

“National Health Standards”  
Under Review by  
Cincinnati City Schools



## 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

## *National Sexuality Education Standards*

2011

Based on 15 Harmful Elements Commonly Included in CSE Materials

**CSE HARMFUL ELEMENTS SCORE = [13 OUT OF 15]**

***National Sexuality Education Standards* contain [13 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:** *National Sexuality Education Standards (NSES)* were published by The Future of Sex Education (FoSE) Initiative, a partnership between Advocates for Youth (AFY), Answer Sex Ed, Honestly, and the Sexuality Information and Education Council of the U.S. (SIECUS). See, for example, some of the controversial videos at [amaze.org](http://amaze.org), a project of AFY and Answer. In particular, their video “Am I Ready to Have Sex” (at <https://www.youtube.com/watch?v=LV5loN-Hds0>) illustrates the sexual values behind these organizations. These values boil down to the opinion that sexual intercourse for teens is fine and good so long as a teen feels ready to have sex. All three organizations behind the National Sexuality Education Standards aggressively promote abortion and radical sexual rights for children and youth and all are intricately intertwined with Planned Parenthood. While the title of these standards makes it sound like they may have been vetted and sanctioned by the U.S. government for distribution and use in every state, this publication is actually just the project these three radical abortion and LGBT advocacy groups and their allies. The standards push sexual orientation issues from the earliest ages, and the Gay, Lesbian, and Straight Education Network (GLSEN) is listed among the national resources, along with Planned Parenthood’s “independent” research arm, the Guttmacher Institute. While many of the standards are worded to sound reasonable and noncontroversial, by analyzing the specific sex ed curricula promoted by the multiple organizations behind these standards, it is easy to see the controversial way in which they are intended to be implemented. Commentary, along with curriculum examples from CSE programs aligned with the NSES and promoted by the NSES partners, are inserted throughout the analysis below. They show how various NSES standards have been interpreted or likely will be interpreted when translated into actual teachings to children in the classroom.

**Target Age Group:** These standards are designed for all grades K-12.

**Planned Parenthood Connections:** Listed either on the advisory committee or as reviewers for these standards are multiple members of Planned Parenthood Federation of America, Advocates for Youth (the youth partner of Planned Parenthood), and the Sexuality Information and Education Council of the United States (SIECUS). Listed also as a reviewer is Douglas Kirby of ETR Associates (formerly the education arm of Planned Parenthood of Santa

<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.



Cruz, California). Mr. Kirby, a prominent promoter of CSE, has an inherent conflict of interest since ETR is the main U.S. supplier of federally funded curricula based on these standards. Planned Parenthood, through the FoSE coalition, has fast-tracked the FoSE national standards – and the controversial sexuality education its members and advisors publish based on them – into schools across the nation. A major analysis that contradicts many of Kirby’s self-interested findings claiming CSE is effective and abstinence education is not can be found at SexEdReport.org.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b>  <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><b>STANDARDS:</b>            Goal of the National Sexuality Education Standards (NSES) : <b>“Present sexual development as a normal, natural, healthy</b> part of human development that should be a part of every health education curriculum.” (NSES, p. 6)</p> <p><i><b>Note:</b> While sexual development in children is normal, natural and healthy, sexual behavior among children is not, nor is normalizing child sex a healthy approach for kids. The philosophy of the Planned Parenthood-affiliated organizations behind these standards is that promiscuous sexual behavior is a normal and healthy part of sexual development for children and that children have a right to engage in sexual acts as long as they are consensual. In fact, International Planned Parenthood Federation (IPPF) in their Exclaim! publication on sexual rights states: “Young people . . . are entitled to sexual pleasure, and [information on] how to experience different forms of sexual pleasure is important for their health and well-being.”</i></p> <p><b>CURRICULUM EXAMPLES:</b>            Many of the CSE programs based on these so-called “national standards” normalize teen sex. For example, <i>It’s All One Curriculum</i> endorsed by Planned Parenthood - one of the organizations that supported the creation of the NSES - normalizes teen sex as follows:</p> <p>“Sexual behavior ranges widely. Below are descriptions of <b>some common sexual behaviors:</b> • Masturbation (touching oneself) remains a common practice throughout life for most people. ... • Caressing, kissing, <b>sharing erotic fantasies, stimulating a partner’s genitals with one’s hand,</b> and rubbing against each other are practices that may lead to orgasm and do not involve penetration.” (It’s All One Curriculum, Vol. 1, p. 99)</p> <p><b>STANDARDS:</b>            “By the end of the 5th grade, students should be able to: Describe male and female reproductive systems including body parts <b>and their functions.</b>” (NSES, AP.5.CC.1, p. 14)</p> <p>“By the end of the 5th grade, students should be able to: Identify medically-accurate information about female and male reproductive anatomy.” (NSES, AP.5.AI.1, p. 14)</p> <p><b>CURRICULUM EXAMPLES:</b>            A number of sexuality education programs based on these standards translate the above quotes to mean that as part of reproductive anatomy and its functions, children should learn about sexual stimulation, including about solo</p>



and mutual masturbation, erect penises, orgasms, ejaculation, etc. as illustrated in these quotes from *It's All One Curriculum*:

- “Engage in foreplay. Foreplay, including **touching the clitoris, may help lubricate the vagina.**” (*It's All One Curriculum*, Vol. 2, p. 155)
- “**Masturbation is one of the best ways to learn about and understand how one's body responds to sexual stimulation.** It can help women and girls learn how to reach orgasm.” (*It's All One Curriculum*, Vol. 2, p. 68)
- “**Stimulating a partner's genitals with one's hand**, and rubbing against each other are practices that may lead to orgasm and do not involve penetration.” (*It's All One Curriculum*, Vol. 1, p. 99)

**STANDARDS:**

“By the end of the 8<sup>th</sup> grade, students should be able to: Describe situations and behaviors that constitute bullying, sexual harassment, **sexual abuse, sexual assault, incest, rape** and dating violence.” (NSES, PS.8.CC.1, p. 19)

*Note: Should children be asked by their teachers to “describe” rape and incest?*

“By the end of the 12<sup>th</sup> grade, students should be able to: **Describe the human sexual response cycle**, including the role hormones play.” (NSES, AP.12.CC.1, p. 20)

*Note: What does the sexual response cycle entail? Again, a number of Planned Parenthood CSE programs interpret this to mean teaching children about masturbation, ejaculation, or sexually stimulating their partner to orgasm.*

**STANDARDS:**

“By the end of the 12<sup>th</sup> grade, students should be able to: **Describe** characteristics of **healthy and unhealthy** romantic and/or **sexual relationships.**” (NSES, HR.12.CC.1, p. 22)

*Note: This could be appropriate or inappropriate depending on what kind of details about sexual relationships teens are asked to describe. Rather than promoting abstinence until marriage, many CSE programs teach that all sexual relationships among teens are healthy as long as they are consensual and contraception is used.*

**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,*

**STANDARDS:**

“By the end of the 8<sup>th</sup> grade, students should be able to: **Demonstrate** the use of effective communication and **negotiation skills about the use of contraception** including abstinence and condoms.” (NSES, PR.8.IC.2, p. 17)

**CURRICULUM EXAMPLES:**

In many CSE programs, the way children “demonstrate” negotiation skills for using contraception or condoms, children (remember this is for 8<sup>th</sup> graders who



*children of minor age should never be encouraged to “consent” to sex.*

*Note: “Consent” is often taught under the banner of sexual abuse prevention.*

are likely between the ages of 12 and 14) role play controversial situations with each other where they are planning to have sex or seducing their partners to have sex.

For example, one of the main sponsors of these “national standards,” Advocates for Youth, has a CSE program entitled *Rights, Respect, Responsibility*, which claims to be aligned with these “national standards.” This program has students demonstrate consent by acting out various scenarios, such as the following:

- **“You’ve been with PERSON 2 for three months and haven’t had sex together, but you really think it’s time.** You love the other person, they love you ...”
- **“You love being in a relationship with PERSON 2! You two seem like you were made for each other—... and are on the same page when it comes to what you do together sexually. You want to try something you’ve never done before with them but figure you should talk with them about it first.”** (For ages 14 and up, *Rights, Respect, Responsibility (3Rs)*, High School book, p. 35)

**STANDARDS:**

“By the end of the 12<sup>th</sup> grade, students should be able to: **Demonstrate ways** to communicate decisions about whether or **when to engage in sexual behaviors.**” (NSES, PR.12.IC.1, p. 20)

*Note: Some CSE programs have implemented this by having teens engage in controversial role plays where they are asked to request sexual favors from another student.*

“By the end of the 12<sup>th</sup> grade, students should be able to: **Demonstrate** effective ways to communicate personal **boundaries as they relate to intimacy** and sexual behavior.” (NSES, HR.12.IC.2, p. 22)

*Note: Same comment as above - this usually entails requiring students to role play negotiating sexual acts.*

“By the end of the 12<sup>th</sup> grade, students should be able to: Define sexual consent and explain its implications for **sexual decision-making.**” (NSES, HR.12.CC.3, p. 22)

*Note: While obtaining consent before engaging in sex with someone is essential, depending on how this is taught it could be highly problematic. Shouldn’t youth be discouraged from making the “sexual decision” to engage in sex before marriage rather than be taught the main value is just to get consent before doing so?*



**3. PROMOTES ANAL AND ORAL SEX**

*Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.*

**STANDARDS:**

**"Sexual Intercourse: When a penis is inserted into a vagina, mouth or anus."** (NSES, Glossary, p. 40)

**Note:** *Is it appropriate for school teachers to be describing anal or oral sex with their students?*

**4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR**

*Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.*

**STANDARDS:**

**"By the end of the 5<sup>th</sup> grade, students should be able to: Define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender."** (NSES, ID.5.CC.1, p. 14)

