

PROTECT OUR CHILDREN



COMPREHENSIVE SEX EDUCATION (CSE) IS SEXUALIZING OUR CHILDREN IN U.S. SCHOOLS

Factual Information for Members of Congress on Why Federal Funding for
School-Based Comprehensive Sex Education Programs Must End



FAMILY
WATCH
INTERNATIONAL

Sept. 2018

INTRODUCTION

This packet is intended to provide Members of Congress with factual information regarding the appropriations for comprehensive sex education (CSE) under HHS's Teen Pregnancy Prevention (TPP) program. The House Appropriations Committee approved the President's budget request to zero out federal funding for TPP, while the Senate Appropriations approved \$101 million in TPP funding for fiscal year 2018.

The Senate Appropriations bill language says TPP funding is to be based on ***"medically accurate and age appropriate programs that reduce teen pregnancy."*** This packet provides information showing TPP CSE programs are not medically accurate, are not age appropriate, do not reduce teen pregnancy, and therefore, should not be federally funded.

Included in this packet is a summary of key findings from a new analysis of CSE programs under TPP that shows ineffectiveness, failure, and even negative effects on children. (see ***"Re-Examining the Evidence: School-Based Comprehensive Sex Education in the United States"*** at SexEdReport.org)

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ABOUT FAMILY WATCH INTERNATIONAL

Founded in 1999, Family Watch International (FWI) is a nonprofit, international organization with members and supporters in over 170 countries. FWI is not affiliated with any religious group or political party and is a tax-exempt, tax-deductible charity under Section 501(c)(3) of the U.S. Internal Revenue Code. Family Watch works at the United Nations and in countries around the world educating the public and policymakers regarding the central role of the family and advocating for women, children and families at the international, national, and local level. FWI also provides family-based humanitarian aid to orphans and vulnerable children and works to protect the health and innocence of children through exposing the harms of comprehensive sexuality education programs.

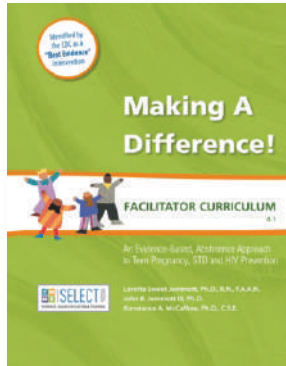
For more background on how comprehensive sex education is harming children please visit: **WarOnChildren.org** and watch the informative documentary.

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HARMING THEIR INNOCENCE

Parents are outraged over the **explicit language and graphic content** their children are exposed to by federally funded **Comprehensive Sex Education** lessons that are taught in schools across the country.

Example of Current Curriculum



Making a Difference!

Federally funded under the Teen Pregnancy Prevention (TPP) program (pages 63, 64)

How Do People Express Their Sexual Feelings? What is Abstinence? (10 minutes)

Activity D

PREPARING FOR THE ACTIVITY

Rationale

Understanding that there are many behaviors that express sexual feelings helps participants choose sexual behaviors that do not result in pregnancy or sexually transmitted infection.

Materials Needed

- "How Do People Express Their Sexual Feelings?" poster
- Masking tape

Time

Procedure

1. Have participants brainstorm answers to the following question.
With all the messages teens are receiving about sex, what are some of the ways people express their sexual feelings to themselves or other people?

Elicit as many answers as you can.

Answers may include:

- | | |
|--------------|--------------------------------|
| oral sex | sexual fantasy |
| caressing | anal sex |
| dancing | massage |
| masturbation | holding hands |
| talking | cuddling on the couch |
| hugging | touching each other's genitals |
| kissing | vaginal intercourse |
| grinding | saying "I like you" |

FACILITATOR'S NOTE

If participants are hesitant, ask prompting questions i.e.:

- What kind of sex can people have by themselves?
- What other words do we use for touching?
- What other things might people do with their mouths?
- What kinds of things can people do with their hands?

Module 2

63

3. Put up the "How Do People Express Their Sexual Feelings?" poster.

FACILITATOR'S NOTE

Be sure participants understand the definition of vaginal intercourse, oral sex, anal sex, and masturbation:

- Vaginal intercourse or sexual intercourse means a man's penis in a woman's vagina.
- Oral sex means a person's mouth on another person's genitals.
- Anal sex means a man's penis in a person's anus, rectum, or behind.
- Masturbation means rubbing, stroking, or "playing with" one's own genitals or the genitals of another person.

4. Discuss each item on the poster by asking participants whether or not the behavior could result in pregnancy or sexually transmitted infection. Be sure to identify ALL behaviors that may involve an exchange of blood, semen, or vaginal secretions (participants may suggest behaviors besides oral, anal, and vaginal intercourse which will transmit disease).

5. Then ask,

- Why won't everybody want to engage in ALL of these behaviors? [Answers may include: they may not feel good, or be appealing; some may be risky; they may have religious or moral objections.]
- How can we let our partners know what we are willing and not willing to do? [Answers may include: We need to tell them before any touching occurs.]

