “...sexual behavior, decision-making, and negotiating in difficult situations.” (p. 33)</p> <p>Instructors are told to use role plays to allow students to “practice negotiation and refusal skills in real life situations” (p. 85)</p> <p>Case study: Jolie and Malik: “Jolie is 13 and Malik is 16.... Malik really likes Jolie. Lately his friends have been teasing him, telling him to make his move to have sex with her. He agrees and begins to pressure her....She is turned on by Malik but is not ready for sex.... Jolie and Malik are making out on the couch at his house. His parents won’t be home for a while. Things begin to get hot and heavy. They both are very sexually excited. How can Jolie avoid having sexual intercourse?” (Student Workbook, p. 8)</p> <p><i>Note: While refusal skills are taught they are taught in the context of “negotiating” sex and the decision to negotiate and consent to sex is put as an equal choice to refusing.</i></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>“There are other sexual things people can do besides vaginal, oral and anal sex.” (p. 100)</p> <p>“Oral sex means a person’s mouth on another person’s genitals. Anal sex means a man’s penis in a person’s anus, rectum or behind.” (p. 64)</p> <p>HIV Risk Continuum game, includes cards students are asked to sort into categories, ranging from “no risk” to “high risk (unsafe).” Among the cards are: “Anal sex using a condom” and “Anal sex without a condom” (p. 118)</p> <p><i>Note: Condoms have never been proven “safe” for anal sex.</i></p> <p>“Have participants brainstorm answers to the following question: With all the messages teens are receiving about sex, what are some of the ways people express their sexual</p>