**Note:** *Is it appropriate to have a teacher discuss sexual attractions with their students, whether they be heterosexual, bisexual, or homosexual? Toward what end?*

**"Bisexual: A term used to describe a person whose attraction to other people is not necessarily determined by gender.** This is different from being attracted to all men or all women." (NSES, p. 39)

**"Gay: A term used to describe people who are romantically and sexually attracted to people of their same gender.** Gay women will often use the word 'lesbian.'" (NSES, p. 40)

**"Homosexual: A term used to describe people who are romantically and sexually attracted to people of their own gender.** Most often referred to as 'gay' or 'lesbian.'" (NSES, p. 40)

**"Lesbian: A term used to describe women who are romantically and sexually attracted to other women."** (NSES, p. 40)

**"Sexual Orientation: Romantic and sexual attraction to people of one's same and/or other genders.** Current terms for sexual orientation include gay, lesbian, bisexual, heterosexual and others." (NSES, p. 40)

By the end of the 8<sup>th</sup> grade, students should be able to: **Differentiate between gender identity, gender expression and sexual orientation.**" (NSES, ID.8.CC.1, p. 16)

"By the end of the 12<sup>th</sup> grade, students should be able to: **Distinguish between sexual orientation, sexual behavior and sexual identity.**" (NSES, ID.12.CC.2, p. 20)



<p><b>5. PROMOTES SEXUAL PLEASURE</b>  <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><b>No Direct Evidence Found</b></p> <p>Although no direct evidence is found in the NSES standards, <b>this does not mean</b> that comprehensive sex or sexuality education programs based on these "national standards" do not support sexual pleasure. In fact, many of them do, usually under a sexual anatomy and/or physiology standard.</p> <p><b>CURRICULUM EXAMPLES:</b></p> <p><b>"Identify body parts that play a role in sexual pleasure."</b> (It's All One Curriculum, Vol. 1, p. 83)</p> <p>"Why is it important for a young person to think clearly about the reasons for his or her <b>choice to have</b> or not have <b>sex</b>? [Probe for: sense of comfort, safety, voluntariness, <b>and pleasure</b>, as well as protecting one's health.]" (It's All One Curriculum, Vol. 2, p. 70)</p> <p>Section on <b>Sexual Expression and Enjoyment</b> makes several points, including: "Emotional and <b>physical pleasure</b> are important parts of sexual well-being. Public health and <b>rights organizations</b> have issued declarations regarding the <b>rights of all persons to sexual expression</b>. These rights include <b>the right to seek pleasure</b> in the context of safety and of mutual and meaningful consent." (It's All One Curriculum, Vol. 1, p. 99)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b>  <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><b>No Direct Evidence Found</b></p> <p>However, this does not mean that comprehensive sex or sexuality education programs based on these "national standards" will not include this element as part of sexual anatomy; in fact, many of them do.</p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b>  <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</i></p>	<p><b>STANDARDS:</b></p> <p>"By the end of the 8<sup>th</sup> grade, students should be able to: Describe the steps to using a condom correctly." (NSES, PR.8.SM.1, p. 17)</p> <p>"By the end of the 12<sup>th</sup> grade, students should be able to: Describe the steps to using a condom correctly." (NSES, PR.12.SM.1, p. 20)</p> <p><b>Note:</b> Asking students to "describe" to their class in detail the steps for using condoms may give students the impression that having sex and using condoms is</p>



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.

the expected behavior rather than abstinence. Also, describing such in front of a mixed class can break down a child's natural sense of modesty and put sexually innocent children in a highly uncomfortable situation.

**CURRICULUM EXAMPLES:**

"Proper steps in condom use: (Immediately before sex) ... 6. Engage in foreplay. Foreplay, including touching the clitoris, may help lubricate the vagina. 7. Open the condom gently, being careful not to tear it (don't use your teeth!). 8. When the penis is erect . . . squeeze tip of condom and place condom on the head of the penis. 9. Hold the tip of the condom and unroll it until the penis is completely covered. 10. If the vagina still seems dry, engage in more foreplay, or wet the outside of the condom with a water-based lubricant or with saliva... (During sex) 11. If the condom breaks, the male should pull out immediately. [You may wish to remind students about emergency contraception if ejaculation already occurred.] 12. After ejaculation, while penis is still erect . . . 13. Grasp the open end of the condom, at the base of the penis. (It's All One Curriculum, Vol. 2, p. 155)

See also this quote from *Rights, Respect and Responsibility*, which Advocates for Youth claims aligns with the NSES:

"It is important for everyone to know about contraception because even if they might not use it personally, they might have friends in sexual relationships with someone of a different sex, or be a partner of someone in a different-sex relationship, and knowledge about protecting one's health is power." (For ages 14 and up, *Rights, Respect, Responsibility (3Rs)*, High School book, p. 68)

**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.*

**STANDARDS:**

"By the end of the 8<sup>th</sup> grade, students should be able to: **Apply a decision-making model to various sexual health decisions.**" (NSES, PR.8.DM.1, p. 17)

"By the end of the 12<sup>th</sup> grade, students should be able to: **Apply a decision-making model to various situations relating to sexual health.**" (NSES, PD.12.DM.1, p. 20)

**Note:** *One of the main problems with these NSES standards and the many CSE programs that are based on them is that much of it assumes that children are having sex or will soon have sex even though statistics show the majority of teens in the U.S. are not having sex. Also, instead of helping children resolve to be abstinent (at least while in grade school) or return to abstinence, which will bring much better long-term health outcomes for them, these standards give them sexual health "decision-making" models that lead them to believe that choosing to have sex as a child is a normal, healthy and value-neutral decision.*

**CURRICULUM EXAMPLES:**

Planned Parenthood's *It's All One Curriculum* has students participate in an exercise called "Feeling 'Ready' to Have Sex." The instructions say: "For this exercise, a young person your age is trying to decide whether to become sexually active. That young person wants to make the right decision and is asking



a question: **'In deciding if I am ready to have sex, what are the two most important feelings or conditions I should consider?'** The list of things students should consider include whether they are **'feeling close to the other person,' 'if both of you want to have sex,'** if they are **'feeling sexually attracted to the other person,'** or **'feeling confident that you know what makes you feel good sexually.'**" (It's All One Curriculum, Vol. 2, p. 95)

See also these role play scenarios from AFY's *Rights, Respect, Responsibility*:

- "Mateo has begun to hint that **he's ready to have sex**. Plan a role play in which **Mateo talks with Hannah about having sex** and they make a decision."
- "Andrea and Diana are two girls who just met last weekend at a party. They had fun together, and now they've hooked up again this weekend. They're alone in Andrea's basement. **Plan a role play in which Diana asks Andrea about having sex and they make a decision.**" (For ages 14 and up, *Rights, Respect, Responsibility (3Rs)*, High School book, p. 29)

**STANDARDS:**

"By the end of the 12<sup>th</sup> grade, students should be able to: **Apply a decision-making model to choices about contraception**, including abstinence and condoms." (NSES, PR.12.DM.1, p. 20)

*Note: Should abstinence and contraception use be positioned as equally healthy choices?*

"By the end of the 8<sup>th</sup> grade, students should be able to: **Identify medically-accurate resources about pregnancy prevention** and reproductive health care." (NSES, PR.8.AI.1, p. 17)

*Note: Many CSE programs encourage children to find Planned Parenthood clinics that make a profit by selling condoms, contraception, abortions and more to teens.*

"By the end of the 8<sup>th</sup> grade, students should be able to: **Identify medically-accurate information about emergency contraception.**" (NSES, PR.8.AI.2, p. 17)

"By the end of the 8<sup>th</sup> grade, students should be able to: **Identify medically-accurate sources of pregnancy-related information and support** including pregnancy options, safe surrender policies and prenatal care." (NSES, PR.8.AI.3, p. 17)

"By the end of the 12<sup>th</sup> grade, students should be able to: **Access medically-accurate information about pregnancy and pregnancy options.**" (NSES, PR.12.AI.3, p. 21)

"By the end of the 12<sup>th</sup> grade, students should be able to: Analyze influences that may have an impact on **deciding whether or when to engage in sexual behaviors.**" (NSES, PR.12.INF.1, p. 20)



	<p><i><b>Note:</b> While on its face most parents reading this standard will likely think it means teaching children to avoid influences that might encourage them to have sex, in many CSE programs supported by the authors of the NSES, this is interpreted as an exercise to get children to analyze religions and familial beliefs about sex and sexual behavior to show them such beliefs are not shared by many and change over time. They are then taught they have the right to make their own autonomous decisions.</i></p> <p><b>CURRICULUM EXAMPLE:</b>  “There is no right age to have sex. Each person has to <b>determine when he or she feels ready to have sex.</b>” (It’s All One Curriculum, Vol. 2, Activity 22, p. 69)</p> <p><b>STANDARDS:</b>  “By the end of the 12<sup>th</sup> grade, students should be able to: Identify laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care).” (NSES, PR.12.CC.3, p. 21)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</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. 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><b>STANDARDS:</b>  “By the end of the 8<sup>th</sup> grade, students should be able to: <b>Define sexual abstinence as it relates to pregnancy prevention.</b>” (NSES, PR.8.CC.2, p. 16)</p> <p><i><b>Note:</b> To “define” sexual abstinence only “as it relates to pregnancy prevention,” meaning only avoiding the sexual behaviors that result in pregnancy, is problematic. Abstinence should be defined as avoiding all sexual acts, regardless of whether they result in pregnancy or not. For example, many problematic CSE programs teach that abstinence can include anal and oral sex and mutual masturbation, since those acts do not result in pregnancy.</i></p> <p>“By the end of the 12<sup>th</sup> grade, students should be able to: Compare and contrast the advantages and <b>disadvantages of abstinence and other contraceptive methods, including condoms.</b>” (NSES, PR.12.CC.1, p. 20)</p> <p><i><b>Note:</b> This puts abstinence on the same par as having sex and using contraceptives rather than promoting abstinence as the best choice and the expected standard.</i></p> <p><b>CURRICULUM EXAMPLE:</b>  “... abstinence – <b>waiting until you’re older</b> or ready to have some kind of sexual intercourse.” (For ages 11-12, Rights, Respect, Responsibility (3Rs), 6th grade book, p. 35)</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</i></p>	<p><b>STANDARDS:</b>  <i><b>Note:</b> While many of the standards listed below may be true and some children do experience a feeling or belief that they are a different gender or sex than their biological sex, this phenomenon called Gender Dysphoria (previously called “Gender Identity Disorder”) can be a debilitating disorder that can lead to a lifetime of suffering and result in suicide or in a person receiving genital-mutilating surgeries and addictions or dependencies on harmful hormones.</i></p>



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.

