



# **Planned Parenthood and Their Partners: Destroying the Rising Generation Part V**

**Sharon Slater**  
**President, Family Watch International**



**FAMILY  
WATCH  
INTERNATIONAL**

# DISCLAIMER



Family Watch upholds and promotes the fundamental human rights of all persons, regardless of their sexual orientation or gender identity, and we oppose harassment and violence against LGBT persons.



## **Planned Parenthood Series**

**Part I:** IPPF's global abortion and child sexualization agenda

**Part II:** How IPPF has infiltrated the United Nations

**Part III:** IPPF's abortion and harmful sexuality education in Africa



## Planned Parenthood Series Part IV

1. PPFA's structure, racist origins, taxpayer funding, finances and lucrative services
1. PPFA's radical American agendas (abortion, sexuality education, transgender)

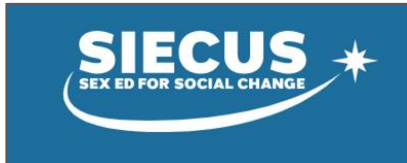




## Planned Parenthood Series Part V

How PPFA advances abortion and radical sex ed thru their partners including:

- The Sexuality Information and Education Council of the United States (SIECUS)
- Advocates for Youth
- The Guttmacher Institute
- ETR and Associates



(PPFA Sex Ed Partner)



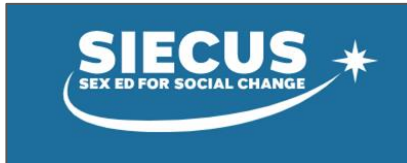
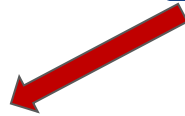
(PPFA Youth Partner)



(PPFA Research Partner)



(PPFA Publishing Partner)



(PPFA Sex Ed Partner)





# Our History

**“SIECUS was founded in 1964 by Dr. Mary S. Calderone, a Medical Director at Planned Parenthood Federation of America”**

## NEWS & UPDATES

### **SIECUS Stands with Planned Parenthood**

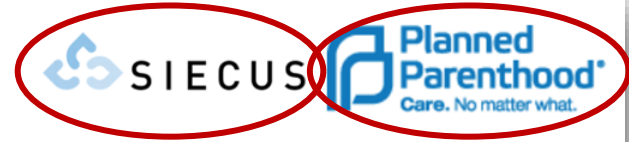
**For Immediate Release**  
**July 24, 2015**

Contact: Kristina Romines  
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[kromines@siecus.org](mailto:kromines@siecus.org)



If you care about abortion rights...

Then you should care about **SEX EDUCATION**.





# A CALL TO ACTION: LGBTQ YOUTH NEED INCLUSIVE SEX EDUCATION

## EXECUTIVE SUMMARY

Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth need and deserve to learn in settings that are inclusive of their experiences and that give them the education necessary to stay safe and healthy. Far too many LGBTQ youth are sitting in classrooms where their teachers and textbooks fail to appropriately address their identities, behaviors and experiences. Nowhere is this absence more clear, and potentially more damaging, than in sex education.



**Sex ed is a vehicle for social change. Full stop.**



**Sex ed for social change.**



- Reproductive justice
- LGBTQ equality
- Sexual violence prevention
- Gender equity
- Dismantling white supremacy

# Guidelines for Comprehensive Sexuality Education

3RD EDITION

Kindergarten  
through  
12<sup>th</sup> Grade

NATIONAL GUIDELINES TASK FORCE

# Guidelines for Comprehensive Sexuality Education

3RD EDITION

Kindergarten  
through  
12<sup>th</sup> Grade

NATIONAL GUIDELINES TASK FORCE

## Original Members of the National Guidelines Task Force\*

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Planned Parenthood of Greater Northern  
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March of Dimes Birth Defects Foundation

**Brenda Green**  
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Indiana University

\* 1991 affiliations, for identification

# Guidelines for Comprehensive Sexuality Education

3RD EDITION

“All people, regardless of biological sex, gender, age, ability, and culture, are sexual beings.” (Ages 12-15, p. 51)

NATIONAL GUIDELINES TASK FORCE

# Guidelines

## for Comprehensive Sexuality Education

3RD

**“Orgasm is an intense pleasurable release of sexual feelings** or tension experienced at the peak of sexual arousal.” (Ages 12-15, p. 55)

“Most women need some **clitoral stimulation to reach orgasm.**” (Ages 15-18, p. 55)

# Guidelines

## for Comprehensive Sexuality Education

3RD EDITION

**“Masturbation, either alone or with a partner,”** is one way people can enjoy and express their sexuality without risking pregnancy or an STD/HIV.” (Ages 12-15, p. 52)

NATIONAL GUIDELINES TASK FORCE



# Guidelines

for Comprehensive

Se

3RD

**“A legal abortion is very safe.”** (Ages 9-12, p. 62)

**“Some religions support the right to an abortion** while others oppose abortion.” (Ages 12-15, p. 62)

**“Some people continue to respect their religion’s teaching and traditions but believe that some specific views are not personally relevant.”** (Ages 15-18, p. 74)



# Guidelines

## for Comprehensive Sexuality Education

3RD EDITION

“Transgender is also used as a general term to describe many different identities that exist such as 'transsexual,' 'drag king,' 'drag queen,' 'crossdresser,' 'genderqueer,' 'shapeshifter,' 'bigendered,' and 'androgyne.'” (Ages 12-15, p. 31)

NATIONAL GUIDELINES TASK FORCE

# Guidelines for Comprehensive Sexuality Education

3RD EDITION

The SIECUS Guidelines on page 84 **recommend “It’s Perfectly Normal” for children.**

NATIONAL GUIDELINES TASK FORCE

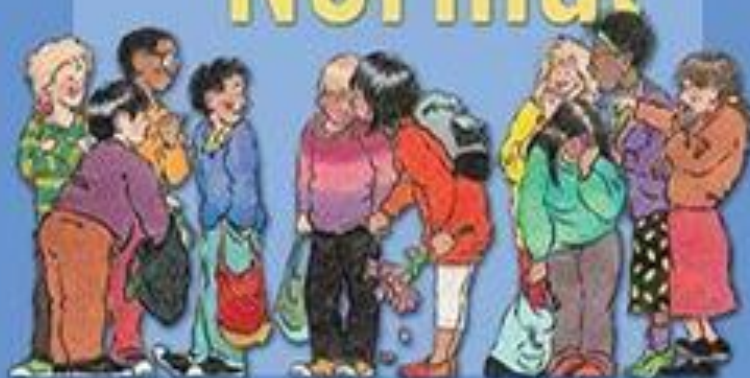
MORE THAN ONE MILLION COPIES IN PRINT!

# It's Perfectly Normal

*Changing Bodies,  
Growing Up,  
Sex, and Sexual Health*

CELEBRATING  
15  
YEARS IN PRINT

10<sup>th</sup>



UPDATED FOR THE 21<sup>ST</sup> CENTURY

ROBIE H. HARRIS *and* MICHAEL EMBERLEY

MORE THAN ONE MILLION COPIES IN PRINT!

# It's Perfect Now

Changing Bodies,  
Growing Up,  
Sex

10<sup>+</sup>



UPDATED FOR THE 21<sup>ST</sup> CENTURY

ROBIE H. HARRIS and MICHAEL EMBERLEY

## Books for Children

There are books written about sexuality for children of different ages. Reading books about sexuality with your children is a great way for you to break the ice and start an ongoing discussion. And children will benefit from having books like these in your home to look at when they have questions about sexuality.

[\*It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends\*](#) ↗

by Robie Harris (for ages 4 and up)

[\*It's Perfectly Normal: Changing Bodies, Growing up, Sex, and Sexual Health\*](#) by Robie Harris (for ages 10 and up)

[\*It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families\*](#) ↗

by Robie Harris (for ages 7 and up)

# 2021 Sex Education Legislative Look Ahead

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## Overview

- COVID-19 and Sex Education
- **Legislative Landscape**
  - **Proactive trends**
  - **Regressive trends**
- **State Partners**
  - Virginia: Pablo Moulden & Graham Weinschenk of the Virginia Coalition for Sex Ed Reform
  - Illinois: Chelsea Diaz of ACLU Illinois
  - New Jersey: Elizabeth Coulter of **Planned Parenthood Action Fund of New Jersey**
- Sex Education Policy Action Council (SEPAC) Reintroduction
- Q&A