	<p>feelings to themselves or other people? ... Elicit as many answers as you can. Answers may include: oral sex, caressing, dancing, masturbation, talking, hugging, kissing, talking, grinding, sexual fantasy, anal sex, massage, holding hands, cuddling on the couch, touching each other's genitals, vaginal intercourse, saying 'I like you.'" (p. 63)</p> <p>Note: Repeats the phrase, "oral, anal, and vaginal sex" several times throughout the curriculum, as if all three activities were the same. As noted previously, the curriculum fails to establish abstinence from sexual behavior as the standard. Instead, even the more risky sexual behavior is condoned as long as it is "protected."</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>Several role-playing scenarios and games involve homosexual males and females and/or suggest bisexual behavior. In several of the role plays, names are used that could be either male or female, for example, Jesse and Chris, Devon and Jadon, Alex and Casey.</p> <p>"Alex gets mad sometimes, but no one seems to care. S/he'd be real upset if s/he knew that you had only had sex a couple of times...." (Student Workbook, p. 31)</p> <p>"Role Play E: Casey – The friends in your group, especially you, always seem to be talking about how much sex they're having with their girlfriends and boyfriends.... You and others are always teasing Alex about being a virgin and daring him/her to have sex with someone, anyone." (Student Workbook, p. 31)</p> <p>"Role Play C: Jesse and Chris Jesse - You are very popular at school and you have invited Chris out to a party.... You date several people and you're not trying to have a serious or sexual relationship with anyone right now.... Chris starts to come on to you. You don't know if Chris just wants to kiss and touch or to actually have sex.... Chris - ...You're afraid that this first date may be the last one if you don't give Jesse a reason to want to keep going out with you. You are prepared to use your body, or even have sex to convince Jesse that you should be a couple." (Student Workbook, p. 29)</p> <p>Roleplay 1 Theme: "STD/HIV concerns in a lesbian relationship" (p. 222)</p> <p>Roleplay 3 Theme: "Concerns about HIV and STDs when one partner is bisexual" (p. 224)</p>
<p>5. PROMOTES SEXUAL PLEASURE</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>"When a couple doesn't have sex, what other fun and pleasurable things can they do?" (p. 98)</p> <p>"If participants are hesitant, ask prompting questions: What kind of sex can people have by themselves? What other words do we use for touching? What other things might people do with their mouths? What kinds of things can people do with their hands?" (p. 66)</p> <p>"There are other pleasurable sexual behaviors people can engage in besides sexual intercourse." (p. 134)</p> <p>"Activity B. Why Some Teens Have Sex" suggested answers: "To experience physical pleasure" and "for sexual release." (p. 58-60)</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>“Masturbation means rubbing, stroking, or ‘playing with’ one’s own genitals or the genitals of another person.” (p. 63)</p> <p>HIV Risk Continuum “game,” includes cards labeled, “Masturbation” and “Mutual masturbation,” among the other behaviors children are supposed to discuss. (p. 118)</p> <p>Chart ... indicates that touching, grinding, and masturbating are safe and cannot spread STDs. (p. 67)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina 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>Behaviors deemed safe include: “Having sex with only one person (being monogamous) if both are virgins, if not virgins and using condoms.” (pp. 119-20)</p> <p><i>Making a Difference</i> discusses male and female condoms as barrier methods which help prevent STDs and pregnancy. Instructors are told: “Don’t ‘bash’ condoms or provide exaggerated information on failure rates.” (p. 75)</p> <p>Condoms are mentioned as a way to “prevent pregnancy and STDs.” (pp. 81 and 119)</p> <p>“Latex condoms are the most common. People who are allergic to latex can use polyurethane or polyisoprene condoms.” (p. 255)</p> <p>“What are some ways males can participate in the process of using birth control? Wear a latex (or polyurethane/ polyisoprene) condom.” (p. 258)</p> <p>Note: <i>Instructors are told to encourage use of polyurethane condoms as a good alternative. Yet, there is no mention that studies have shown that some synthetic condoms (such as those made of polyurethane, orstyrene, ethylene, butylene, and styrene) have higher breakage rates than natural latex condoms. Also, no failure rates are mentioned nor the fact that some STDs such as HPV are not protected against with condoms as HPV us spread by skin-to-skin contact.</i></p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p><i>Making a Difference</i> includes role-playing scenarios suggesting children can determine when they are “ready” to have sex. For example, this Valentine’s Day scenario:</p> <p>“Person 1: ...We’ve been dating for a while, I love you, and I’m ready.</p> <p>“Person 2: Well, I’m not. I love you but I’m not ready to sleep with you. I know you are the person that I want to be with.... I want to sleep with you but only when I’m absolutely sure—when I’m not scared or in doubt.</p> <p>“Person 1: Well, I don’t want to feel like I’m pressuring you to do something that you don’t want to. It’s important that you’re sure. So, I guess I’ll wait until you are ready.” (Student Workbook, p. 4)</p> <p>“Understanding that there are many behaviors that express sexual feelings helps participants (11-13 years old) choose sexual behaviors that do not result in pregnancy</p>

	<p>or sexually transmitted infection.” (p. 65)</p> <p>“Over-the-Counter Methods: These methods of birth control can be purchased by anyone of any age, at drugstores, clinics, supermarkets, convenience stores and online without a prescription.” (p. 255)</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>“As you can see from this activity there are plenty of behaviors that are No Risk and are Green Light. People do not need to engage in behaviors that are High Risk and Red Light to express themselves sexually....” In this activity, behaviors that are deemed safe include: “Having sex with only one person (being monogamous) if both are virgins, if not virgins and using condoms.” (p. 119)</p> <p>“Proud and responsible behavior includes protecting yourself by abstaining from sexual behaviors that cause pregnancy or spread diseases...” (p. 41)</p> <p>Note: <i>Again the emphasis is not on abstaining; it is abstaining from “unprotected” sex.</i></p> <p>Exercise: “Tack or tape a large piece of newsprint to the wall. Write ‘Benefits’ at the top.... Draw a line, dividing the newsprint into two columns. ‘Sex’ is one column heading. ‘Abstinence’ is the other column heading.” Facilitator’s Note: “You may have to help the group by prompting them with some of the answers, especially for the benefits of abstinence.” (Activity C, p. 69)</p> <p>Note: <i>While this activity does point out the benefits of abstinence it also points out the benefits of sex.</i></p> <p>“Most participants will reply that abstinence means no sex at all. Clarify this by pointing to the poster and asking, ‘Which behaviors in particular should people avoid if they are practicing abstinence? Why?’” (pp. 67-69)</p> <p>“In this program, by abstinence we mean avoiding oral sex, anal sex, and vaginal sex. All other behaviors may be good ways to express feeling to another person.” (pp. 67-69)</p> <p>Abstinence may include “sexually pleasurable things without having intercourse (e.g. masturbation, kissing, talking, massaging, having fantasies, etc).” (p. 113)</p> <p>“...there are only two ways to avoid pregnancy and STD/HIV—not having sexual intercourse (abstaining)...” (Class 2, p. 43)</p> <p>Note: <i>“Abstinence” is redefined to mean abstinence from unprotected sexual intercourse or sexual activity involving fluids that might result in a pregnancy or an STD.</i></p> <p>“Activity E. Benefits of Sex/Benefits of Abstinence”: Students brainstorm about the</p>