*Certainly this is an issue that should be dealt with by medical professionals and not in a classroom by teachers with little or no expertise in this field. Certainly gender confusions should not be promoted in the classroom as healthy, normal or desirable, as most CSE programs "aligned" with these standards do.*

"By the end of 8<sup>th</sup> grade, students should be able to: **Differentiate between gender identity, gender expression and sexual orientation.**" (NSES, ID.8.CC.1, p. 16)

"By the end of 8<sup>th</sup> grade, students should be able to: **Access accurate information about gender identity, gender expression and sexual orientation.**" (NSES, ID.8.AI.1, p. 16)

"By the end of 8<sup>th</sup> grade, students should be able to: **Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.**" (NSES, ID.8.IC.1, p. 16)

"By the end of 8<sup>th</sup> grade, students should be able to: **Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity.**" (NSES, ID.8.INF.1, p. 16)

"By the end of the 12<sup>th</sup> grade, students should be able to: **Differentiate between biological sex, sexual orientation, and gender identity and expression.**" (NSES, ID.12.CC.1, p. 20)

"By the end of the 12<sup>th</sup> grade, students should be able to: **Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity.**" (NSES, ID.12.INF.1, p. 20)

"Biological Sex: Our sex as determined by our chromosomes (such as XX or XY), our hormones and our internal and external anatomy. Typically, **we are assigned the sex** of male or female at birth." (NSES, p. 39)

"Gender: The emotional, behavioral and cultural characteristics attached to a person's **assigned biological sex. Gender can be understood to have several components, including gender identity, gender expression and gender role.**" (NSES, p. 40)

***Note:** Using the phrase "assigned biological sex" indicates that these standards are based on radical gender ideology and not medical or scientific facts, since biological sex is not "assigned" by hospitals or doctors as claimed by transgender activists. Sex is innate and declares itself in utero.*

"Gender Expression: The manner in which people outwardly expresses [sic] their gender." (NSES, p. 40)

"Gender Identity: People's inner sense of their gender. **Most people develop a gender identity that corresponds to their biological sex, but some do not.**" (NSES, p. 40)



	<p><b>“Transgender:</b> A gender identity in which a person’s inner sense of their gender does not correspond to their assigned biological sex.” (NSES, p. 40)</p>
<p><b>11. PROMOTES ABORTION/ CONTRACEPTION TO CHILDREN</b> <i>May present 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><b>STANDARDS:</b> <b>“Abortion: A medical intervention that ends a pregnancy.”</b> (NSES, p. 39)</p> <p><i><b>Note:</b> While the standards may not explicitly “promote” abortion, curricula based on or “aligned” with these standards do.</i></p> <p><b>CURRICULUM EXAMPLE:</b> “Minors in California have the right to obtain an abortion without notifying their parents or any other adult if they do not wish to.” (For ages 13-14-year olds, Rights, Respect, Responsibility (3Rs), 8th grade book, p. 119)</p> <p>“What are my Reproductive Rights . . . Damien and Kyra are both 16 ... Kyra gets pregnant, decides she is too young to be a parent, and does not want to carry a pregnancy to term if she’s not going to parent the baby....” Scenario is followed by questions, including: “What does Kyra need to do in order to get an abortion in her home state, California?” (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 92)</p> <p>Refers children to the abortion provider Planned Parenthood and specifically to their “I’m Pregnant, Now What” webpage. (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 94)</p> <p><b>STANDARDS:</b> “By the end of the 8<sup>th</sup> grade, students should be able to: Explain the health benefits, risks and <b>effectiveness rates of various methods of contraception, including abstinence and condoms.</b>” (NSES, PR.8.CC.3, p. 17)</p> <p><i><b>Note:</b> Abstinence is not a method of contraception.</i></p> <p>“By the end of the 8<sup>th</sup> grade, students should be able to: <b>Define emergency contraception and its use.</b>” (NSES, PR.8.CC.4, p. 17)</p> <p>“By the end of the 12<sup>th</sup> grade, students should be able to: <b>Access medically-accurate information and resources about emergency contraception.</b>” (NSES, PR.12.AI.2, p. 21)</p> <p>“By the end of the 12<sup>th</sup> grade, students should be able to: <b>Evaluate the effectiveness of abstinence, condoms and other safer sex methods in preventing the spread of STDs, including HIV.</b>” (NSES, SH.12.CC.2, p. 22)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></p>	<p><i><b>Note:</b> While learning to advocate for dignified and respectful treatment, awareness, and acceptance of others can be a very good thing, in many CSE programs, this kind of standard is usually aimed at recruiting students to be LGBT allies, sexual rights advocates, and promoters of sexual diversity.</i></p>



*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.*

**STANDARDS:**

“By the end of the 8<sup>th</sup> grade, students should be able to: Develop a plan to promote dignity and respect for all people in the school community.” (NSES, ID.8.ADV.1, p. 16)

“By the end of the 8<sup>th</sup> grade, students should be able to: Advocate for safe environments that encourage dignified and respectful treatment of everyone.” (NSES, PS.8.ADV.1, p. 19)

“By the end of the 12<sup>th</sup> grade, students should be able to: Explain how to promote safety, respect, awareness and acceptance.” (NSES, ID.12.SM.1, p. 20)

“By the end of the 12<sup>th</sup> grade, students should be able to: Advocate for school policies and programs that promote dignity and respect for all.” (NSES, ID.12.ADV.1, p. 20)

“By the end of the 12<sup>th</sup> grade, students should be able to: Advocate for sexually active youth to get STD/HIV testing and treatment.” (NSES, SH.12.ADV.1, p. 22)

“By the end of the 12<sup>th</sup> grade, students should be able to: Advocate for safe environments that encourage dignified and respectful treatment of everyone.” (NSES, PS.12.ADV.1, p. 23)

**13. UNDERMINES TRADITIONAL VALUES AND BELIEFS**

*May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*

**STANDARDS:**

“By the end of the 12<sup>th</sup> grade, students should be able to: **Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity.**” (NSES, ID.12.INF.1, p. 20)

“By the end of 2<sup>nd</sup> grade, students should be able to: Demonstrate ways to show respect for **different types of families.**” (NSES, HR.2.IC.1, p. 12)

***Note:** Most CSE programs supported by the three organizations behind these standards manipulate children’s attitudes or beliefs about sexual behavior, asking them to analyze what might have shaped those beliefs (or their parents’), subtly causing them to question their values, informing them that such values often change over time.*

**CURRICULUM EXAMPLES:**

Homework assignment about Values and Beliefs includes questions such as: “**If your values and beliefs are different from your parent(s)/caregiver(s) values and beliefs about these topics, what do you think caused the difference in beliefs?**” (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 111)

Students are encouraged to start questioning family and religious values with statements such as: “... **decisions about sex can be even more difficult since everyone has different values and beliefs.**” (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 25)



**“Does everyone agree with the dominant cultural attitudes about sexuality? Do some people choose to live according to a different attitude or belief? Are attitudes about sexuality the same everywhere or do they vary? Do attitudes stay the same forever, or do they change?”** (It’s All One Curriculum, Vol. 2, pp. 54-55)

**“Discuss social norms regarding diverse forms of sexual expression and how such standards have changed or are changing.”** (It’s All One Curriculum, Vol. 1, p. 97)

**“Discuss how institutions (marriage, family, media, religion, schools) reinforce gender norms.”** (It’s All One Curriculum, Vol. 1, p. 43)

For the teacher: *“It’s All One Curriculum* supports values of equality, respect, and human rights. **Reflect on your own personal or religious values to be sure you are comfortable with honoring the values of the curriculum as they apply to gender and sexuality.**” (It’s All One Curriculum, Vol. 1, p. 4)

**“What kind of training will enable teachers to examine their own personal and religious beliefs about sexuality and gender so that they are better prepared to teach these topics in a way that corresponds with international human rights principles? What will allow teachers to work most effectively in highly conservative settings?”** (It’s All One Curriculum, Vol. 2, p. 13)

**14. UNDERMINES PARENTS OR PARENTAL RIGHTS**

*May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.*

**STANDARDS:**

**“By the end of the 8<sup>th</sup> grade, students should be able to: Analyze external influences that have an impact on one’s attitudes about gender, sexual orientation and gender identity.”** (NSES, ID.8.INF.1, p. 16)

**“By the end of the 8<sup>th</sup> grade, students should be able to: Identify medically accurate resources about pregnancy prevention and reproductive health care.”** (NSES, PR.8.AI.1, p. 17)