## Legislative Landscape: Proactive Trends

- **Comprehensive sex education mandates**
  - **9 bills:** AZ HB 2251, IA SF 381, IL HB 1736; HB 3071; SB 266, IN HB 1366, MN HF 358/SF 632, NY S 2584
- **Evidence based, medically accurate, age appropriate requirements**
  - **12 bills:** AZ HB 385/SB 196; HB 2647/SB 1340, FL HB 519/SB 1094, GA HB 195, IL HB 219, MD HD 1711/SD 975, MS HB 805, TN SB 646
- **Inclusive of LGBTQ identities**
  - **8 bills:** IA HF 376; SF 381 RI HB 5604, HI HB 11, JF S 3206, NY A 817/S 1729, TN HB 800
  - **Removal of anti-LGBTQ language: 7 bills,** AL HB 385/SB 196 AZ SB 1317, TX HB 1038; HB 1037/SB 261; SB 129
- **Healthy relationships, abuse prevention, consent education**
  - **15 bills:** AZ HB 2710, HI HB 1306, IA HF 424; HF 1975; SF 58, KY H 462, MS HB 805, NY A 1209/S 757, OH HB 105, SC H 3890; H 3424, TN SB 646, NM HB 142, UT HB 177
- **Minors to consent to reproductive health care**
  - **7 bills with broad implication:** TX HB 296/SB 536, ND SB 2265, NY A 822/S 937, SD HB 1220, IL HB 1797
  - **5 bills concerning HIV or HPV:** DC B 24-0029, HI HB 478; SB 25, NJ A 5144/S 398



## Legislative Landscape: Proactive Trends

- **Conversion Therapy Bans**

- **20 bills:** **AZ** HB 2487/SB 1426, **FL** HB 301/SB 690, **ID** H 52, **IN** HB 1213/SB 32, **KS** HB 2207, **KY** HB 19/SB 30, **MN** SF 360, **MO** SB 207, **NB** LB 231, **ND** HB 1476, **OH** SB 50, **PA** SB 26, **TX** HB 407/SB 97; HB 560, **WI** SB 31

- **Additional Legislation**

- **Instruction on mental health: 3 bills,** **AZ** HB 2656, **SC** H 3467; H 3330
- **Requiring health education: 3 bills,** **OK** SB 89, **TN** SB 125; SB 1360
- **Instruction on digital safety: 2 bills,** **IL** HB 24, **NJ** A 5124
- **LGBTQ history instruction: 4 bills,** **AZ** SB 1706, **MD** HB 2089/SD 1396, **NY** S 1929

## Legislative Landscape: Regressive Trends

- **Anti-Transgender Medical Care Bans**

- **20 bills:** AL HB 1/SB 10, AZ SB 1511, IN HB 1505/SB 224, IA HF 193, KS HB 2210/SB 214, MO HB 33/SB 442, MS SB 2171, MT HB 113; HB 427, NH HB 68, ND HB 1476, OK HB 1004; SB 583, TX HB 68; HB 92, HB 1399

- **Parental Consent Requirements (“Opt-In”)**

- **7 bills:** AZ HB 2184/SB 1456; HB 2710, FL HB 545/SB 410, MN HF 345, MT SB 99

- **Parental Consent or Notification of LGBTQ Instruction**

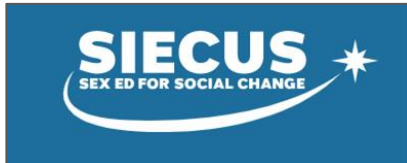
- **5 bills:** AZ SB 1456, IA SF 167, MO HB 786, TN HB 529/SB 1229

- **Anti-LGBTQ Instruction & Prohibiting SOGI Instruction**

- **5 bills:** TN HB 577/SB 1392; SB 1216, ND HB 1476, AZ HB 2710

## Legislative Landscape: Regressive Trends

- **Limiting Access to Reproductive Health Care:**
  - **63 bills** introduced nationwide to limit access to abortion care. Includes **33 bills** in which all or most abortions would be prohibited, in addition to time sensitive bans.
  - **11 bills** banning abortion for a specific reason, including race, sex, or presence of Downs syndrome or genetic abnormality
  - Parental consent mandates to care: **5 bills**, TX HB 835, MT LC 2459, KY HB 96; HB 460, MS HB 1089
- **Additional Legislation**
  - **AOUM emphasis: 3 bills**, FL HB 519/SB 1094, MS HB 736



**(PPFA Sex Ed Partner)**



**(PPFA Youth Partner)**

# **Advocates for Youth**

Young. Powerful. Taking Over.



**Advocates for Youth President  
Debra Hauser**

**Advocates  
for Youth**

Young. Powerful. Taking Over.

**“I stand with Planned  
Parenthood, and I ask you  
to do so as well.”**

[Press Releases](#)

# **Press Release: Statement on Misleading Video of Planned Parenthood Provider**

Statement

# **Statement on Latest Trump Attack on Planned Parenthood**







## 1998 IPPF Youth Manifesto

# YOUTH MANIFESTO

**OUR BODIES, OUR LIVES, OUR RIGHTS**

### VISION

As young people, we demand a world where we are empowered to lead a happy, inclusive and healthy life, free from any form of discrimination and violence; where our rights, our choices and our bodies are respected and where we can realise our full potential to transform our communities and create sustainable change.

### BACKGROUND

In 1998, IPPF published its Youth Manifesto. Twenty one years later, a group of young leaders from all six IPPF regions came together to rewrite the Manifesto, ensuring it would reflect the wants and needs of today's young people.

This Manifesto has been written with contributions from over 16,000 young people around the world from various backgrounds who participated in an open online consultation process.

## **“ABORTION STORIES”**

### **MARKETING PLANNED PARENTHOOD**

**Connie:** *“...I have always been grateful that there was a Planned Parenthood in Madison that provided abortions.”*

**Jenn:** *“ ...I drove to a Planned Parenthood ... and it was the most amazing experience. I’m not kidding.”*

**Beth:** *“...The attacks against Planned Parenthood & then the relentless attacks against women who have had an abortion.”*

**Emily:** *“...When looking at abortion providers I knew that I could go to Planned Parenthood. That day I went in, they were all so supportive, kind and understanding.”*

**Jill:** *“...Planned Parenthood was there for me.”*

**Anonymous:** *“...This is why we need to stand up for planned parenthood. This is why we need to stand up to President Trump.”*



# Abortion

# Out Loud

a project of Advocates for Youth

If you are under 18 and need an abortion,  
and your state law says you have to involve your parents  
but you don't want to, there are steps you can take.

If you want to consult about using the judicial bypass  
option to get an abortion without parental permission,  
call or text the Jane's Due Process hotline,

# **#FreeThePill - Help Bring Birth Control Over The Counter**



# Abortion and Parental Involvement Laws

## A Threat to Young People's Health and Safety

The majority of states – thirty-six as of June 2012 – currently enforce laws that require a young person to notify or obtain consent from one or both parents before they can receive abortion care. Most young people faced with an unintended pregnancy choose to involve their parents.<sup>1</sup> But for those who can't, those who do not have access to their parents, those afraid to anger or disappoint, or who face the threat of violence in their homes—it is best for them to seek the advice of a trained medical professional than to face the situation alone and afraid. Young people are the experts of their own lives and are most equipped to decide whom they involve in their care. Research has shown that these laws, which disproportionately impact young women of color and immigrant youth, often delay or prevent young people's access, endangering their health and safety.<sup>2</sup> A majority of Americans support young people's self-autonomy and right to make decisions about their sexual and reproductive health without their parent's involvement.<sup>3</sup>

### MOST STATES REQUIRE PARENTAL INVOLVEMENT IN MINORS' ABORTIONS

Parental involvement laws fall into two categories: those that require parental notification and those that require parental consent before a young person seeks abortion services. Parental notification laws require written notification to parents, typically 24 to 72 hours prior, by a medical provider, before a young person can receive abortion services. Parental consent laws require that a young person obtain consent by one or both parents before an abortion can be performed. The Supreme Court has ruled that states may not give parents absolute veto over their child's decision to have an abortion. Most state parental involvement requirements include a judicial bypass procedure that requires a minor to receive court approval for an abortion without their parents' knowledge or consent.

- Twenty-one states require parental

consent for a minor's abortion. Three of these (Kansas, Mississippi, and North Dakota) require both parents to consent. Eight states require that the consent document be notarized.<sup>4</sup>

- Eleven states require parental notification only. Five states require both consent and notification.<sup>5</sup>
- Twenty-one states require parental involvement even if the minor is a victim of incest.<sup>6</sup>
- The only way for minors to access abortion without involving their parents in 28 states is via judicial bypass, where they must petition the courts for permission. (Alaska's parental involvement law has been put on hold by the courts.)<sup>7</sup>

### JUDICIAL BYPASS: AN UNREASONABLE ALTERNATIVE

While judicial bypass is technically available in states which mandate parental involvement, there are powerful obstacles to young people attaining it. Many minors do not know judicial bypass is available or do not know how to get it; do not have access to transportation to travel to the necessary courts; or simply are denied bypass by resistant or biased judges.<sup>8</sup> For instance, in 2013, the Nebraska Supreme Court denied an abortion to a 16-year-old young woman, ruling that she was not "mature" enough to have an abortion. The young woman had already had to navigate the court system, retain an attorney, and face delay while the courts decided her fate – and she still was told she must go through with the pregnancy.<sup>9</sup>

### REQUIRING PARENTAL INVOLVEMENT LEAVES MANY YOUNG PEOPLE ALONE AND AT RISK

- Most minors do consult their parents before seeking abortion care.<sup>10</sup> Nonetheless, many teens live in dysfunctional family environments, and parental involvement laws cannot transform these families into stable

“A majority of Americans support young people's self-autonomy and right to make decisions about their sexual and reproductive health without their parent's involvement.”