	<p>benefits of sex. Discuss idea of sexual release, “exploration of sexual feelings...without risking pregnancy or disease.” (pp. 70-71)</p> <p>Note: <i>In this discussion of benefits of sex, there is no talk about risks of early sexual debut.</i></p> <p>Note: <i>Making a Difference introduces “practicing abstinence,” as a way to prevent pregnancy/STDs, but doesn’t promote abstaining from sexual activity as the standard.</i></p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“The case study has been written to be gender neutral. Sean and Morgan might be a boy and a girl, a girl and a boy, two boys, two girls, or transgender youth.” (Vol. 5, p. 108)</p> <p>Note: <i>While this program does not actively promote transgender ideology it subtly endorses it by intentionally using “gender neutral” case studies.</i></p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>Tanisha and Shay: DVD discusses pregnancy prevention planning, and the DVD says it is about “taking precautions to keep from getting pregnant or getting somebody pregnant.” (pp. 83-84)</p> <p>Note: <i>See condom section for ways that contraception with condoms is promoted without presenting failure rates.</i></p> <p>“Depo-Provera is a highly effective birth control method.” (p. 253)</p> <p>“So you see you have choices with prescribed methods. Many of the newer methods are easier to use and effective for long periods of time.” (p. 254)</p> <p>“Although the female condom may not look as familiar as the male condom, it’s not too complicated to use. Reassure students that it will simply take a few times to practice and then it will be no problem.” (p. 256)</p> <p>“Hormonal methods (the pill, patch and ring) are safe, very effective methods of birth control. Most young women who use them have minimal side effects.” (p. 257)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS</p>	<p>No evidence found.</p>

<p>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>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</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>"It's OK to THINK about sex. It's OK to TALK about sex. It's OK to DEVELOP feelings and attitudes about sex. But, it's NOT a good idea to HAVE sex until you are prepared to have sex with respect and responsibility." (pp. 61-64)</p> <p>Note: <i>Students are encouraged to question their beliefs and to think about and talk with their peers about sex. There is no mention of delaying sex until marriage. In fact, monogamy, marriage and family are not discussed any place in the curriculum.</i></p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</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>"Confidentiality rules: Do not talk about what we hear in the class outside the group." (p. 38)</p> <p>In role play about Jamal and Keisha: When Keisha is being pressured about sex, "She wishes she could talk to her mother about it, but she doesn't know how her mother will react." (Student Workbook, p. 6)</p> <p>"Role Play F: Reggie and Jasmine – "When he tells you that he's not allowed to have girls in his room, you say, 'Oh, come on, your parents will never know.'" (Student Workbook, p. 32)</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</i></p>	<p>"Facilitator's Note: Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let students know they will get a more thorough education whenever they go to a health center to obtain contraception." (p. 251)</p> <p>"Over-the-Counter Methods: These methods of birth control can be purchased by anyone of any age, at drugstores, clinics, supermarkets, convenience stores and online without a prescription." (p. 255)</p>

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)

For more information about “Making a Difference,” visit ETR’s website at <https://www.etr.org/ebi/programs/making-a-difference/>