**“By the end of the 8<sup>th</sup> grade, students should be able to: Identify local STD and HIV testing and treatment resources.”** (NSES, SH.8.AI.2, p. 18)

**“By the end of the 12<sup>th</sup> grade, students should be able to: Explain how to access local STD and HIV testing and treatment services.”** (NSES, SH.12.AI.1, p. 22)

***Note:** What about the parents? Isn’t it a parent’s job to direct any medical or health services for their children of minor age? Again, this is aimed at recruiting customers for businesses like Planned Parenthood that provide these services.*

**CURRICULUM EXAMPLES:**

**“Look at methods that are not visible, such as the IUD, shot, ring, and condoms, so there would not be anything for parents to find.”** (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 67)



"In California, anyone of any age is allowed to get birth control—including condoms and also methods that require a prescription—**without notifying parents or getting their permission.**" (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 68)

"In California, any student of any age may legally and confidentially obtain birth control, including condoms, **without notifying or getting permission from parents or guardians if they do not wish to.** Anyone of any age may also consent to their own pregnancy care, including pregnancy testing, pre-natal care, and abortion. Minors 12 years and older may also consent to their own STI and HIV testing and treatment **without notifying parents** if they do not wish to. This includes being able to consent to their own HPV vaccine as well as accessing Prep medication for HIV prevention. In addition, students in California may also leave school during school hours to attend a sexual health care appointment for any of these reasons." (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 91)

Homework assignment about Values and Beliefs includes questions such as:

- "If your values and beliefs are **different from your parent(s)/caregiver(s)** values and beliefs about these topics, what do you think caused the difference in beliefs?" (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 111)
- Students are encouraged to start questioning family and religious values, with statements such as: "... decisions about sex can be even more difficult since **everyone has different values and beliefs.**" (For ages 14 and up, Rights, Respect, Responsibility (3Rs), High School book, p. 25)

The Student Support website under Health Clinics and Services, lists "Planned Parenthood" and gives the addresses for nine Planned Parenthood clinics. Advocates for Youth's *Rights, Respect, Responsibility* curriculum sends children to the following websites that promote abortion, sexual rights and sexual promiscuity to children: PlannedParenthood.org, TeenSource.org, SexEtc.org, AdvocatesforYouth.org (Advocates for Youth's Rights, Respect, Responsibility (3Rs), High School book, p. 91)

### **15. REFERS CHILDREN TO HARMFUL RESOURCES**

*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.)*

The NSES refers teachers to the following highly controversial sexual rights and abortion rights advocacy groups for print materials and professional development. Parents and students are referred to the same for more information and education:

- Advocates for Youth
- Answer
- Gay, Lesbian & Straight Education Network (GLSEN)
- Guttmacher Institute
- Resource Center for Adolescent Pregnancy Prevention (Recap)
- SIECUS
- Planned Parenthood Federation of America (NSES, pp. 37-38)



*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](http://www.WaronChildren.org) and [www.InvestigateIPPF.org](http://www.InvestigateIPPF.org))*

**CURRICULUM EXAMPLES:**

A Student Support website under Health Clinics and Services, lists "Planned Parenthood" and gives the addresses for nine Planned Parenthood clinics. Advocates for Youth's *Rights, Respect, Responsibility* curriculum sends children to the following websites that promote abortion, sexual rights and sexual promiscuity to children: PlannedParenthood.org, TeenSource.org, SexEtc.org, AdvocatesforYouth.org (Advocates for Youth's Rights, Respect, Responsibility (3Rs), High School book, p. 91)

For the complete text of *National Sexuality Education Standards* see <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>.



**“Reducing the Risk”  
Cuyahoga County Schools &  
Ohio Juvenile Foster Care**



## 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 *Reducing the Risk, Revised 5<sup>th</sup> Edition* Based on 15 Harmful Elements Commonly Included in CSE Materials

#### CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

*Reducing the Risk, Revised 5<sup>th</sup> Edition* 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:** *Reducing the Risk* is a sexuality curriculum designed for youth ages 14-18, though it is also found in middle schools being taught to children as young as 12. While it purports to be an abstinence-based program, the teacher's manual reveals the deceptiveness behind this label. "This program uses a specific definition of abstinence: abstinence means choosing not to do any sexual activity that carries a risk for pregnancy or STD/HIV." (*Teacher's Manual, p. 15*) This definition of abstinence gives a false equivalency between abstaining from sexual activity and having "safer sex" with a condom.

This is a highly controversial program that uses explicit details to encourage youth to use protection in order to avoid HIV and other STDs. Proper condom use is demonstrated on a wooden penis model. Students brainstorm how to make condom use more romantic and have a homework assignment to go shopping for condoms. *Reducing the Risk* uses role plays (with gender-nonspecific names assigned) to teach youth how to negotiate sexual situations. It teaches where they can go for STD testing without parental knowledge. This program promotes masturbation, early sexual autonomy, and diverse sexual orientations. *Reducing the Risk* is being used through federal grant money in Arizona, California, Connecticut, Florida, Georgia, Idaho, Indiana, Kentucky, Michigan, Minnesota, Mississippi, Montana, Nevada, New Hampshire, New Jersey, New York, Ohio, Oregon, South Carolina, South Dakota, Vermont, Virginia, Washington, West Virginia, and Wyoming.

**Target Age Group:** Ages 14-18, though it is taught in some middle schools to children as young as 12.

**Planned Parenthood Connections:** ETR, the publisher of *Reducing the Risk*, has a member of PPFA on their Board of Directors.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b>	Role Play 1.1A: "Lee and Lee have been going out for 3 months, and, although taking it slow, they've been <b>getting closer to having sex</b> . They're sitting on the

<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.

sofa together, **kissing and touching.**" (*Teacher's Manual*, p. 19)

*Note: At the end of the role play, Lee and Lee have unprotected sex and get pregnant.*

"Explain that for this activity, exchanging signatures with someone **represented having sex with that person.**" (*Teacher's Manual*, p. 30)

"Michael was dating Jaidyn and **only having sex with her.** Then one night at a party, he **drank too much and had sex with someone else.** After that, he continued to only have sex with Jaidyn. Is this serial or overlapping?" (*Teacher's Manual*, p. 32)

"Ask students to **assume everyone is having overlapping sexual relationships, and no one is using condoms.**" (*Teacher's Manual*, p. 33)

"Red alert signs usually occur about 20 minutes to an hour before the high-risk moment when...you may have **done a lot of touching** and are feeling close." (*Teacher's Manual*, p. 89)

"Signs of Sex: We **make and take chances to touch;** We touch each other in more ways and **are getting excited;** We're **drinking and touching**" (*Teacher's Manual*, p. 92)

"Myth or Fact: If a guy **pulls his penis out of a girl in time** (before he ejaculates), he can be sure to prevent pregnancy." (*Teacher's Manual*, p. 128)

"[The HPV vaccine] is recommended for girls and boys **ages 11 and 12,** because the shots work best when **given before a person has had sex.**" (*Teacher's Manual*, p. 129)

"Have a monogamous relationship with only one partner who doesn't have HIV...and **who never has sex with anyone else.** (*Note: This choice isn't realistic for many teens* because they tend to be involved in a series of relatively short-term relationships.)" (*Teacher's Manual*, p. 157)

"You and your boyfriend/girlfriend have been going out for a while. From the beginning you **touched and kissed a lot.** On his/her birthday...you begin **kissing and touching and feeling really good.**" (*Student Workbook*, p. 13)

The party is at a friend's house and the parents are gone. A lot of **kids are getting high and some couples are leaving – maybe to have sex.**" (*Student Workbook*, p. 19)

Role Play 10.3: "You know no one will be home for 2 hours. You're **kissing and touching** and your boyfriend (girlfriend) lets you know he (she) wants to have sex." (*Student Workbook*, p. 39)

"Imagine that you have a younger sister who is **12 years old.** She tells you she **wants to have sex** with her boyfriend." (*Student Workbook*, p. 43)