# Rights, Respect, Responsibility

A K-12 SEXUALITY EDUCATION CURRICULUM

**Teacher's Guide**

Elizabeth Schroeder, EdD, MSW | Eva Goldfarb, PhD | Nora Gelperin, MEd

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



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**“So a person with a vulva has three holes between their legs and a very sensitive little area at the top called the clitoris.”** (Grade K, Lesson 2, p. 2)

# Rights, Respect, Responsibility

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**“The vagina has great elasticity, and can adjust to the size of a penis”** (Grade 2, Lesson 1, p. 4)

# Rights, Respect Res

A K-12 SE

Teacher's

## Role Play Scenario C:

“You think you know what person 2 wants - So you’re going to let them know that tonight is the night - you’re going to have sex together for the first time.”

(Grade 10, Lesson 1, p.5)

Rights,

Res

Res

A K-12 SEXU

Teacher's

**“No Risk for STDs: Mutual masturbation, Solo Masturbation”**

**STD Smarts game question: “Which one is riskiest if done with a partner who has an STD?”**

- Tongue kissing, mutual masturbation, using a public toilet.”

# Rights, Respect, Responsibility

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Teacher's Guide

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(Note to the Teacher: Be sure to clarify that 'mutual masturbation' refers to two people touching each other's genitals).

## ANNUAL REPORT 2020

# ADVOCATES FOR YOUTH

In 2020, Advocates for Youth:

**Helped Sex Educators Go Virtual During COVID-19**

“Adapted 32 lesson plans from the comprehensive, **3Rs sex education curriculum to the digital platform, Google Classroom.**”

# Advocates for Youth

Young. Powerful. Taking Over.

## Rights, Respect, Responsibility

### 3Rs

### Kindergarten - 5<sup>th</sup> Grade

Pause (k)



0:05 / 14:38



HD



Rights.  
Respect.  
Responsibility.

Advocates  
for Youth  
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## ANNUAL REPORT 2020

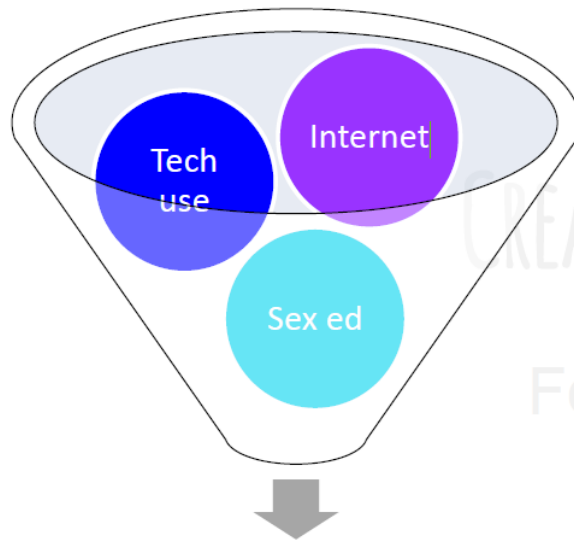
# ADVOCATES FOR YOUTH

**In 2020, Advocates for Youth:**

Created three grade bands for elementary, middle, and high school students and linked AMAZE videos to the lesson plans.



# MEETING YOUTH WHERE THEY ARE - ONLINE



**amaze**



About ▼

Educators

Parents

Covid-19

amaze jr.



Search

MY AMAZE

Puberty



DESCRIPTIONS

FEATURED

PUBERTY

SEXUAL ORIENTATION

GENDER IDENTITY

PERSONAL SAFETY

HEALTHY RELATIONSHIPS

STDS & HIV

# AMAZE - #MOREINFOLESSWEIRD

- Launched Fall 2016
- Free online sex ed resource
- Very young adolescents  
(10-14yrs)
- Short animated videos
  - Developmentally appropriate
  - Medically accurate
  - Engaging



# SINCE THE LAUNCH

- Videos released: 28
- Video Views: Over 1 Million
- Subscribers: 9K
- Top 3 Videos:
  - Top Signs Boys are in Puberty
  - **Masturbation: Totally Normal**
  - Top Signs Girls are in Puberty

"Sexual topics are covered in an informative way, without sensationalizing content."  
-Common Sense Media

amaze





## MANAGING PARTNERS



View Details



View Details



View Details

**answer**  
sex ed, honestly

by teens for teens Like 2.9K Tweet tumblr. + search on sex etc. LOGIN

**sex, etc.** SEX ED YOUR SAY ACTION CENTER BLOG FUN MAGAZINE

**A Crash Course in Gender & Gender Identity**  
By Jonny Geng, 18

**Are Your Parents Ready for You to Come Out?**  
By Nick Garafola, 18

**Bathrooms: A Big Gendered Deal**  
By Rachel Kissen, 16

**Being Gay When Your Parent Is Homophobic**  
By Isabella Yurman, 17

# INTERNATIONAL PARTNERS



[View Details](#)



[View Details](#)



# GENDER EXISTS ON A SPECTRUM



**TRANSGENDER:** A PERSON WHOSE GENDER IDENTITY IS NOT  
CONSISTENT WITH THEIR ASSIGNED BIRTH SEX

Range of Gender Identities



AMAZE Org ✓  
173K subscribers





If a person with a penis has an [#erection](#) or [#boner](#) when aroused, what does a person with a vulva experience?

**A new video from Amaze**

#AskAMAZE

Is It Normal To Watch Porn?

IS IT NORMAL TO WATCH PORN?

Is it normal to watch porn?



0:04 / 1:02



#AskAMAZE

Is It Normal To Watch Porn?



SEES

Yes, it's normal.



## Porn: Fact or Fiction?



Porn: Fact or Fiction



Watch later



Share



engaging in sexual behaviors  
is perfectly normal.

Pause (k)



0:35 / 1:58



YouTube



amaze.org's

## HAVING THE TALKS: PORN

### KEY MESSAGE 1

Porn is common on the internet.

It's not your fault if you stumble upon porn. It's really easy to find it intentionally or come across it accidentally.

Most kids will stumble upon porn on the internet at some point, usually by accident.

### KEY MESSAGE 2

Being curious about porn is normal.

It's really common for kids to be curious and try to find pictures of naked people or sex.

Porn is basically sex on camera, and that's not something you see on everyday TV, so it probably feels like something you shouldn't be watching and also feels exciting. That's totally normal.

Part of the reason people are curious about porn is that oftentimes there is weird behavior happening in porn...like people doing strange things to one another—it is complete fantasy.

### KEY MESSAGE 3

The images in porn are not realistic.

Porn often shows white, heterosexual people as the ideal, which can be damaging to those who don't identify in those ways.

Porn often shows girls and women in a subservient role — usually only to give men pleasure — which is not how sexual relationships should be in real life. A healthy sexual relationship is when things are equal and both people give and receive pleasure.

One of the problems with porn—and how unrealistic it is—is that it can give people the wrong idea about what sex is really like or how most people look when they are naked. Thanks to plastic surgery and special effects, it's like watching a car chase and thinking that's how typical people drive.

Porn sends the false messages that bigger (and longer) is better when it comes to breasts, penises or the duration of an erection.

#ASKABLEPARENT

### KEY MESSAGE 2

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#





JULIE  
MELONS

when it comes to  
breasts, penises,

## Porn: Fact or Fiction?



or the duration of sex.



Are You Ready To Have Sex?







Some people choose  
to be sexually

How to Know if You're in Love

# AMAZE as a Tool for Introducing Social Justice



## AMAZE As a Tool for Introducing Social Justice



Watch later

Share

### Intersectionality

#### Potential Social Justice Topics

- Intersectionality
- Racial Bias and Sexual Health
- Racial Bias and Relationship/Sexual Stereotyping
- Unique LGBTQ Issues w/in Racialized Communities (e.g., Violence Against Trans WOC)
- Unique Gender/Relationship Issues w/in Racialized Communities (e.g., colorism)

answer  
sex ed, honestly

MORE VIDEOS



21:41 / 1:03:13

#AMAZESEXEDCON



YouTube



amaze jr. for Kids

# amaze jr.

Little kids have big questions. amaze jr. brings parents age-appropriate sex ed resources about talking to kids ages 4-9 and fun videos to share with your children.

WHAT IS A  
VULVA?

WHAT IS A  
VULVA?