These lessons are taught to middle school students, ages 12-14.

GROOMING YOUNG KIDS FOR SEX

Comprehensive Sex Education is not about teaching our children about healthy family formation. It is about sexualizing them at an early age through lessons that encourage high-risk sexual behavior.

Example of Current Curriculum

ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE

PREPARING FOR THE ACTIVITY

RATIONALE
Helping participants see how they can make condom use fun and pleasurable for themselves and their partners encourages consistent use and a sense of pride and responsibility.

MATERIALS

- Pre-labeled Newsprint:
- Sex Is More Fun...
- Condoms Won't Ruin...
- Markers

TIME
10 minutes

PROCEDURE

1. Unfold the newsprint entitled, *Sex is More Fun When Condoms Are Used Because...*
2. Introduce this activity by saying,

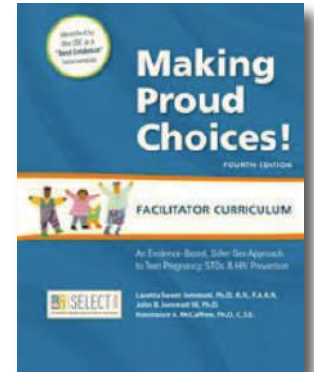
How would you complete this unfinished sentence?
Sex is more fun when condoms are used because...
3. Record their responses.
4. Add the following ideas to the list if they were not already mentioned by the participants.

Sex is more fun when condoms are used because...

- You can **use condoms as a method of foreplay**.
- You can **think up a sexual fantasy** using condoms.
- You can **act sexy/sensual** when putting condoms on.
- You can **tease each other sexually while putting on the condom**.
- You can **have fun putting one on your partner**, while pretending you are different people or in different situations.
- You **feel more relaxed and can really enjoy yourself**.
- Condoms make erections last longer**.

150 Making Proud Choices! Curriculum

Making Proud Choices!
Federally funded under the Teen Pregnancy Prevention (TPP) program (pages 148,150)



12. Next, use the following discussion questions to stimulate positive attitudes toward condom use. Say,

Which steps in this process can involve the female?

Answers

» Sexual arousal, rolling condom on, intercourse, orgasm, holding onto rim, removing condom, and relaxation. She can also buy condoms and have them ready.

If male loses his erection after putting on a condom and before intercourse, what could the couple do?

Answer

» This will happen to most males at some point in their lives. Have partner take off condom, **continue playing and stimulating one another, relax, and enjoy the fun**. After a while, put a new condom on as part of the play.

Order of Condom Line-Up cards

- » Buy condoms and check expiration date
- » **Sexual arousal (hug, cuddle, kiss, massage)**
- » **Erection**
- » Carefully remove condom from package
- » Squeeze out any air from tip of condom and **leave room for ejaculation**
- » **Dab only water-based lubricant on penis** or inside condom (lubricants that are not water-based can degrade the condom)
- » Roll condom on
- » **Intercourse**
- » **Orgasm (ejaculation)**
- » Hold onto the rim of condom and **withdraw the penis**
- » Remove and discard condom
- » Loss of erection
- » Relaxation

These lessons are taught to middle school students, ages 12-14.

PROMISCUITY, NOT PREVENTION

Rather than educating about healthy behavior, **Comprehensive Sex Education indoctrinates youth with the idea that sexual promiscuity is normal for teens.**

Example of Current Curriculum



IT'S YOUR GAME: KEEP IT REAL!

Federally funded under
the Teen Pregnancy
Prevention (TPP) program
(excerpts & video examples)

EXCERPTS FROM ROLE PLAY SCRIPTS

A role-playing activity where children are taught to respond to "pressure lines" that can send the message sexual activity between children is normal:

"I think we should do more than just kissing and touching."

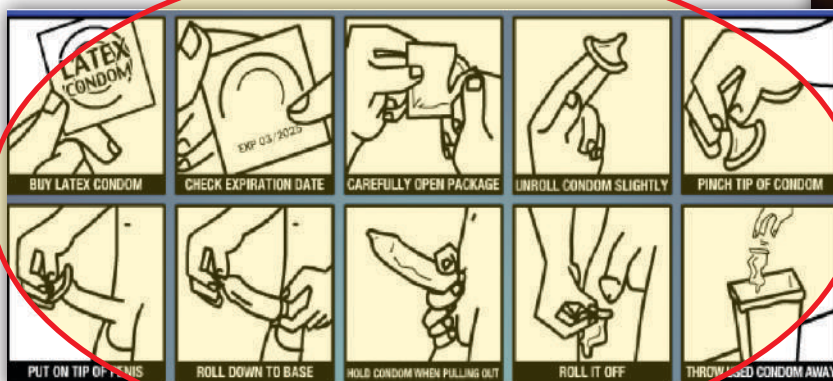
"I just feel so close to you. That's why I want to have sex with you."

"You just need to do it, and then you'll realize sex is no big deal."

"They were making out and he started feeling on her, you know, 'down there.' And then she started to feel on him, too."