	<p>Role Play 16.3: "You've decided that you <b>don't want to have unprotected sex</b> with your boyfriend or girlfriend. On this evening, you both have been watching TV. You decide to lie down on the couch together. You remember that this is exactly what happened <b>the last two times you had sex</b> without protection." (<i>Student Workbook, p. 55</i>)</p>
<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><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>"The <b>role plays are an essential and powerful part</b> of Reducing the Risk. At first, students may be hesitant about their performances, but they soon begin to enjoy these opportunities and use them to great advantage. Teachers will help students by continuing to encourage them to practice their interpersonal skills in the role plays. The more students <b>practice effectively saying no to sex (or to unprotected sex)</b>, the more likely they will be to use these skills in real life." (<i>Teacher's Manual, pp. 2-3</i>)</p> <p>"Instruction on boundaries and respecting another person's NO – both verbal and nonverbal – regardless of perceived clarity can be included to help young people understand the <b>two-way nature of consent...</b>" (<i>Teacher's Manual, p. 55</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>"Abstinence from vaginal, <b>oral and anal sex</b> reduces the risk of cervical cancer, which is linked to HPV infection." (<i>Teacher's Manual, p. 47</i>)</p> <p>"Condoms must be used from start to finish during <b>every act of vaginal, anal or oral intercourse.</b>" (<i>Teacher's Manual, p. 113</i>)</p> <p>"Put the condom on the head of the erect penis before there is any contact <b>between the penis and the vagina, anus or mouth.</b>" (<i>Teacher's Manual, p. 114</i>)</p> <p>"Anyone who has unprotected <b>vaginal or anal sex</b> with someone who has HIV can get HIV. There is also some risk of transmission through <b>oral sex</b>, but it is much lower." (<i>Teacher's Manual, p. 156</i>)</p> <p>"To eliminate the risk of HIV: Don't have sex. This includes <b>vaginal, anal and oral sex.</b>" (<i>Teacher's Manual, p. 157</i>)</p> <p>"HIV and other STDs can be passed through <b>vaginal, anal and oral sex.</b>" (<i>Teacher's Manual, p. 163</i>)</p> <p>"Behaviors with some risk of HIV: <b>Oral and anal sex</b> using a condom; <b>Oral sex</b> without a condom" (<i>Teacher's Manual, p. 169</i>)</p> <p>"Behaviors with high risk of HIV: <b>Anal sex</b> without a condom" (<i>Teacher's Manual, p. 169</i>)</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>“Over the course of the role-play activities, students will be in a position where they must role-play sexual pressure situations with <b>classmates of both a different and the same gender</b>. This may be awkward for teens who are sensitive to the suggestion of same-sex romance, for teens who <b>identify as gay or lesbian</b>, or for teens who are <b>transgender or gender nonconforming</b>. It’s important to address this situation directly and proactively.” (<i>Teacher’s Manual, p. 71</i>)</p> <p>“Explain that they need to take their roles seriously <b>because teens of all sexual orientations and gender identities</b> need to learn how to resist sexual pressure and protect themselves.” (<i>Teacher’s Manual, p. 71</i>)</p> <p>“<b>Teens of all sexual orientations and gender identities</b> need to know how to protect themselves from unplanned pregnancy.” (<i>Teacher’s Manual, p. 129</i>)</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>“Abstaining may ultimately help people <b>be better lovers</b>; it allows them to explore a wide range of ways to express love and sexual feelings.” (<i>Teacher’s Manual, p. 47</i>)</p> <p>“Additionally, couples shouldn’t rely on withdrawal since it requires them to <b>interrupt sex exactly when they don’t want to</b>.” (<i>Teacher’s Manual, p. 100</i>)</p> <p>“The clitoris is a pea-shaped organ full of nerve endings...The <b>only known function of the clitoris is to provide sexual pleasure</b>.” (<i>Teacher’s Manual, p. 208</i>)</p> <p>“<b>During sexual arousal</b>, the penis becomes firm and erect so it can shoot sperm as deep as possible into the woman’s vagina.” (<i>Teacher’s Manual, p. 212</i>)</p> <p>Role Play 9.2 has two kids discussing condom use: “I just don’t like to stop what’s going on. You lose something. And...<b>I like the way it feels without it. It feels more...well, natural</b>.” (<i>Student Workbook, p. 37</i>)</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>“Behaviors w/ no risk of HIV: <b>Masturbation</b>” (<i>Teacher’s Manual, p. 169</i>)</p> <p>“Behaviors w/ some risk of HIV: <b>Mutual masturbation</b>” (<i>Teacher’s Manual, p. 169</i>)</p>



**7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS**

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

"Practice unrolling a condom over 2 fingers or a **penis model** (recommended)." (*Teacher's Manual, p. 109*)

"Describing how condoms are used, **with visual aids** to assist the instructions, offers the most effective approach to condom education." (*Teacher's Manual, p. 110*)

"Demonstrate how a condom is used...Make sure to stress the importance of holding the **condom around the base of the penis when the penis is pulled out of the partner's body.**" (*Teacher's Manual, p. 111*)

"Unwrap the condom and **unroll it over the penis model**...showing how much space to leave at the tip, how to hold the end of the condom, and how to unroll and remove the condom." (*Teacher's Manual, p. 111*)

"Hold onto the base of the condom while the **still-erect penis is gently pulled out of the partner's body.**" (*Teacher's Manual, p. 114*)

"To avoid pregnancy and STD, the male should **pull the penis out very soon after ejaculating, while the penis is still hard...**" (*Teacher's Manual, p. 128*)

"These are things you can do or say to yourself to make using a condom easier: DOUBT – *I'll look like a beginner if I don't know what to do with the condom;* DOUBT-BUSTER ACTION – **I'll practice putting a condom on my fingers** so I'm sure I'll know how." (*Teacher's Manual, p. 177*)

"Using Protection – Use the Condoms: Who would bring out the condoms? What would he/she say? **What would be the most romantic way to use the condom?** What might go wrong? **What would you do to save the evening?**" (*Student Workbook, p. 50*)

**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.*

"Acknowledge that it's sometimes **hard to practice abstinence.**" (*Teacher's Manual, p. 48*)

"Lead students in a discussion that focuses on what to do to **avoid unwanted or unprotected sex.**" (*Teacher's Manual, p. 90*)

"The homework assignment (of shopping for protection) gives students the **experience of preparing to obtain protection.**" (*Teacher's Manual, p. 99*)

"Students prepare to **locate clinics** in their area and make plans for contacting one to get information about protection. Students then apply their knowledge about protection to **decide which method(s) might be best for them.**" (*Teacher's Manual, p. 109*)

"Ask about the confidentiality policies at the clinics and the importance of these policies. (Pull for the idea that sex and sexuality are private and that **people should and do have control over their choices** to use birth control from clinics or drugstores.)" (*Teacher's Manual, p. 176*)

"Ask if anyone found a clinic that is especially **easy to get to from their home or**



	<p><b>high school without a car.”</b> (<i>Teacher’s Manual, p. 177</i>)</p> <p>“All youth benefit from conversations that allow them to...<b>determine when they are ready to engage in safe, consensual sexual activity.</b>” (<i>Teacher’s Manual, p. 204</i>)</p> <p>‘Shopping Information Form’ requires students to <b>visit two stores to price condoms.</b> Students note the brand name, price, whether it is lubricated and has a reservoir, how comfortable they are buying protection there, and the store’s hours of operation. (<i>Student Workbook, p. 31</i>)</p> <p>‘Visit or Call a Clinic’ assignment requires students to <b>research a family planning clinic.</b> Students determine location and hours, services available, price of consultation, confidentiality policy, and their level of comfort visiting this clinic. (<i>Student Workbook, p. 33</i>)</p> <p>‘The Way to the Clinic’ assignment requires students to <b>map the route to the clinic</b> and determine which mode of transportation is most effective in getting there. (<i>Student Workbook, p. 34</i>)</p> <p>Role Play 11.2: “You and your boyfriend/girlfriend <b>have had sex without using protection.</b> You just found out a close friend is pregnant and you don’t want it to happen to you.” (<i>Student Workbook, p. 45</i>)</p> <p>“Picture a time in your life when you would be <b>ready to have sex.</b>” Students then write about how they would take steps to use protection. (<i>Student Workbook, p. 49</i>)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</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>“As a result of participating in classes that use this curriculum, students will be able to: Recognize that abstaining from sexual activity <b>or using contraception</b> are the only ways to avoid pregnancy, HIV and other STDs.” (<i>Teacher’s Manual, p. 1</i>)</p> <p>“This program uses a specific definition of abstinence: <b>abstinence means choosing not to do any sexual activity that carries a risk for pregnancy or STD/HIV.</b>” (<i>Teacher’s Manual, p. 15</i>)</p> <p>“Tell students this activity will help them <b>understand the risks of having sex without using protection.</b>” (<i>Teacher’s Manual, p. 16</i>)</p> <p>“The second part of this activity shows how risk changes when people <b>abstain or use protection</b> correctly and consistently.” (<i>Teacher’s Manual, p. 17</i>)</p> <p>“When people have <b>more sexual partners</b> and don’t always use a condom, they’re at greater risk of getting an STD.” (<i>Teacher’s Manual, p. 33</i>)</p> <p>“Class 2 reminds students that there are only two ways to avoid pregnancy and STD/HIV – not having sexual intercourse (<b>abstaining</b>) <b>or consistently using protection.</b>” (<i>Teacher’s Manual, p. 43</i>)</p>



	<p>“Give students no more than 5 minutes to write down what they might say in the role play to avoid <b>unprotected sex.</b>” (<i>Teacher’s Manual, p. 71</i>)</p> <p>“Remind students that there are two ways to avoid pregnancy and HIV: <b>say no to sex, or use protection.</b>” (<i>Teacher’s Manual, p. 89</i>)</p> <p>“<i>Yellow alerts</i> are signals that there may be a <b>risk of unprotected sex</b> in the future and that you should slow down and prepare yourself to avoid pregnancy or infection.” (<i>Teacher’s Manual, p. 89</i>)</p> <p>“As a homework assignment, students <b>research prices and descriptions of nonprescription (protection) products.</b>” (<i>Teacher’s Manual, p. 97</i>)</p> <p>“Explain that, <b>for people who choose to have sex,</b> using a latex condom offers the best protection against HIV and other STDs.” (<i>Teacher’s Manual, p. 111</i>)</p> <p>“<b>When using a condom,</b> use a lubricant that isn’t oil based.” (<i>Teacher’s Manual, p. 127</i>)</p> <p>“Taylor and Bobby have gone out for a long time but have never had sex. One day they go to Bobby’s sister’s apartment. She is in the bedroom with her boyfriend. In the living room, Taylor and Bobby start to kiss and warm up to each other. What can Taylor or Bobby do to <b>avoid sex or unprotected sex?</b>” (<i>Teacher’s Manual, p. 137</i>)</p> <p>“Tony and Dylan...start to kiss and undress each other. Dylan reaches into a jacket pocket, and realizes that the condom they planned to use is gone... What can Tony and Dylan do to <b>avoid unprotected sex?</b>” (<i>Teacher’s Manual, p. 139</i>)</p> <p>“<b>Have safer sex</b> that doesn’t put you in contact with a partner’s blood, semen, or vaginal or rectal fluids. This means using condoms...or having sex play without intercourse.” (<i>Teacher’s Manual, p. 158</i>)</p> <p>Role Play 9.2 has two sexually active youth discussing whether or not it’s worth it to use a condom: “I’ll just have to change my attitude and <b>be sure we use them.</b> My life’s pretty good now. I want to keep it that way.” (<i>Student Workbook, p. 37</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</i></p>	<p>“Be sure your reading of the role-play allows for inclusivity and <b>does not reinforce one view of gender identity or gender stereotypes.</b>” (<i>Teacher’s Manual, p. 14</i>)</p> <p>“Recognize that trauma can arise from power differences due to culture, <b>gender and sexual orientation.</b> Use inclusive language that empowers diverse populations. Avoid stigmatizing particular groups of youth or reinforcing limiting stereotypes.” (<i>Teacher’s Manual, p. 204</i>)</p>



