

# 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 My Future – My Choice (MFMC) Based on 15 Harmful CSE Elements

**CSE HARMFUL ELEMENTS SCORE = [INSERT SCORE]/15**

**My Future—My Choice** contains thirteen (13) 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 definitely disqualify such materials for use with children.

**Program Description:** MFMC is touted as having an emphasis on abstinence for 6<sup>th</sup> graders, however abstinence is only one paragraph in the entire curriculum. MFMC is sexually ‘comprehensive’ with the promotion of LGBTQ agenda. It is not age appropriate.

Planned Parenthood Connections: NA

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></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>Lesson 1, pp. 25, 27 Shows graphic female genitals (as though in ‘stirrups’ on an examination table. Male genitals, side view. These graphics are shown to children of both sexes in the same classroom. This is not Age Appropriate. This practice breaks down modesty, removes protective boundaries and sidelines parental authority. These are 10 and 11 yr. old children</p> <p style="padding-left: 40px;">Have students read the following external female anatomy vocabulary term and definition cards as you go over the external female reproductive system.</p> <p style="padding-left: 40px;">Show slide 3: External female anatomy 3</p> <ul style="list-style-type: none"> <li>•Pubic hair: Hair that starts to grow around the genitals at puberty for all genders. It provides protection for the genitals from injury and bacteria.</li> <li>•Vulva: The external (outside) female genitalia includes labia (lips), the opening to the vagina, the opening to the urethra and the clitoris.</li> <li>•Clitoris: This is a small very sensitive organ in the front of the female genitalia area.</li> <li>•Labia: Lips of the vulva, or folds of skin, that surround the opening to the vagina. Can be different sizes,</li> </ul>

<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.

	<p>shapes, colors, and textures and are part of what makes a vulva unique.</p> <p>See Slide 3 – unable to insert into this document.</p> <p>Lesson 10. P. 9 includes a poster listing all forms of sexual contact.</p> <ul style="list-style-type: none"> <li>• Create the following posters on the board or on large poster paper with the following text: <ul style="list-style-type: none"> <li>» “Sexual Touch and Activities Requiring Consent”</li> <li>◇ Kissing</li> <li>◇ Holding hands</li> <li>◇ Hugging</li> <li>◇ Touching or rubbing under or over clothes</li> <li>◇ Being fully or partially naked with or in front of each other</li> <li>◇ All other forms of sexual contact, including sexual intercourse</li> </ul> </li> </ul>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></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><b>Note:</b> “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.</p>	<p>Lesson 4, p. 20 Normalizes no-boundaries sexual behavior and gives children the responsibility and authority to consent to sex—or not.</p> <p>Paraphrase responses. Share examples from below if students are struggling with answers.</p> <p>Possible answers:</p> <p>Some of these reasons could ...</p> <ul style="list-style-type: none"> <li>• Put someone at risk for pregnancy or STIs.</li> <li>• Increase emotional stress. It could cause stress with the relationship, a parent or guardian, being distracted from school, or feeling confused.</li> <li>• Be a sign of being in an unhealthy relationship or be a sign of peer pressure.</li> <li>• Be a sign that a young person doesn’t have access to sexual health information. This is information that could help them make safe and well-thought out decisions.</li> </ul> <p>Lesson 6, p. 40 Students are shown role-playing, rehearsing negotiating decision to have sex, or not, then are instructed to read this role-playing to entire class. This is ‘Teen led’. Teen led,, or peer education is children who are unqualified, uncertified and unaccountable teaching other children. Directions: In the story below there is an example of peer pressure to have sex. Write an assertive response, clearly stating a personal limit of not having sex. “I just talked with Lena and Carlos. They said they’ve decided to have sex after all. I know you and I said we would wait. But, if they’re going to do it, do you think we should too?”</p> <p>Lesson 10, pg. 28 Both people are aware of the consequences of sexual activity, both positive and negative. Both people know what will happen next.</p> <p>There should be agreement about what types of physical contact are OK. In addition, what type of contraceptives will be used if the decision to be sexually involved has been made. The only way to make sure that both people are aware of all consequences is to talk about it together. All people involved should be clear about what they are consenting to.</p> <p>Everyone should know ahead of time what their boundaries</p>