HOW DO  
TWO DADS  
MAKE A  
BABY?

TWO DADS  
MAKE A  
BABY?

IS IT WEIRD  
THAT I DON'T  
FEEL LIKE A BOY?

IS IT WEIRD  
THAT I DON'T  
FEEL LIKE A BOY?

## Even More ...

[3R's Curriculum Website](#)

[Advocates for Youth Website](#)

[AMAZE Coloring Book](#)

[ETR Design 4 Learning](#)

[Google Classroom- List of Lessons](#)

[Sex Etc. Condom Game](#)

[3R's Teacher's Guide](#)

[AMAZE Askable Parent Guide to Porn](#)

[AMAZE Letter to Parents](#)

[ETR Virtual Vitality](#)

[National Sexuality Education Standards](#)

# 2021 Sex Education Legislative Look Ahead

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# Improving Sex Education in New Jersey

An overview of the NJ Thrive Coalition's work on Student Learning Standards & Legislation

**Elizabeth Coulter, Planned Parenthood Action Fund of New Jersey**

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Director of Public Health

**Planned Parenthood Action Fund of  
New Jersey**

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# Thrive NJ is a broad coalition

Thrive NJ is a statewide coalition of nearly 70 organizations working collectively to promote sexual and reproductive health, rights and justice through policy change and advocacy.

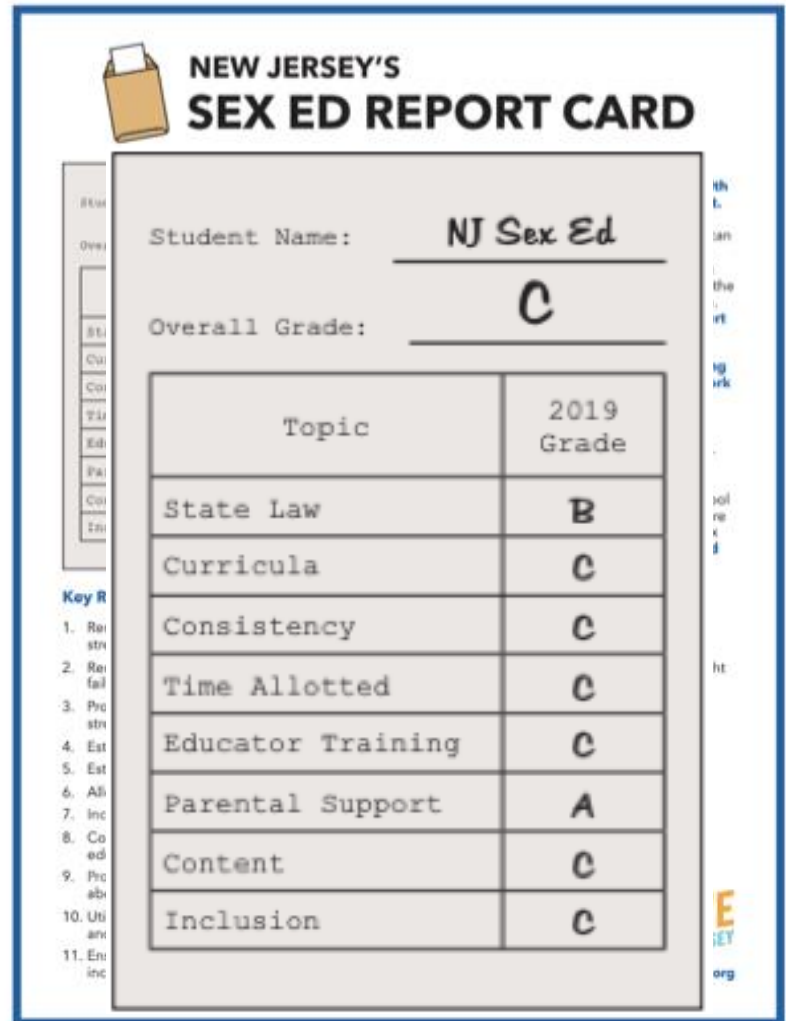


[thrive-nj.org](http://thrive-nj.org)

**THRIVE**  
NEW JERSEY

# We released NJ's Sex Ed Report Card

Visit [sexednj.org](http://sexednj.org) for more  
information about the Sex Ed  
Report Card and Thrive partners



The image shows a sample of the New Jersey's Sex Ed Report Card. At the top, there is a logo of a brown envelope with a white card inside, next to the text "NEW JERSEY'S SEX ED REPORT CARD". Below this, the form is divided into sections. The first section contains "Student Name: NJ Sex Ed" and "Overall Grade: C". The second section is a table with two columns: "Topic" and "2019 Grade". The table lists eight topics: State Law (B), Curricula (C), Consistency (C), Time Allotted (C), Educator Training (C), Parental Support (A), Content (C), and Inclusion (C). To the left of the table, there is a vertical list of topics: State Law, Curricula, Consistency, Time Allotted, Educator Training, Parental Support, Content, and Inclusion. To the right of the table, there is a vertical list of grades: B, C, C, C, C, A, C, C. At the bottom left, there is a "Key R" section with a list of 11 items: 1. Restr, 2. Restr, 3. Pro, 4. Est, 5. Est, 6. All, 7. Inc, 8. Co, 9. Pro, 10. Ut, 11. En. At the bottom right, there is a logo for "E J EY org".

**NEW JERSEY'S  
SEX ED REPORT CARD**

Student Name: NJ Sex Ed

Overall Grade: C

Topic	2019 Grade
State Law	<b>B</b>
Curricula	<b>C</b>
Consistency	<b>C</b>
Time Allotted	<b>C</b>
Educator Training	<b>C</b>
Parental Support	<b>A</b>
Content	<b>C</b>
Inclusion	<b>C</b>

**Key R**

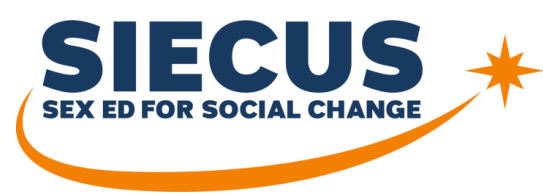
1. Restr
2. Restr
3. Pro
4. Est
5. Est
6. All
7. Inc
8. Co
9. Pro
10. Ut
11. En

**E J EY  
org**

# We can do even more through legislation

## Key priorities for the draft legislation

- Establish the right to high quality comprehensive sex education
- Repeal outdated and ineffective statutes
- Establish criteria for outside groups to provide sex education in schools
- Create a mechanism for monitoring and enforcing the implementation of standards and professional development, give the legislation “teeth”
- Allocate funding for educator training and professional development
- Establish criteria for program funding the State accepts and administers, ensuring that funding is administered in compliance with NJSL-CHPE and NSES



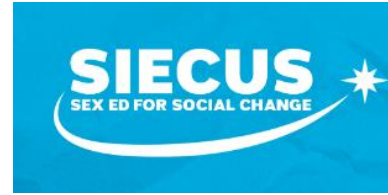
**“We started with a template that SIECUS, Advocates for Youth, ACLU National and Planned Parenthood Federation of America had created back in 2016,** which has some great foundational pieces in it and allows for States to adapt it, to meet the needs of their States. And that's exactly what we're doing. So here's what **we're drafting in our legislation. We are establishing the right to high quality comprehensive sex education using the National Sexuality Education Standards definition,** and we're defining it in the legislation.”

# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

*SECOND EDITION*

**FoSE**  
Future of Sex Education



# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE  
Future of Sex Education

## “Masturbation:

Touching one’s own body  
for sexual pleasure. This  
may include stimulation of  
one’s own genitals and  
commonly results in  
orgasm.”

# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE  
Future of Sex Education

## “Sexual Identity:

A person’s self-identity based on their understanding of and/or ability to outwardly express their sexual orientation and/or gender identity.

Sexual identity evolves through a developmental process that varies depending on the individual ... No one else can determine what a person’s sexual identity is; only the individual can decide what identity is right for them.”

# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE  
Future of Sex Education

## “Genderqueer:

A person whose gender identity is neither male nor female, is between or beyond genders, or is some combination of genders.”



# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE  
Future of Sex Education

“By the end of the 8th grade, students should be able to:  
Define sexual identity and explain a range of identities related to sexual orientation  
(e.g., heterosexual, bisexual, lesbian, gay, queer, two-spirit, asexual, pansexual).”

# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE  
Future of Sex Education

“By the end of the 8th grade, students should be able to:  
Access medically accurate sources of information about gender, gender identity, and gender expression.”

# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE  
Future of Sex Education

“By the end of the 10th grade, students should be able to: Identify medically accurate sources of information about and local services that provide contraceptive methods (including emergency contraception and condoms) and pregnancy options (including parenting, abortion, adoption, and prenatal care).”

# NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE  
Future of Sex Education

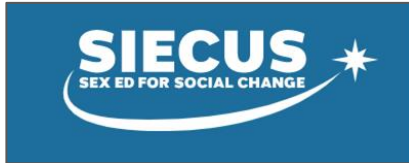
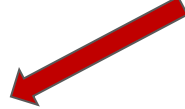
“By the end of the 10th grade, students should be able to:  
Define reproductive justice and explain its history and how it relates to sexual health.”

“Reproductive justice focuses on access to abortion rather than abortion rights, asserting that the legal right to abortion is meaningless for women who cannot access it due to the cost, the distance to the nearest provider, or other obstacles.”

(WIKIPEDIA)



“We'll establish criteria for outside groups to provide sex education in schools. There's an issue in New Jersey with crisis pregnancy prevention, crisis pregnancy centers, providing sex ed in schools. And we know that they're not providing medically accurate and complete information or comprehensive education as we define it in the statute. So we want to prevent that we'll create a mechanism for, several mechanisms, for monitoring and enforcement the implementation of the standards and this legislation.”



**(PPFA Sex Ed Partner)**



**(PPFA Youth Partner)**



**(PPFA Research Partner)**





*Good reproductive health policy starts with credible research*

OUR WORK

TOPICS

REGIONS

ABOUT

## HISTORY

**“The Center was originally housed within the corporate structure of Planned Parenthood Federation of America (PPFA).** Its program, however, was independently developed and overseen by a National Advisory Council separate from the PPFA Board of Directors. **Its early development was nurtured by Alan F. Guttmacher ... who was PPFA's president for more than a decade** until his death in 1974.”





*Good reproductive health policy starts with credible research*

**OUR WORK**

**TOPICS**

**REGIONS**

**ABOUT**

## ABOUT US

**HIGH-QUALITY RESEARCH**

**EVIDENCE-BASED ADVOCACY**

**STRATEGIC COMMUNICATIONS**





## GUTTMACHER POLICY REVIEW

SPECIAL SERIES

Volume 20



# Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net

The time is now. Will you stand up for reproductive health and rights?

DONATE NOW



JUNE 13, 2017

INFOGRAPHIC

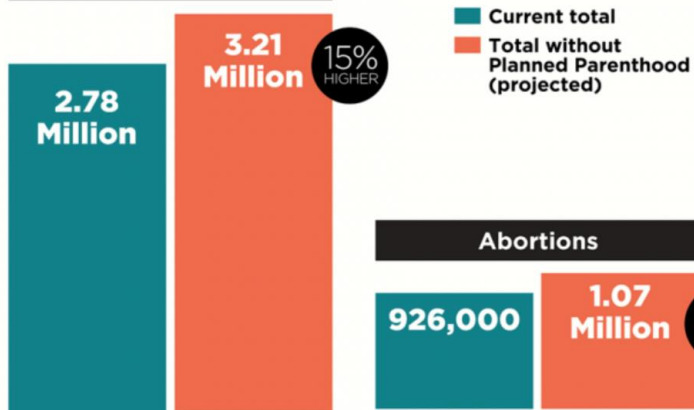
## Unintended pregnancies and abortions averted by Planned Parenthood, 2015

GUTTMACHER INSTITUTE

### WITHOUT PLANNED PARENTHOOD

Without the contraceptive services provided by Planned Parenthood health centers in 2015, numbers of U.S. unintended pregnancies and abortions would have been 15% higher.

#### Unintended pregnancies



#### Abortions





## 20 Years of Medication Abortion

Policy Analysis

**On the 20th Anniversary of Medication  
Abortion, Antiabortion Politicians Are  
Trying to Ban It**



*Good reproductive health policy starts with credible research*

**OUR WORK**

**TOPICS**

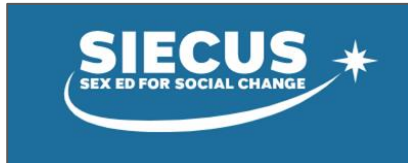
**REGIONS**

**ABOUT**

**AMERICAN JOURNAL OF PUBLIC HEALTH**

**January 2020**

# **Pleasure and Sex Education: The Need for Broadening Both Content and Measurement**



(PPFA Sex Ed Partner)



(PPFA Youth Partner)



(PPFA Research Partner)



(PPFA Publishing Partner)



Under the Obama administration,  
Congress began allocating over  
**\$100 million taxpayer dollars**  
annually for Comprehensive Sexuality Education  
teen pregnancy prevention programs!

# ***Santa Cruz Sentinel***

**10 September 1981**

## **Sex Education Consultants Open Santa Cruz Office**

Education/Training/Research Associates, a new educational consulting firm working in the field of family life and sex education, has opened its doors in Santa Cruz.

Located at 1700 Mission St., many of ETR's personnel formerly were associated with Planned Parenthood of Santa Cruz County.

Last year, because of administrative considerations, it was decided to separate statewide projects from local community programs. Planned Parenthood's board of directors approved the establishment of ETR Associates as an independent group.

ETR is continuing with work that had previously been done through the local Planned Parenthood affiliate. It includes the development of a statewide resource

library in family life and sex education, publication of an Educator's Network report and conducting trainings for individual school districts throughout the state.

Sandy Orwitz, former executive director of Planned Parenthood, is the new leader of ETR Associates. Susan Wandruff assumed the position of acting executive director in place of Orwitz at Planned Parenthood. Nancy Abbey-Harris is now education director of that agency.

The new ETR office is open weekdays from 9 a.m. to 5 p.m. The library, with collections of books and journals in family life and sex education, is open to the public.

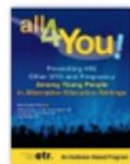
Call 429-9822 for more information.

"We are not now, nor have we ever been, a part of, a division within, or a joint enterprise of ANY other organization. This includes ... not ever being a part of Planned Parenthood of Santa Cruz."

(John Henry Ledwith,  
National Sales Manager, ETR)

"Planned Parenthood's board of directors approved the establishment of ETR Associates as an independent group."





#### All4You!

Designed to be used in alternative education settings to prevent HIV, other STD and pregnancy among students in grades 9-12, ages 14-18. The program includes with class.



#### All4You!

This adds 15 skills-student education to a variety of reduce risk and pre sexual risk.



#### Becoming a Responsible Teen (BART)

This community-based HIV-prevention program helps teens clarify their values about sex, make decisions that reduce the risk of HIV, and learn communication and condom negotiation skills. These HIV-prevention skills will also help teens avoid unintended pregnancy.



#### Be Proud! Be Responsible!

This multimedia curriculum uses trigger films, roleplays, condom demonstrations and other interactive exercises to help adolescents practice the skills they need to reduce the risk of HIV. Many of these skills will also help students avoid unintended pregnancy.



#### Be Proud! Be Responsible! Be Protective!

This adaptation of the Be Proud! Be Responsible! program is especially for adolescent mothers and pregnant girls. It encourages maternal protectiveness to motivate adolescents to make healthy decisions and decrease risky behavior that can lead to STD, HIV or unplanned pregnancy.



#### ¡Cuidate!

Available in English and Spanish, this adaptation of the Be Proud! Be Responsible! program is designed to reduce HIV sexual risk among Latino youth.



#### Making Proud Choices!

Based on cognitive-behavioral theories, this program is designed to empower adolescents with the knowledge, confidence and skills necessary to reduce their risk of STDs, HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex.



#### Project IMAGE

Originally developed to reduce high-risk sexual behavior among African- and Mexican-American adolescent women with a history of psychological trauma.



#### Respecting the Circle of Life

This sexual health program is an STD/HIV and pregnancy prevention program for Native American youth between the ages 11 and 19 and their parents or other trusted adults. The primary goal of the program is to give youth the knowledge and skills they need to protect themselves from unplanned pregnancy and STDs.



#### Safer Choices

This 2-year, multi-component STD, HIV, and teen pregnancy prevention program for high school students aims to reduce the frequency of unprotected sex by reducing the number of sexually active students and increasing condom use and other methods of pregnancy prevention among students who are sexually active.



#### Sisters Saving Sisters

Group discussions, roleplaying games build group cohesion and empower young teenage women to reduce their risk of STD, HIV and unintended pregnancies. This program promotes abstinence as the most effective way to reduce risk, but also encourages safer sex and condom use for those who are sexually active.



#### Sister to Sister/TEEN

This one-on-one, 20-minute safer sex intervention is designed to give women the knowledge, condom-negotiation skills, and confidence needed to help them reduce their risk of STDs and especially HIV. Sister to Sister TEEN is an adaptation of the program for use with adolescents.



#### (Comprehensive) Reducing the Risk

In the comprehensive version of this program, students ages 12-14 learn about puberty, STDs, HIV, and pregnancy prevention through a lively, interactive curriculum similar to the abstinence-only version. They learn the skills they need to stay abstinent but also learn how to use a condom if they choose to have sex.