<p><i>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><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 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>Pregnancy Risk Chart: "You did not become pregnant because you decided to <b>use the IUD.</b>" (<i>Teacher's Manual, p. 20</i>)</p> <p>Pregnancy Risk Chart: "You did not become pregnant because you <b>used a latex condom correctly every time you had sex.</b>" (<i>Teacher's Manual, p. 20</i>)</p> <p><b>"Methods of birth control</b> that are very effective if used correctly and consistently: abstinence, LARCs (IUD, implant), birth control pill, birth control patch, vaginal ring, Depo-Provera and the latex condom, especially when used with spermicide." (<i>Teacher's Manual, p. 101</i>)</p> <p><b>Note:</b> pp. 101-106 discuss risks and advantages of various birth control methods</p> <p>"In order to prevent pregnancy, <b>emergency contraception</b> must be used within 5 days after having unprotected sex." (<i>Teacher's Manual, p. 106</i>)</p> <p>"What did they learn about <b>types and costs of protection?</b> Be sure student answers include: <b>It's easily available; It's inexpensive; It wasn't too embarrassing to look at.</b>" (<i>Teacher's Manual, p. 176</i>)</p> <p>'How Will You Avoid Pregnancy' assignment directs students to determine <b>which methods of birth control they need more information about</b> and how they will find that information. (<i>Student Workbook, p. 35</i>)</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>"It's recommended that facilitators work with a small group of youth to review the <b>role-plays</b> and other activities and suggest minor changes to increase relevance before implementation." (<i>Teacher's Manual, p. 4</i>)</p> <p>"Students are presented with 'situations' in which <b>they must decide as a group</b> how to handle difficult predicaments." (<i>Teacher's Manual, p. 133</i>)</p> <p>"Put students into <b>small groups</b> of no more than 4. Tell them they will <b>develop a role play</b> that addresses one of the steps of preparation for using condoms...Have them <b>write a full script</b> on a separate sheet of paper." (<i>Teacher's Manual, p. 172</i>)</p> <p><i>*YAPs (Youth-Adult Partnerships) are frequently established in schools where RTR is offered. Students who have gone through the program are encouraged to join where they spend time promoting the Adolescent Pregnancy Prevention program to their peers.</i></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>"At some point in their lives, most people <b>decide they're ready to have sex but not to become a parent.</b>" (<i>Teacher's Manual, p. 91</i>)</p> <p>"What are your conclusions (about the best method of preventing pregnancy)? Circle the numbers that show <b>which methods seem best for you.</b>" (<i>Student Workbook, p. 35</i>)</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.</u> May teach children about <u>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>"You <b>do not need a parent's permission</b> to get birth control at a clinic. No one needs to know that you are going to a clinic." (<i>Teacher's Manual, p. 127</i>)</p> <p>"In almost every state, teens can be tested for HIV <b>without parent permission.</b> However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask <b>if they need parental consent</b> for testing or treatment, and whether the clinic will <b>share information with parents.</b>" (<i>Teacher's Manual, p. 158</i>)</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</i></p>	<p>"To facilitate the <b>process of locating a clinic</b>, teachers who have access to the Internet can <b>bookmark pages for local clinics</b> and either project the web pages onto a classroom screen or provide students with a website address. Or, have available one or more local telephone directories." (<i>Teacher's Manual, p. 109</i>)</p> <p>"Besides learning <b>what services are offered at local family planning clinics</b>, this homework assignment asks students to rate their comfort level while at the clinic." (<i>Teacher's Manual, p. 116</i>)</p> <p>"<b>Select two or three conveniently located clinics</b> (or the clinics that have agreed to participate) from which they can choose." (<i>Teacher's Manual, p. 116</i>)</p> <p>"Encourage students to <b>go with their boyfriends or girlfriends</b>, even those who aren't in the class. Tell students they should <b>bring back some literature</b> available from the clinic. This could be a pamphlet describing services." (<i>Teacher's Manual, p. 116</i>)</p> <p>"People who use injection drugs should never share needles. <b>If needles or works are shared or re-used</b>, clean them 3 times with water, 3 times with bleach and 3 times with water before each use." (<i>Teacher's Manual, p. 158</i>)</p>



children for profit see  
[www.WaronChildren.org](http://www.WaronChildren.org) and  
[www.InvestigateIPPF.org](http://www.InvestigateIPPF.org))

For more information on *Reducing the Risk, Revised 5<sup>th</sup> Edition* see <https://www.etr.org/ebi/programs/reducing-the-risk/>.



**“Syntero” Partners with  
Planned Parenthood in these public  
schools:**

**Columbus City**

**Dublin City**

**Grandview Hts City**

**Hilliard City**

**Southwestern City**

**BWesterville City**



# **RACK CARDS**

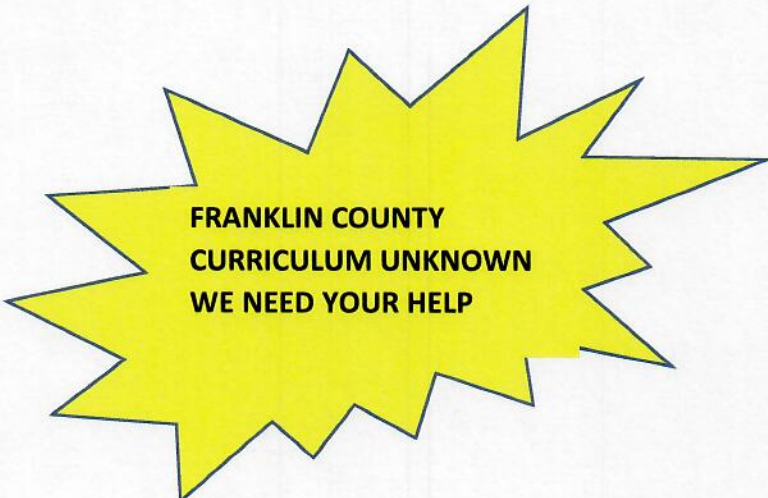


# EVIDENCE FOUND IN CENTRAL OHIO



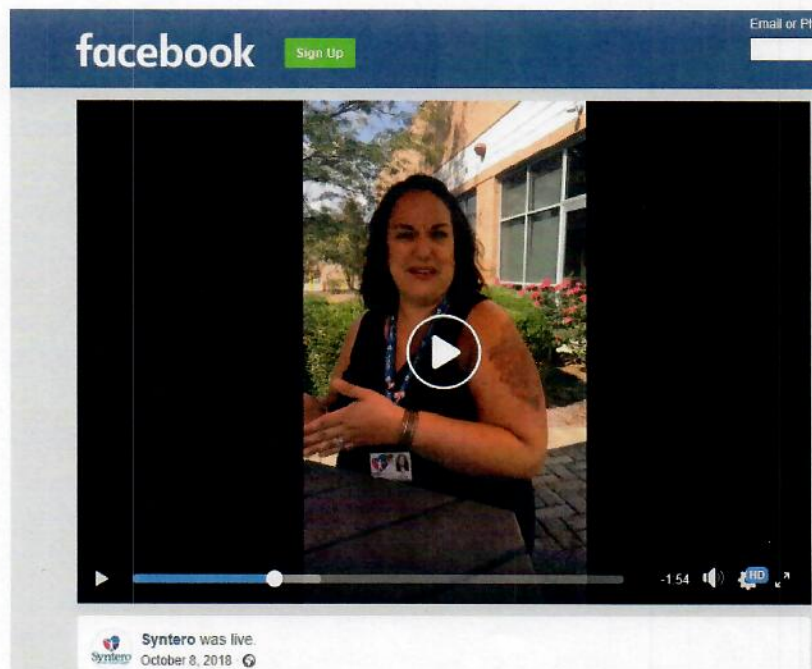
Protect Ohio Children Found the CSE “Healthy Bodies/Healthy Futures” Program in these FRANKLIN COUNTY SCHOOL DISTRICTS:

- Southwestern City Schools
- Columbus City Schools
- Dublin City Schools
- Grandview Hts City Schools
- Westerville City Schools
- Hilliard City Schools



SOURCE:

<https://www.facebook.com/SynteroOhio/videos/vb.1453434648312053/526560454436465>





- ADA
- BUILDING & ZONING
- CIVIL SERVICE
- DEVELOPMENT
- EDUCATION
- DIVERSITY AND INCLUSION
- FINANCE & MANAGEMENT
- HUMAN RESOURCES
- NEIGHBORHOODS
- PUBLIC HEALTH
- PUBLIC SAFETY
- PUBLIC SERVICE
- PUBLIC UTILITIES
- RECREATION & PARKS
- TECHNOLOGY
- TREASURER

columbus > public health > coalition for sexual health



FIND US  
FOLLOW US



### SEXUAL HEALTH

**Sexual Health Clinic**  
*Take Care Down There Clinic*  
*Ryan White HIV Care*

**Parents Corner**  
*Coalition for Sexual Health*  
*Resources and Links*  
*Let's Talk about PrEP*  
*Location and Directions*

**Customer Satisfaction Survey**

#### Sexual Health Clinic Hours

Mon 8 a.m.-2:15 p.m.  
Tue 10 a.m.-6:15 p.m.  
Wed 8 a.m.-11:15 a.m.  
Thu 9 a.m.-4:15 p.m.  
Fri 8 a.m.-4:15 p.m.