<p><b>3. NORMALIZES ANAL AND ORAL SEX</b></p> <p><i>Introduces these high-risk sexual behaviors to children and may normalize them. May omit vital medical facts, such as the extremely high STI rates (i.e., HIV and HPV) and the oral and anal cancer rates associated with these risky sex acts.</i></p>	<p>and limits are.</p> <p>Lessons 9 pg 21-28++ Discusses ‘safe’ anal ad oral sex with condoms or dental dams without complete, accurate information about the serious risks. Abstinence is not emphasized as the ‘goal’. <b>These lessons are not age appropriate.</b></p> <p>When I say, “risky sexual behaviors” I’m talking about behaviors that can lead to contracting or spreading an STI or having an unplanned pregnancy. These are behaviors in which blood, semen and vaginal secretions can be exchanged. If someone who has an STI exchanges any of these fluids through vaginal, anal or oral sex with someone who is not infected, they can transmit the infection. Some STIs can also be transmitted from skin-to-skin contact with someone who has the infection</p> <p>The most common barrier method is a condom. Condoms that fit on a penis, are called external condoms. Condoms that go inside a vagina or anus, are called internal condoms.</p> <p>A dental dam is a barrier method that helps prevent transmission of STIs. However, it is not used for pregnancy prevention.</p> <p>Dental dams are usually made of the same material as an external condom. The material is in the shape of a square. They are used as a barrier between the mouth on the vagina or the mouth on the anus.</p> <p>You don’t need a prescription and there is no age restriction. However, they can be expensive and hard to find. Some people use plastic wrap instead. Other people make their own dental dam by cutting open an external condom.</p> <p>Some contraception methods prevent pregnancy by changing hormone (chemical) levels so that the person does not get pregnant.</p> <p>It is important to note that these forms of contraception do not protect against STIs.</p> <p>These methods also require a prescription from a doctor. A few of these can last for years at a time. Some hormonal methods include the pill, the patch, a shot and some intrauterine devices (IUDs).</p> <p>Emergency contraception, is often called Plan B. It is medicine taken after unprotected vaginal sex to prevent pregnancy. The sooner it is taken after vaginal sex, the more effective it is. However, it doesn’t protect against STIs</p> <p>Having sex with multiple partners and not using condoms</p> <p>Masturbation</p> <p>Oral sex</p> <ul style="list-style-type: none"> <li>• If unprotected (R)</li> <li>• If a condom is used correctly</li> </ul>
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	<p>and consistently each time (Y)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></p> <p><i>Promotes acceptance of and/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>Lesson 2 Normalizes no-boundaries sexual experience for 10-11 yr. olds. This, and throughout My Future My Choice, Oregon’s Age of Consent law, ORS 163.315, is ignored/violated.</p> <p>Lesson 6, p. 25 Offers scenario of 3 boys dating each other, with role play. This is clearly setting children up to experiment with homosexuality/sodomy, without accurate and complete information about the risks to their health or well-being. This lesson is not age appropriate. It also (and throughout My Future My Choice) ignores and violates Oregon’s Age of Consent law. ORS 163.315 Again, not age appropriate!</p>
<p><b>5. TEACHES CHILDREN ABOUT SEXUAL PLEASURE</b></p> <p><i>Teaches children about sexual pleasure. May tell them they are entitled to or have a “right” to sexual pleasure or may encourage children to seek out sexual pleasure.</i></p>	<p>Lesson 1, p.29 Discusses masturbation, but says it should be done in private. Again, this is not age appropriate for a mixed classroom of 10-11 yr. old children. Violation of Oregon’s Sexuality Education Standards of Age Appropriate and Medically Accurate.</p> <p>Explain what masturbation is and how pregnancy occurs by saying the following:          People with male or female genitals may choose to masturbate. Masturbation is touching your own body and genital organs for pleasure. This is a normal and healthy behavior. If a person chooses to masturbate, it should be done in privacy. Families can have different values about masturbation.</p>
<p><b>6. PROMOTES SOLO OR MUTUAL MASTURBATION</b></p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, making children more vulnerable to pornography use, sexual addictions or sexual exploitation. May describe masturbation or provide instruction on how to masturbate. May encourage</i></p>	<p>Lesson 1 ‘Signs Boys are in Puberty’</p> <p>Makes it clear to the mixed classroom of children that masturbation should be expected and is normal. In this classroom setting, masturbation is promoted and certainly makes them more vulnerable to sex abuse—even among peers.</p> <p>Lesson 1, p.29 Discusses masturbation, but says it should be done in private. Again, this is not age appropriate for a mixed classroom of 10-11 yr. old children. Violation of Oregon’s Sexuality Education Standards of Age Appropriate and Medically Accurate.</p> <p>Explain what masturbation is and how pregnancy occurs by saying the following:          People with male or female genitals may choose to masturbate. Masturbation is touching your own body and genital organs for pleasure. This is a normal and healthy behavior. If a person</p>