CONDOM GAME

Students are given these images and asked to put them in order.



These lessons are taught to
middle school students,
ages 12-14.

HARMFUL EFFECTS COMPEHENSIVE SEX EDUCATION HAS ON CHILDREN



1. SEXUALIZES CHILDREN

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.

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.

3. NORMALIZES ANAL & ORAL SEX

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 oral and anal cancer rates associated with these risky sex acts.

4. PROMOTES HOMOSEXUAL / BISEXUAL BEHAVIOR

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.

5. TEACHES CHILDREN SEXUAL PLEASURE

Teaches children about sexual pleasure. May tell them they are entitled to or have a "right" to sexual pleasure or encourage children to seek out sexual pleasure.

6. PROMOTES SOLO OR MUTUAL MASTURBATION

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 children to engage in mutual masturbation.

7. EROTICIZES CONDOM USE

May use sexually explicit methods (i.e., penis and vagina models, seductive role play, 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.

8. PROMOTES EARLY SEXUAL INDEPENDENCE

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.

9. FAILS TO ESTABLISH ABSTINENCE AS THE GOAL

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.

10. PROMOTES GENDER CONFUSION

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 mental health disorder (gender dysphoria) that may be helped with therapy.

11. TEACHES ABORTION / CONTRACEPTION

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.

12. PROMOTES PEER-TO-PEER SEX ED / SEXUAL RIGHTS ADVOCACY

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.

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

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

14. VIOLATES OR UNDERMINES 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.

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.)

NEW REPORT SHOWS FAILURE IN SCHOOL-BASED CSE PROGRAMS

SUMMARY OF KEY FINDINGS FROM NEW REPORT

"RE-EXAMINING THE EVIDENCE: SCHOOL-BASED COMPREHENSIVE SEX EDUCATION IN THE UNITED STATES"

HHS Teen Pregnancy Prevention (TPP) Program Findings

The Institute for Research and Evaluation (IRE) examined the research evidence for the 40 school-based comprehensive sex education (CSE) programs designated by the U.S. Teen Pregnancy Prevention (TPP) website as "programs with evidence of effectiveness in reducing teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors." What these researchers found, however, contradicted that designation.

IRE examined all available peer-reviewed studies of these programs using criteria from the field of prevention research: long-term effects (lasting at least one year after the program), on the most-protective behavioral indicators, for the main population targeted by the program (not just a subgroup).

REDUCING TEEN PREGNANCY: None of the 40 school-based CSE programs showed effectiveness. (One program found a short-term reduction, but a subsequent study found the program actually increased teen pregnancy rates.)

STD PREVENTION: None demonstrated a reduction in teen STDs. (Only two measured it.)

INCREASING TEEN ABSTINENCE: None showed effectiveness. (Three programs reported a long-term increase, but the effects were not confirmed by other studies of these programs, one of which had negative results.)

CONSISTENT CONDOM USE: None showed effectiveness. (One program, in a study by its author, showed a positive 12-month increase, but a subsequent study by an independent evaluator found multiple negative program effects.)

FREQUENCY OF CONDOM USE: Minimal evidence of success. (Three programs, reported an increase sustained for one year, but replication studies are not available.)

CLAIMED DUAL BENEFIT OF CSE: 100% failure rate in achieving the claimed dual benefit of increasing teen abstinence and condom use within the same adolescent population. (Five programs showed short-term dual effect, but the programs that were reexamined later showed a negative impact on other risk behaviors.)

NEGATIVE EFFECTS: Five of TPP's 40 school-based CSE programs produced significant negative effects (i.e., increases in teen sexual activity or pregnancy).



ACCESS THE FULL REPORT AT: SexEdReport.org

PROTECT OUR CHILDREN: VOTE TO ZERO OUT TPP FUNDING

The Senate Appropriations Committee approved \$101,000,000 for “funding grants to public and private entities to the same extent and in the same manner as those grants were funded in fiscal year 2016 to fund medically accurate and age appropriate programs that reduce teen pregnancy.” According to the new study (see SexEdReport.org) and the information within this packet, many of the funded school-based TPP CSE programs do NOT meet those Congressional requirements to be funded.

Not medically accurate: Taxpayers demand better.

Not age appropriate: Parents demand better.

No evidence of teen pregnancy reduction:

Children Deserve Better.

If these school-based programs worked and were not harmful to children, it would make sense to fund them. But they are failing. Instead of being helpful to children, TPP uses taxpayer money on programs that sexualize our children and put sexual pleasure before their safety and health.

It's time to zero out the funding of failing TPP programs known as comprehensive sex education.

PROTECT OUR CHILDREN

One of the foremost duties of elected officials is to safeguard the health and innocence of America's children. Family Watch is calling upon all Members of Congress to **PROTECT OUR CHILDREN by voting NO to the \$101 million funding for comprehensive sex education programs under the HHS Teen Pregnancy Prevention Program.**

For questions, please contact us at: (480) 507-2664 or Media@FamilyWatchInternational.org