**Clinic may stop taking patients early if it becomes full.**

**Sexual Health Clinic**  
(614) 645-7772  
(614) 645-0070 Fax

**Take Care Down There Clinic**  
Mon 5 p.m.-7:45 p.m.  
Wed 1 p.m.-4:45 p.m.  
Thu 5 p.m.-7:45 p.m.

**Ryan White**  
(614) 645-CARE (2273)

[Health@columbus.gov](mailto:Health@columbus.gov)

### COALITION FOR SEXUAL HEALTH

*Moving adolescent sexual health forward!*

#### Who We Are

The Coalition for Sexual Health is a partnership of organizations, health care providers, and community members working to address sexual health needs and disparities of adolescents across Central Ohio.



CENTRAL OHIO  
COALITION FOR  
SEXUAL HEALTH

#### Mission

To promote, implement, evaluate, and improve science-informed sexual health education and programs for youth and young adults in Central Ohio through organized community efforts.

#### Vision

Central Ohio youth and young adults are educated and empowered to make responsible choices for their sexual health.

#### We Believe

- Helping adolescents become educated and empowered around their sexual health will positively impact their health as well as the health of the communities they live in.
- Creating positive change means engaging adolescents as well as their families and the other community support systems that they encounter.
- Expanding our definition of sexual health to include social, biological, and emotional wellness will help to create more effective education.
- Supporting connections between wellness providers will strengthen the impact we are able to have on our community.

#### What We Do

The Coalition for Sexual Health supports the sexual health and wellness of central Ohio's adolescents through three core strategies:

##### Promote

We promote comprehensive human sexuality education that is developmentally and culturally competent.

##### Implement

We work in partnership to implement new and innovative modes of engagement through outreach, education, and programming.

##### Evaluate and Improve

We seek to ensure that adolescents throughout Central Ohio have access to science-informed, medically accurate, and comprehensive human sexuality education.

#### Our Partners

AIDS Resource Center, The Center for Family Safety and Healing, Directors for Youth and Families, Education Counsel, Ohio Department of Education, Ohio Department of Health, Ohio Health, The Ohio State University, Nationwide Children's Hospital, Planned Parenthood, and Syntero.

[Learn More & Join Our Mailing List - Contact Us](#)

#### Attend Our Next Meeting

Second Friday in February, May, August, and November  
9:00 am to 10:30 am  
[Columbus Public Health](#), Room 119-D  
240 Parsons Ave  
Columbus, OH 43215

#### Questions

Chelsea Varnum, M.Ed.  
Program Manager - Columbus Public Health

[covarnum@columbus.gov](mailto:covarnum@columbus.gov)



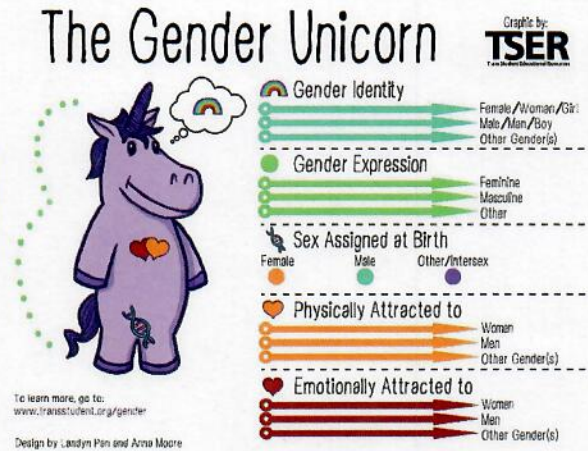
# RACK CARDS



# RACK CARDS

**216Teens.ORG** rack cards are available to students in various locations across Cuyahoga County (including schools and health agencies) to advertise the **216Teens.org** website for information about Comprehensive Sexuality Education.

(216 is the area code for Cuyahoga County)



Planned Parenthood rack cards were presented to students at the Warren County Career Center Planned Parenthood Booth



Watch the Video that corresponds to the rack card brochure "Consent"

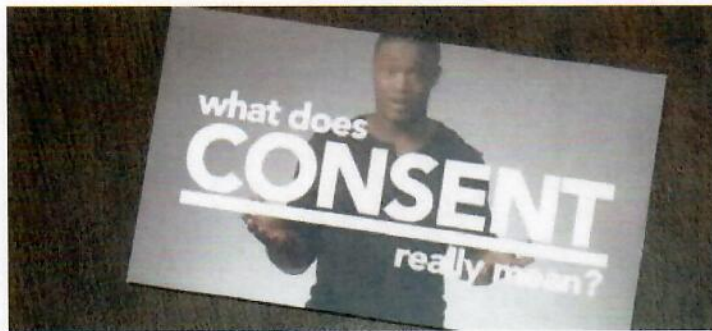
<https://www.youtube.com/watch?v=qNN3nAevQKY>

RACK CARDS ARE USED AS ADVERTISEMENT BROCHURES TO PROMOTE PLANNED PARENTHOOD AND THEIR WEBSITES



The "Consent" rack card is a corresponding advertisement of the Planned Parenthood "Consent" video (Do a search in YouTube: Planned Parenthood Consent Video)

<https://www.youtube.com/watch?v=qNN3nAevQKY>



Below are images from the Planned Parenthood "Consent" video that teaches youth about negotiation and consenting skills for sexual encounters



How Do You Know if Someone Wants to Have Sex with You? | Planned Parenthood Video  
369,407 views

1.2K 1K SHARE SAVE

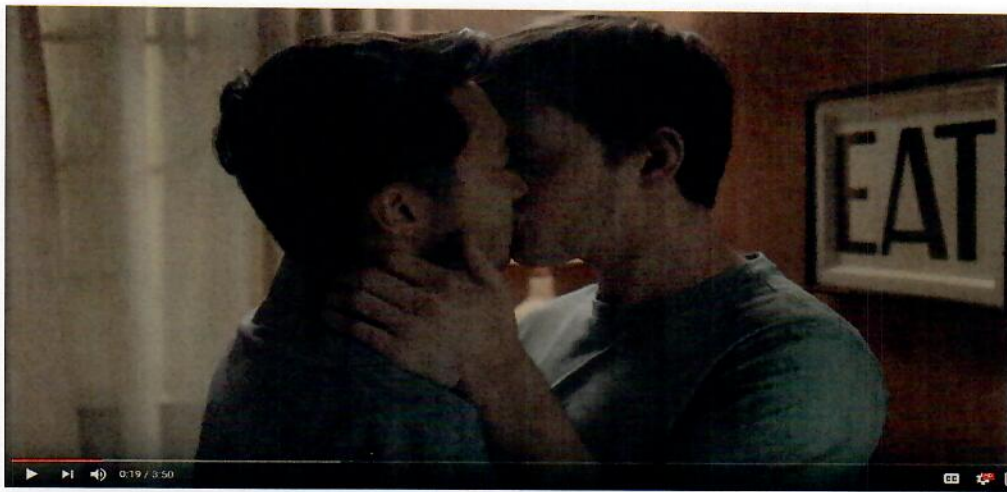


How Do You Know if Someone Wants to Have Sex with You? | Planned Parenthood Video  
369,407 views

1.2K 1K SHARE SAVE

105





How Do You Know if Someone Wants to Have Sex with You? | Planned Parenthood Video  
369,407 views

1.2K 1K SHARE

Planned Parenthood



How Do You Know if Someone Wants to Have Sex with You? | Planned Parenthood Video  
369,407 views

1.2K 1K SHARE SAVE ..

Planned Parenthood

SUBSCRIBE 49K



# Warren County Career Center

Hello:

Attached are the scanned images of the pamphlets that were available for any student who chose to come talk with the Planned Parenthood people during the voluntary SADD Healthy Choices Fair. It should be noted that few did, but these were available if they chose to take them. Please let me know if you have any additional questions.

Kim  
Kim Gambill  
Director of Pupil Personnel  
Warren County Career Center  
\*\*\*\*\*8

Good Morning again

I have met with Kim Gambill, WCCC Director of Pupil Personnel and supervisor of our SADD (Students Against Destructive Decisions) Program who coordinated and hosted a Healthy Choices Fair on our campus March 1. Here is the information I gathered from Kim and our SADD Program advisor, Andrea Bowman:

The purpose of WCCC's SADD chapter is to empower special education students to take leadership roles in a club--SADD--that gives them such opportunities that they may otherwise not as easily have.

The students wanted to host a Healthy Choices Fair that brought in organizations that could give them information to make their own informed choices about healthy relationships. There was NO DISCUSSION of any kind about pregnancy, abortions, or anything of that nature and that was intentionally expected as such, by us. There was discussion about healthy choices, being able to decide what they wanted their voices to be in their own personal relationships. We wanted to support them and help them safely hear about mental health and how it impacts relationships, relationship violence and what they can do about it, suicide prevention and the signs to look for in relationships, substance abuse and what they should be aware of (especially as it pertains to driving under the influence, etc.), as well as the real-life concerns of STD's, making the decision about when and with whom to engage in sexual activity (as it pertains to be ready, knowing boundaries, and having a voice and a choice). There was absolutely nothing about abortions ever mentioned, and we did not (and the students who helped shape this fair did not want) to go anywhere near anything to do with babies, pregnancy, abortions, etc. That was NEVER even mentioned by the students, the advisor, or any of the vendors present. Clear parameters were set and were followed. These are sensitive topics, and when students come to us and want us to help support them in being aware of and help make positive, healthy choices for their lives--we take that responsibility very seriously. In no way were we ever trying to influence any decision for any student--we wanted to help give them information that they were asking for in a positive and safe way.