<p><i>children to engage in mutual masturbation.</i></p>	<p>chooses to masturbate, it should be done in privacy. Families can have different values about masturbation.</p>
<p><b>7. EROTICIZES CONDOM USE</b></p> <p><i>May use sexually explicit methods (i.e., penis and vagina models, seductive role play, etc.) to promote condom use to children.</i></p> <p><i>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>Lesson 9 includes a poster titled, 'Using a Condom'. Poster lists step by step use of a condom, even what to do after ejaculation. Lesson leaves the decision of whether or not to engage in sexual activity up to the child. My Future My Choice defines the different kinds of condoms and dental dams, and where to get them. Shows pictures of 'barrier methods' and suggests that they are 'safe'. Again, violates Oregon Sex ed standards, and ignores Oregon's Consent Law.</p> <p>What are condoms? Steps to Using a Condom (see pg. 59)</p> <p>Condoms are a barrier method of contraception. Condoms can prevent pregnancy by keeping semen out of the vagina.</p> <p>Latex condoms also help prevent STIs spread by semen, blood or vaginal secretions, or by contact with infected sores in the genital area. There are external and internal condoms, defined below. Both can also be used to protect the anus.</p> <p>External or male condom — This is the most common type of condom. It is worn on the penis. An external condom keeps sperm from getting into a partner's body. Latex condoms, the most common type, help prevent pregnancy and STIs, as do the newer synthetic condoms. "Natural" or "lambskin" condoms help prevent pregnancy. However, they may not provide protection against STIs, including HIV. Male condoms are 85–98 percent effective at preventing pregnancy. Condoms can only be used once. They are most effective when used</p>

	<p>consistently and correctly. You can buy condoms and water-based lubricants (such as K-Y Jelly) at a drug store or health departments. Do not use oil-based lubricants such as massage oils, baby oil, lotions or petroleum jelly with latex condoms. They will weaken the condom, causing it to tear or break.</p> <p>Internal or female condom — This is a type of condom designed to fit inside the vagina. The internal condom keeps sperm from getting into the body. It is packaged with a lubricant and is available at drug stores or health departments. It can be inserted up to eight hours before sexual intercourse. Internal condoms are 79–95 percent effective at preventing pregnancy when used consistently and correctly. They may also help prevent STIs.</p> <p>Dental dams — Dental dams are square. They are made of latex or silicone. This barrier method is used during oralvaginal or oral-anal sex to prevent the transmission of STIs.</p> <p>It is held over the vulva or anus during oral sex to minimize direct contact and exchange of bodily fluids. Dental dams are a newer device. They are not available everywhere. However, they can be found at local health departments or family planning clinics.</p>
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<p><b>8. PROMOTES EARLY SEXUAL INDEPENDENCE</b></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.</i></p>	<p>Teen Leader led: <b>Not appropriate</b></p> <p>Have two Teen Leaders demonstrate the following role play. If Teen Leaders will not be demonstrating this, you can ask two student volunteers to read the Decisions, Decisions role-play (page 49).</p> <p>Our Teen Leaders are going to do a role-play for you. We are going to use this situation to figure out how to reach a healthy decision.</p>
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	<p>Imagine this couple is home alone watching TV.</p> <p>Ready, action!</p> <p>I know when we first started going out we both agreed that we wanted to wait until we're older to be sexually involved, but it's been six months now. It feels like that conversation was so long ago.</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE GOAL</b></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>Lesson 9 Instructed that pregnancy can be prevented by not participating in vaginal sex, but can still find pleasure with anal and/or oral sex.</p> <p>Lesson 8, p. 29 ‘Protected’ sex is ok . These lessons are not age appropriate nor medically accurate, and are also in violation of Oregon’s Age of Consent law. ORS 163.315</p> <p>As in most of the lessons, the take home parent worksheet is not complete and does not accurately depict what the children have learned in the classroom.</p> <p>Only statements on abstinence are below: (Lesson 9, page 53-54)</p> <p>For young people, abstinence is the safest choice. However, if a person chooses to have sex, there are ways to reduce the risks from unintended pregnancies and STIs. Possible answer:</p> <ul style="list-style-type: none"> <li>•No. Abstinence is the only method that is 100 percent safe.</li> </ul>