#### Reducing the Risk

This sexual health program for high school students emphasizes developing skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics. Abstinence is presented as the safest choice, but clear guidelines on protection are included for students who choose to be sexually active.



#### STRIVE

This 5-session family intervention is designed to be used with youth who have recently run away from home. The program seeks to reduce HIV-related sexual risk behaviors and substance abuse by building problem-solving, negotiation and coping skills.

## ETR offers the largest collection of sexual and reproductive health interventions and programs



Advancing Science  
Reducing Risk  
Improving Lives  
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## Evidence-Based



**ETR is the Leading Publisher of Evidence-Based Prevention Programs.**



# focus

## ON PLANNED PARENTHOOD

Planned Parenthood of the Great Northwest

Winter 2010

### PPGNW Implements Customer Service Initiative

#### **The merger that created**

Planned Parenthood of the Great Northwest (PPGNW) also created an opportunity to closely examine the organization's external and internal customer service. The effort comes from a strong desire on the part of the executive team and the board of directors to retain more patients, improve brand identity, and increase employee satisfaction and retention in 2010 and beyond.

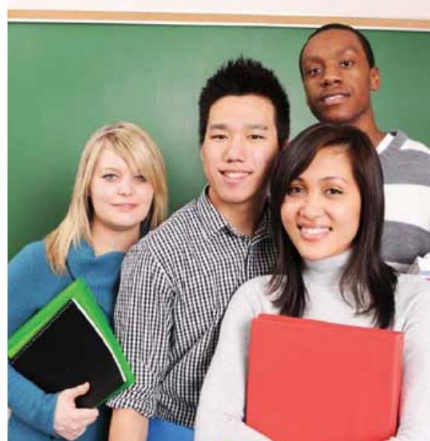
"It's not like we weren't providing good customer service before this," says Carole Miller, vice president of education, training, and organizational effectiveness, "but this gave us the opportunity to recognize and standardize the behaviors that make us not just good, but outstanding — both to our patients

*continued on page 6*


### PPGNW is Preferred Provider of *F.L.A.S.H.* Training in Idaho

**Expanding access to medically accurate sex education** in a rural state like Idaho is a challenge. Limited program budgets and staffing make it logistically impossible for PPGNW to provide medically accurate sex education to all youth who need it. Now, thanks to an agreement with the Center for Health Training in Idaho, PPGNW has been tapped to train health education leadership teams throughout Idaho how to successfully teach a nationally recognized program with a funny name.

*Family Life and Sexual Health (F.L.A.S.H.)* is a program that was developed by Washington State's King County Public Health Department and is now widely used by school districts throughout the United States and Canada. *F.L.A.S.H.* is a series of comprehensive, age-appropriate curricula for grades 4/5/6, grades 7/8, grades 9/10/11, and for



[King County FLASH curricula for schools](#) 

[Rights, Respect, Responsibility:](#)  A K-12 Sexuality Education Curriculum

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## Normalizes Teen Sex

“Write a story or skit about a couple who have been dating for a few months and are talking about taking their relationship to the next level by having oral, anal or vaginal sex.” (Lesson 11 – Preventing HIV and Other STDs)



## Desensitizes

“Show the class a condom that is worn in the vagina or anus and demonstrate how a person would insert it, by squeezing the inner ring and inserting it in a tube formed by your other hand.” (Lesson 12, p. 11)

“Solution to not liking how condoms feel: “Try to focus on the pleasurable sensation of having sex with a condom.” (Lesson 12, p. 8)

Solution to the problem of not having a condom with you: “Engage in a different sexual activity.”

Homework Assignment: “Obtain a condom and bring it to class to show that you obtained it.” (Lesson 12 – Condoms)



## Trivializes Sex Risk

“There is very little risk of getting or transmitting HIV from oral sex.” (Lesson 11, p. 4)

“Benefits of Using Condoms: Variety – colors, flavors, sizes” (Lesson 12, p. 8)



## Normalizes LGBT Sex

Scenario set-up: “On Saturday night, Aleesha had sex with her girlfriend even though she wasn’t in the mood because she didn’t want to hurt her girlfriend’s feelings.”  
(Lesson 5 – Undoing Gender Stereotypes)





## Normalizes LGBT Sex

“This lesson purposefully avoids labeling condoms as ‘male condoms’ or ‘female condoms,’ in order to be more inclusive of transgender and intersex individuals.”  
(Lesson 12, p. 4)

The vagina condom “can also be used during anal sex with the inner ring removed.” (Lesson 12, pp. 11-12)



## Unscientific Gender Theory

“Key Concepts: A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.” (Lesson 4, p. 2)



## Medically Inaccurate Instruction

**“Birth control and condoms are excellent at preventing pregnancy”** (Lesson 1, p. 4)



**A two-year study by the Alan Guttmacher Institute found that sexually active youth using condoms for protection experienced a 25.8 percent condom failure rate resulting in pregnancy.**

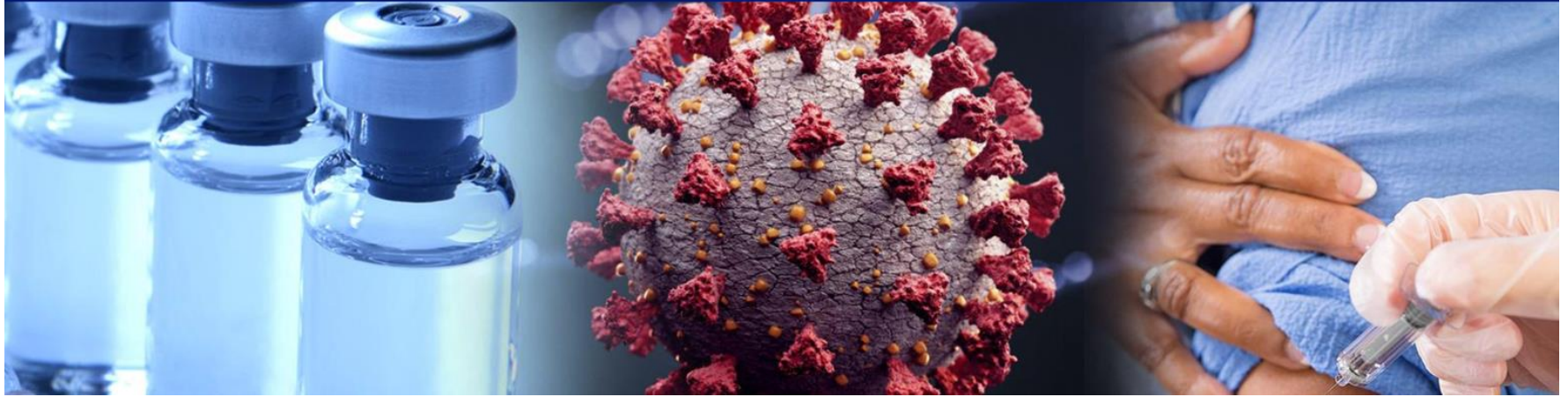
Ranjit, N., Bankole, A., Darroch, J. E., & Singh, S. (2001). Contraceptive Failure in the First Two Years of Use: Differences Across Socioeconomic Subgroups, *Family Planning Perspectives*, 33, 19-27.



# FLASH

## Medically Inaccurate Instruction

“People can prevent getting HIV and other STDs by not having vaginal or anal sex and by not sharing needles. They can also prevent HIV and other STDs by using a condom if they do have vaginal or anal sex.” (Lesson 12, p. 7)



**Condoms have not been approved by the U.S. Food and Drug Administration for anal sex.** They have stated, “Condoms may be more likely to break during anal intercourse than during other types of sex because of the greater amount of friction and other stresses involved.”



## Medically Inaccurate Instruction

“FLASH Key Concepts: Birth control is very safe.”

(Lesson 10, p. 2)

Birth Control Pill Fact Sheet: “Good for your health – for example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, and it helps acne.”