Both Kim and Andrea expressed to me their apologies if this was taken in a way that was COMPLETELY unintentional and was never a part of the purpose of the fair in any way. They both expressed regret if this has caused anyone any concerns, as it was never anyone's intention to imply anything other than support for healthy choices for their questions, so that they can be responsible young adults making healthy decisions about their lives and their relationships. They also assured me that we did not encroach upon anything that might seem influencing upon personal decisions about pregnancies, etc., so that is another guiding reason they set and kept the parameters very clearly defined.



The venue was in our Mustang Cafe, away from the main commons lunch area and students were able to go in if they wanted to, but no one was required to go in or listen to anyone--it was simply available and was supervised the entire time by them, as well.

I have attached pictures of materials from booths. Klm and I also extend an invitation to you to come and meet with both of us in my office to discuss further, if needed. Again, my sincere apologies for anything that may have been unintentionally misconstrued in any way. And, our Board of Education nor I were aware of this event until we heard about it from you.

I look forward to discussing this with you further, if needed. Feel free to call me at any time. And thank you for your interest in what we do at WCCC. We all are in this together!

Sincerely,

**Rick Smith, Superintendent**  
Warren County Career Center  
3529 N. State Route 48  
Lebanon OH 45036-1099

\*\*\*\*\*

On Mon, Mar 11, 2019 at 9:35 PM wrote:

A member / friend of Warren County Right To Life contacted me about Warren County Career Center hosting a Planned Parenthood booth inside WCCC.

This lady's son attends WCCC & they say this occurred on or about March 1st. I'd like to ask for more information please.

- 1) First, is this true?
- 2) Why was this booth allowed in when Planned Parenthood freely admits that abortion is their "core mission." (Recent Tweet from PP president Leana Wen attached; I believe she also gave an interview saying essentially the same thing)
- 3) Was a pro-life display or crisis pregnancy center booth also included?
- 4) Did the Board of Education know about this booth beforehand?
- 5) Who made the decision to allow, invite or approve the PP booth?
- 6) Please provide copies of materials, stickers & any items PP handed out. If no copies were kept, please describe these materials & their messages.

As a former WCCC student (many years ago) and as a resident of our mostly conservative county, I was surprised and troubled to hear about this. But I want to get all the facts and hear WCCC's side of this situation.

Please consider this a *Public Records Request* & let me know the info requested above at your earliest convenience.

Thank you,  
Warren Co. Right To Life



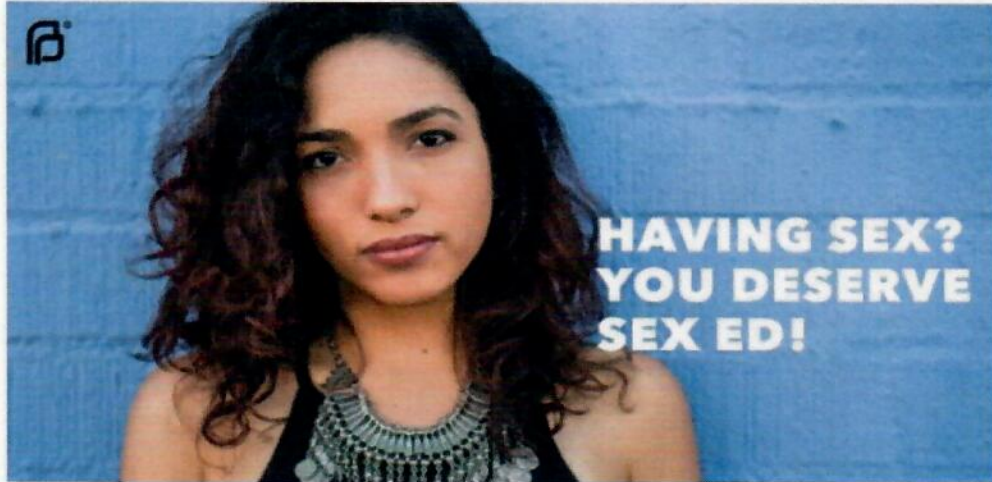
# Typical Planned Parenthood images found on social media.



**Planned Parenthood**

Sponsored • Paid for by Planned Parenthood Federation of America

Sex is hot - bad sex ed is not. Fight back now!



Screen shot of Planned Parenthood's 'sex is hot' ad for Facebook. June 6, 2018.

BRAND MARKETING

## Planned Parenthood Wants to Protect Your 'Freedom to F\*ck' With New Fundraising Effort

The campaign targets younger folks in NYC

By Katie Richards | July 11, 2018





**MISCELLANEOUS EVIDENCE OF  
PLANNED PARENTHOOD FOUND IN**

- UPPER ARLINGTON FIRST GRADE,**
- WARREN COUNTY CAREER CENTER,**
- LAKOTA HIGH SCHOOL,**
- KINGS HIGH SCHOOL**



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# UPPER ARLINGTON FIRST GRADE

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Just to alert you to the "LGBTQ" agenda right in your neighborhood. On Monday, April 1 at 4:00 pm, a notice went out to families of first-graders at Windermere Elementary School in Upper Arlington ( suburb of Columbus) that on the following day, April 2 at 1:00 pm, a book would be read to a first grade class because one of the students in that class wants to "transition" from boy to girl. So the school counselor was to come into the class to read a book called, *Who Are You? A Kid's Guide to Gender Identity* by Brook Pessin-Whedbee. Here's a website for the book:

<https://kidsguidetogender.com>

There was no opt-out for the families, and the short notice gave no time for any discussion or preparation for those families who might not want their kids exposed to this questionable material. The good news is that there were reportedly many calls to the district offices and the school from concerned parents. One parent told the school it was terribly disrespectful.

This is pure propaganda and extremely destabilizing for both the child at the center of this controversy, as well as all the other children who suddenly learn there are children supposedly "born in the wrong sex body." This is inaccurate and very harmful. If you would like to express your thoughts to the UA Schools, here is some contact information:

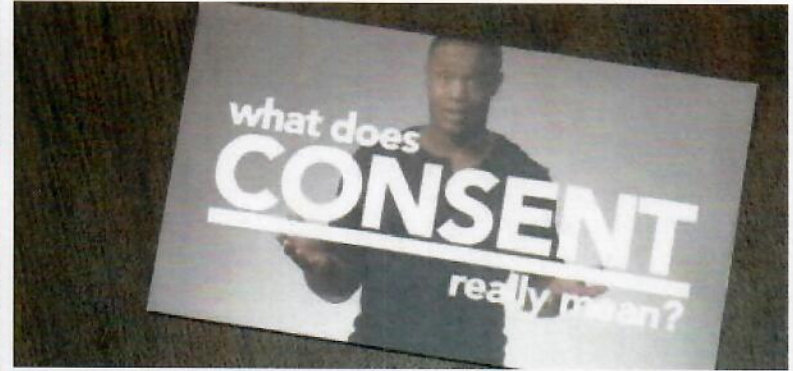
Superintendent Paul Imhoff, Ed.D.  
superintendent@uaschools.org( 614) 487-5030

Stacey Royer  
President, UA Board of Education  
sbroyer@uaschools.org



# Evidence Found in Southern Ohio

## Warren County Career Center Planned Parenthood Booth

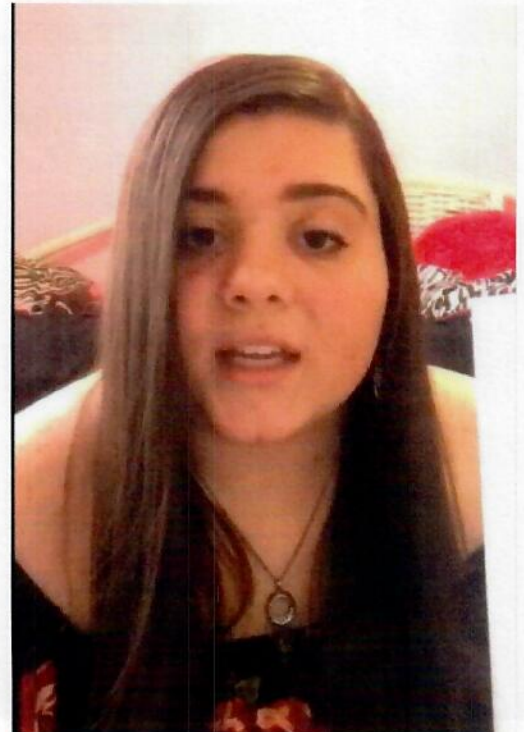


Watch the Video that corresponds to the brochure "Consent"

<https://www.youtube.com/watch?v=qNN3nAevQKY>

## Hamilton County – Lebanon High School

A student in Ohio received a day of in-school suspension after she hung Bible verses on walls and lockers in response to LGBTQ pride flags decorating the halls. The teen also said that her principal said she was "targeting the [Gay-Straight Alliance] organization"







Linda



## Biblical Politics of West Chester and Butler County



Tuesday at 10:52 AM ·

### LAKOTA EAST PROMINATELY DISPLAYS HOMOSEXUAL CLUB; WHERE'S CHRISTIAN STUDENT CLUB RECOGNITION?

Lakota East: (513) 755-7211



Like

Comment

Share

3

2 shares



Write a comment...



113