<p><b>10. PROMOTES GENDER CONFUSION</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 gender ideologies. Fails to teach that most gender-confused children resolve it by adulthood and that extreme gender confusion is a</i></p>	<p>Lesson 1, p. 12 Children are advised that they do not have to ‘identify’ with the sex they were ‘assigned’ at birth. Not medically accurate nor age appropriate.</p> <ul style="list-style-type: none"> <li>• For the sake of clarity, the terms “male” and “female” are used in reference to certain anatomy (e.g., “male” or “female” reproductive systems). These terms refer to biological sex or the sex a person was assigned at birth based on their anatomy. For example, a baby born with a vulva is likely to be identified as “female” and assigned the gender of “girl.” However, avoid assuming that all of your students have the “usual” genitalia or reproductive anatomy or that their gender identities will match their sexual anatomy. For example, a person can have a penis and not identify as a boy or have a vulva and not identify as a girl. Referring to people with certain body</li> </ul>
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<p><i>mental health disorder (gender dysphoria) that may be helped with therapy.</i></p>	<p>parts (such as “a person with a vulva”) will create a more inclusive classroom than “female anatomy.”</p> <p>Lesson 1, p. 20 ‘Some children are not clearly one sex or another, they are intersex’. This confuses children and leads them to question their gender with information which is misleading and not age appropriate. There is no mention of the fact that most all gender confused children ‘grow out of this dysphoria’ as they mature.</p> <p>‘ Most people have reproductive parts known as male or female. Most people who have male reproductive parts are boys. Most people who have female reproductive parts are girls. We are going to be talking about male bodies and female bodies. However, some people’s bodies are not clearly one sex or the other. They are intersex. Everyone, no matter what body parts they have, goes through puberty’</p> <p>It has been established that therapy can help those suffering from this kind of gender confusion, but sadly Oregon law (HB 2307, 2015) makes it illegal for parents to get this mental health therapy for their child. (This law may be unconstitutional, and is currently in U.S. Courts)</p>
<p><b>11. TEACHES ABORTION/ CONTRACEPTION</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 children they have a right to abortion and refer them to abortion providers. May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>Lesson 9, Advises on Hormonal Contraception and Emergency Contraception without warnings of risk</p> <p>Offers a ‘Red, Yellow, Green light risk chart for pregnancy and STIs. However, the chart suggests that having sex with multiple partners is of low risk. Also assumes that 10-11 yr. olds can safely engage in most sexual activity. Abstinence IS listed as safe (green light)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED/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 controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>Much of MFMC is ‘peer taught’.</p> <p>However, it does not appear that parents are given adequate, accurate information in order to give their consent to their child being taught by another minor child.</p> <p><b>Teen led curriculum throughout the courses, is not an appropriate educator!</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 early sex, sexual orientation or gender identity.</i></p>	<p>Lesson 2, p.6 Promotes the acceptance and normalization of homosexuality and transgenderism.</p> <p>MFMC ignores parental State and Constitutional legal, parental right to be the primary decision-maker about their child's education and health care. Parents are not accurately and completely informed before this CSE begins in their child's classroom.</p>
<p><b>14. VIOLATES OR UNDERMINES PARENTAL RIGHTS</b></p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>Bypasses parental consent when teaching children to use condoms, hormonal contraception and/or emergency contraception and where to find these. This undermines parents' legal rights which have been long established in Oregon and U.S. Law.</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><b>Please Note:</b> <i>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>Lesson 2, p. 6 Instructs the children to identify 'resources' in the community who can provide 'medically accurate' support about 'healthy sexuality'. Specific names of resources are not identified, but Planned Parenthood, TransActive Center and Cascade Aids Project have been often recommended for Oregon children for sexuality information, STI treatment, contraception and/or gender dysphoria hormone treatment and surgery. None of these agencies is a safe, healthy resource for medically accurate, age appropriate information for our children.</p> <p>AMAZE curriculum information is recommended within My Future-My Choice.</p> <p>Note: Parents' Rights In Education, Oregon does not believe that My Future-My Choice sexuality education curriculum is acceptable as a medically accurate, age appropriate choice for middle school sexuality education. Instead, a Sexual Risk Avoidance (SRA) curriculum would be a healthy, safe choice for our 10-12 yr. old children.</p>