(Lesson 10 – Birth Control Methods)







# From Package Insert for Yasmin COC (combined oral contraceptive)

## Warnings and Precautions

**5.1 Thromboembolic Disorders and Other Vascular Problems Stop Yasmin if an arterial or venous thrombotic (VTE) event occurs.** The use of COCs increases the risk of venous thromboembolism. However, pregnancy increases the risk of venous thromboembolism as much or more than the use of COCs. The risk of VTE in women using COCs has been estimated to be 3 to 5 per 10,000 women-years. The risk of VTE is highest during the first year of use. Data from a large, prospective cohort safety study of various COCs suggest that this increased risk, as compared to that in non-COC users, is greatest during the first 6 months of COC use. Data from this safety study indicate that the greatest risk of VTE is present after initially starting a COC or restarting (following a 4 week or greater pill-free interval) the same or a different COC. Use of COCs also increases the risk of arterial thrombotic events such as strokes and myocardial infarctions, especially in women with other risk factors for these events. The risk of thromboembolic disease due to oral contraceptives gradually disappears after COC use is discontinued. If feasible, stop Yasmin at least 4 weeks before and through 2 weeks after major surgery or other surgeries known to have an elevated risk of thromboembolism. Start Yasmin no earlier than 4 weeks after delivery, in women who are not breastfeeding. The risk of postpartum thromboembolism decreases after the third postpartum week, whereas the risk of coagulation increases after the third postpartum week. COCs have been shown to increase both the relative and attributable risks of cerebrovascular events (thrombotic and hemorrhagic strokes), although, in general, the risk is greatest among older (>35 years of age), hypertensive women who also smoke. COCs also increase the risk for stroke in women with other underlying risk factors. Oral contraceptives must be used with caution in women with cardiovascular disease risk factors. Stop Yasmin if there is unexplained loss of vision, proptosis, diplopia, papilledema, or retinal vascular lesions. Evaluate for retinal vein thrombosis immediately. Epidemiologic studies including a DRP-containing COC safety study have investigated the relative risks of thromboembolism in women using Yasmin compared to those in women using COCs containing other progestins. Two prospective cohort studies, both evaluating the risk of venous and arterial thromboembolism and deaths, were initiated at the time of Yasmin approval. The first (GAFAS) showed the risk of thromboembolism (particularly venous thromboembolism) and death in Yasmin users to be comparable to that of other oral contraceptive preparations, including those containing levonorgestrel (so-called second generation COC). The second prospective cohort study (Ingens) also showed a comparable risk of thromboembolism in Yasmin users compared to users of other COCs, including those containing levonorgestrel. In the second study, COC comparator groups were selected based on their having similar characteristics to those being described

Yasmin. Two additional epidemiological studies, one case-control study (van Hylkema-Vlieg et al. 3) and one retrospective cohort study (Lillegard et al. 4) suggested that the risk of venous thromboembolism occurring in Yasmin users was higher than that for users of levonorgestrel-containing COCs and lower than that for users of desogestrel/progestin-containing COCs (so-called third generation COCs). In the case-control study, however, the number of Yasmin cases was 0.0001 (2.2% of all cases) making the risk estimates unreliable. The relative risk for Yasmin users in the retrospective cohort study was greater than that for users of other COC products when considering women who used the products for less than one year. However, these one-year estimates may not be reliable because the analysis may include women of varying risk levels. Reference ID: 308653 4 Among women who used the product for 5 to 6 years, the relative risk was similar for users of Yasmin to that for users of other COC products.

**5.2 Hyperkalemia** Yasmin contains 3 mg of the progestin DESV, which has antimineralocorticoid activity, including the potential for hyperkalemia in high-risk patients, comparable to a 25 mg dose of spironolactone. Yasmin should not be used in patients with conditions that predispose to hyperkalemia (that is, renal impairment, hepatic impairment, and adrenal insufficiency). Women receiving daily, long-term treatment for chronic conditions or diseases with medications that may increase serum potassium concentration should have their serum potassium concentration checked during the first treatment cycle. Medications that may increase serum potassium concentration include ACE inhibitors, angiotensin-II receptor antagonists, potassium-sparing diuretics, potassium supplementation, heparin, aldosterone antagonists, and NSAIDs.

**5.3 Carcinoma of the Breast and Reproductive Organs** Women who currently have or have had breast cancer should not use Yasmin because breast cancer is a hormonal-sensitive tumor. There is substantial evidence that COCs do not increase the incidence of breast cancer. Although some past studies have suggested that COCs might increase the incidence of breast cancer, more recent studies have not confirmed these findings. Some studies suggest that COCs are associated with an increase in the risk of cervical cancer or intraepithelial neoplasia. However, there is controversy about the extent to which these findings may be due to differences in sexual behavior and other factors.

**5.4 Liver Disease** Discontinue Yasmin if jaundice develops. Steroid hormones may be poorly metabolized in patients with impaired liver function. Acute or chronic disturbances of liver function may necessitate the discontinuation of COC use until markers of liver function return to normal and COC causation has been excluded. Hepatic adenomas are associated with COC use. An estimate of the attributable

risk is 3.3 cases/100,000 COC users. Rupture of hepatic adenomas may cause death through intra-abdominal hemorrhage. Studies have shown an increased risk of developing hepatocellular carcinoma in long-term (>8 years) COC users. However, the attributable risk of liver cancers in COC users is less than one case per million users. Oral contraceptive-related cholestasis may occur in women with a history of pregnancy-related cholestasis. Women with a history of COC-related cholestasis may have the condition recur with subsequent COC use.

**5.5 High Blood Pressure** For women with well-controlled hypertension, monitor blood pressure and stop Yasmin if blood pressure rises significantly. Women with uncontrolled hypertension or hypertension with vascular disease should not use COCs. An increase in blood pressure has been reported in women taking COCs, and this increase is more likely in older women and with extended duration of use. The incidence of hypertension increases with increasing concentration of progestin.

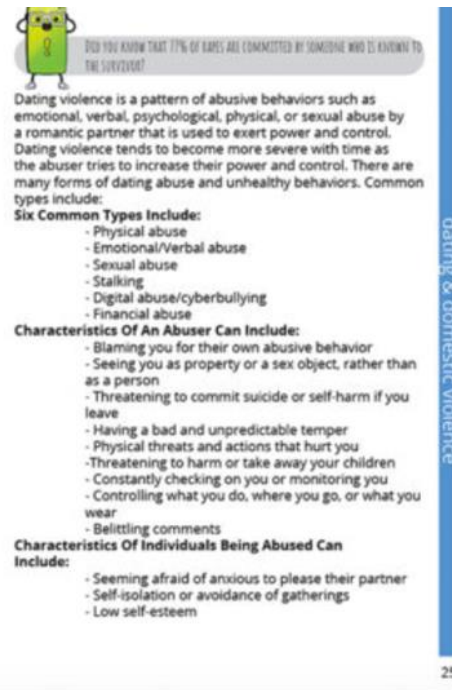
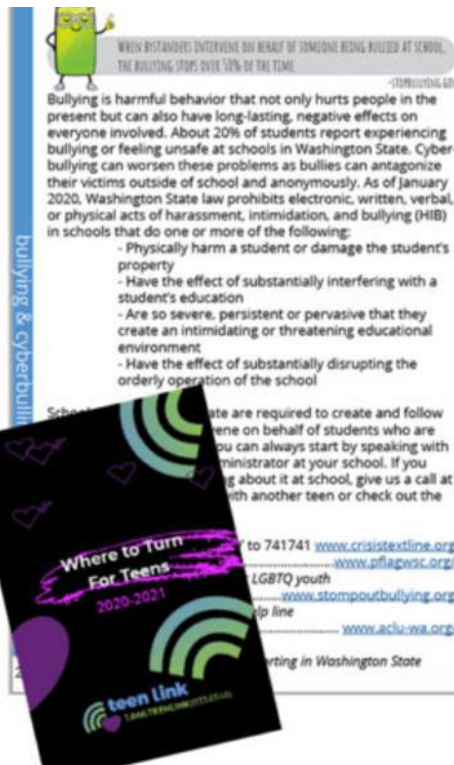
**5.6 Gallbladder Disease** Studies suggest a small increased relative risk of developing gallbladder disease among COC users.

**5.7 Carbohydrate and Lipid Metabolic Effects** Carefully monitor prediabetic and diabetic women who are taking Yasmin. COCs may decrease glucose tolerance in a dose-related fashion. Consider alternative contraception for women with uncontrolled dyslipidemia. A small proportion of women will have adverse lipid changes while on COCs. Women with hypertriglyceridemia, or a family history thereof, may be at an increased risk of pancreatitis when using COCs.

**5.8 Headache** If a woman taking Yasmin develops new headaches that are recurrent, persistent, or severe, evaluate the cause and discontinue Yasmin if indicated. Reference ID: 308653 5 An increase in frequency or severity of migraine during COC use (which may be prodromal of a cerebrovascular event) may be a reason for immediate discontinuation of the COC. 5.9 Bleeding Irregularities Uncontrolled (breakthrough or intracyclic) bleeding and spotting sometimes occur in patients on COCs, especially during the first three months of use. If bleeding persists or occurs after previously regular cycles, check for causes such as pregnancy or malignancy. If pathology and pregnancy are excluded, bleeding irregularities may resolve over time or with a change to a different COC. Data from two contraceptive efficacy clinical trials (N=2,827) show that the percent of women who took Yasmin and reported unscheduled bleeding decreased over time from 32% at cycle 2 to 8% (cycle 23). A total of 26 subjects out of 2,827 in the Yasmin trials

- venous thromboembolism
- arterial thromboses such as strokes and myocardial infarctions
- retinal vein thrombosis that can cause unexplained loss of vision, proptosis, diplopia, papilledema, or retinal vascular lesions
- cerebrovascular events (thrombotic and hemorrhagic strokes)
- may increase the incidence of breast cancer
- may increase in the risk of cervical cancer or intraepithelial neoplasia
- hepatic adenomas (rupture of which causes death)
- increased risk of developing hepatocellular carcinoma
- cholestasis
- hypertension
- increased relative risk of developing gallbladder disease
- may decrease glucose tolerance in a dose-related fashion
- adverse lipid changes
- increased risk of pancreatitis
- recurrent, persistent, or severe headaches
- increase in frequency or severity of migraine
- unscheduled (breakthrough or intracyclic) bleeding and spotting
- hyperkalemia

# Where to Turn for Teens





DID YOU KNOW THAT OVER 20% OF TEENS IN THE U.S. GET PREGNANT AT LEAST ONCE BY THE AGE OF 20. MANY OF THESE PREGNANCIES ARE UNPLANNED, BEARING HEALTH AND SOCIOECONOMIC RISKS FOR TEENS AND THEIR COMMUNITIES.

—THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

### Birth Control & Pregnancy

You are the only person who gets to decide when you are ready to become sexually active. Being proactive with your partner in discussing birth control and sexual health is an important part of a safe and healthy relationship. If you think you may be pregnant, it's important to make an appointment to get tested by a health care professional as home pregnancy kits are not always accurate. In Washington State, minors of any age do not need a parent or legal guardian's permission to access birth control or pregnancy or abortion related services. If you are pregnant, seek emotional support from someone you trust, and talk with a medical professional about your options.

sexual health

- ☎☎☎☎All-Options.....1.888.493.0092  
[www.all-options.org](http://www.all-options.org) Pregnancy counseling talkline
- ☎☎Cedar River Clinic♥.....1.800.572.4223  
[www.cedarriverclinics.org](http://www.cedarriverclinics.org) Clinic offering reproductive healthcare, abortions, and birth control
- ☎Center for Multicultural Health♥.....206.461.6910  
[cschc.org](http://cschc.org)
- ☎Maternal Child Outreach Team (MCOT)♥.....253.798.6403  
[www.tpchd.org/healthy-people/family-health](http://www.tpchd.org/healthy-people/family-health)
- ☎☎☎☎Open Adoption & Family Services♥.....1.800.772.1115  
Text "open" to 971.266.0924 for text support, chat support available at [www.openadopt.org](http://www.openadopt.org)
- ☎☎☎☎Planned Parenthood♥.....1.800.769.0045  
[www.plannedparenthood.org](http://www.plannedparenthood.org)
- ☎☎☎☎Help Me Grow WA♥.....1.800.322.2588  
[www.parenthelp123.org](http://www.parenthelp123.org)
- ☎Teen Pregnancy & Parenting Clinic♥.....206.326.2656  
(up to age 21)
- ☎Step by Step Family Support Center.....253.896.0903  
[www.stepbystepfamily.org](http://www.stepbystepfamily.org) Teen clinics at public health

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[www.stepbystepfamily.org](http://www.stepbystepfamily.org) Teen clinics at public health



## 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 *High School FLASH* 3<sup>rd</sup> Edition


Based on 15 Harmful Elements Commonly Included in CSE Materials

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

~~*High School FLASH, 3<sup>rd</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:** High School FLASH is a sexuality curriculum designed for high school youth ages 14-18. This curriculum teaches youth where they can go to find protection or have an abortion and frequently refers students to Planned Parenthood resources. It normalizes anal and oral sex and gives detailed instruction on consenting to sexual acts. *FLASH* includes same-gender role play scenarios and heavily emphasizes transgender ideology, going so far as to avoid using the word 'woman' and to instead use the term 'person with a uterus and ovaries'. This curriculum is being used in California, Illinois, Texas and Washington.

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Teach the facts and skills they need

### What Is FLASH?

FLASH is a widely used comprehensive sexuality education curriculum developed by Public Health Seattle-King County and designed to prevent teen pregnancy, STDs and sexual violence. FLASH is available for elementary, middle school, high school and special education classrooms.

FLASH lessons prepare students to:

- Abstain from sex
- Use condoms and birth control when they do have sex
- Confirm consent before engaging in sexual activity
- Communicate with their families about sexual health
- Make decisions that minimize risk to their sexual health
- Seek medical care in order to take care of their reproductive health

FLASH is based on the Theory of Planned Behavior. Lessons include a variety of strategies designed to create positive attitudes, beliefs and norms, and to build skills in order to reduce rates of pregnancy, STDs and sexual violence.

### FLASH FAQs

Have questions about FLASH? Get answers here.  
[Frequently Asked Questions >>](#)

### What's New

The FLASH lessons for Middle School are now available! They have been thoroughly reviewed and updated.  
[Read More >>](#)

Screenshot from <https://www.etr.org/flash/>.

## FLASH sex-ed clinically proven to reduce teen pregnancy rates | King County

A new national study shows King County's sex-ed programs are effective in reducing teen pregnancies.



# Journal of Adolescent Health

Volume 68, Issue 4, April 2021, Pages 686-695



Original article

## A Group Randomized Trial Evaluating High School FLASH, a Comprehensive Sexual Health Curriculum

Karin Coyle Ph.D. <sup>a</sup>  , Pamela Anderson Ph.D. <sup>a</sup>, B.A. Laris M.P.H. <sup>a</sup>, Mia Barrett M.A. <sup>a</sup>, Tracy Unti <sup>a</sup>, Elizabeth Baumler Ph.D. <sup>b</sup>



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**Conflicts of interest:** There are no real or perceived conflicts of interest for the paper authors, and the study sponsor did not play a role in the study or submission.

**Clinical Trial Registration:** Clinicaltrials.gov (NCT04079608).

[View full text](#)

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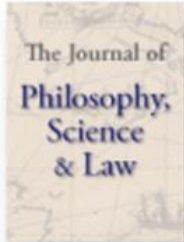
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## The Journal of Philosophy, Science & Law

*Jason Borenstein, Editor-in-Chief*

*The Journal of Philosophy, Science & Law* is an interdisciplinary forum dedicated to examining issues at the intersection of applied philosophy, science, and the law. It publishes peer-reviewed research that examines:

“A researcher has a conflict of interest if and only if he/she has personal, financial, professional, political, or legal interests that have a significant chance of interfering with the performance of his/her or ethical or legal duties.”

Resnik, D. B. (2009). Conflicts of Interest in Scientific Research Related to Regulation or Litigation. *Journal of Philosophy, Science & Law*, 7(1).

## About the FLASH curriculum

FLASH is a widely used sexual health education curriculum developed by Public Health – Seattle & King County and designed to prevent teen pregnancy, STDs, and sexual violence, and to increase knowledge about the reproductive system and puberty. FLASH is available for elementary, middle, high school and special education classrooms. High School FLASH has been proven effective by rigorous evaluation.

**FLASH is based on the Theory of Planned Behavior.** Lessons include a variety of strategies designed to create positive attitudes, beliefs and norms and to build skills in order to reduce rates of pregnancy, STDs and sexual violence. See additional details below.

**FLASH includes a strong family-involvement component** in order to further increase protective factors that support students in remaining abstinent, using birth control and condoms, and respecting other's decisions not to have sex.

**FLASH supports and respects diverse community values** through its inclusive design, its use of the Values Question Protocol, and through the design of the Family Homework, which encourages discussion about values with family members.

**High School FLASH is a proven program.** It has been rigorously evaluated and found to be an effective, proven program at reducing unintended pregnancy and STDs among teens.

## 1. What's unique about FLASH

FLASH is unique in many ways. It is a proven, evidence-based sexual health education curriculum designed to prevent pregnancy, STDs and sexual violence. It is deigned to be used in school classrooms, as a part of a health unit, although it can be successfully implemented in a variety of environments. It does not require training, and provides substantial teacher support so that it can be immediately implemented by any school that is ready. It includes a strong family involvement component, creating opportunities for families to talk with their children about important sexual health topics. It is an inclusive curriculum, including examples and activities that will resonate with youth from a variety of geographical regions, racial identities, and sexual orientations. It is highly interactive and is respectful of students with a variety of sexual experiences.



### 3. Evidence-based

High School FLASH, 3rd edition has been rigorously evaluated and found to be an effective, proven program at reducing unintended pregnancy and STDs among teens. The evaluation of High School FLASH was funded by the U.S. Department of Health and Human Services, and was conducted by ETR Associates, an independent outside evaluator (Grant #TP2AH000031). Significant findings include:

Finally, FLASH adheres to the Characteristics of an Effective Health Education Curriculum and is aligned to both the CDC's National Health Education Standards for Sexual Health and the National Sexuality Education Standards. [See ways in which FLASH aligns to these characteristics.](#)

- **Order FLASH**

All grade levels of FLASH are available for purchase in hard copy. Additionally, Middle School and High School FLASH are available on an online platform by purchasing a digital license. [Visit an outside site where all FLASH orders are placed.](#)

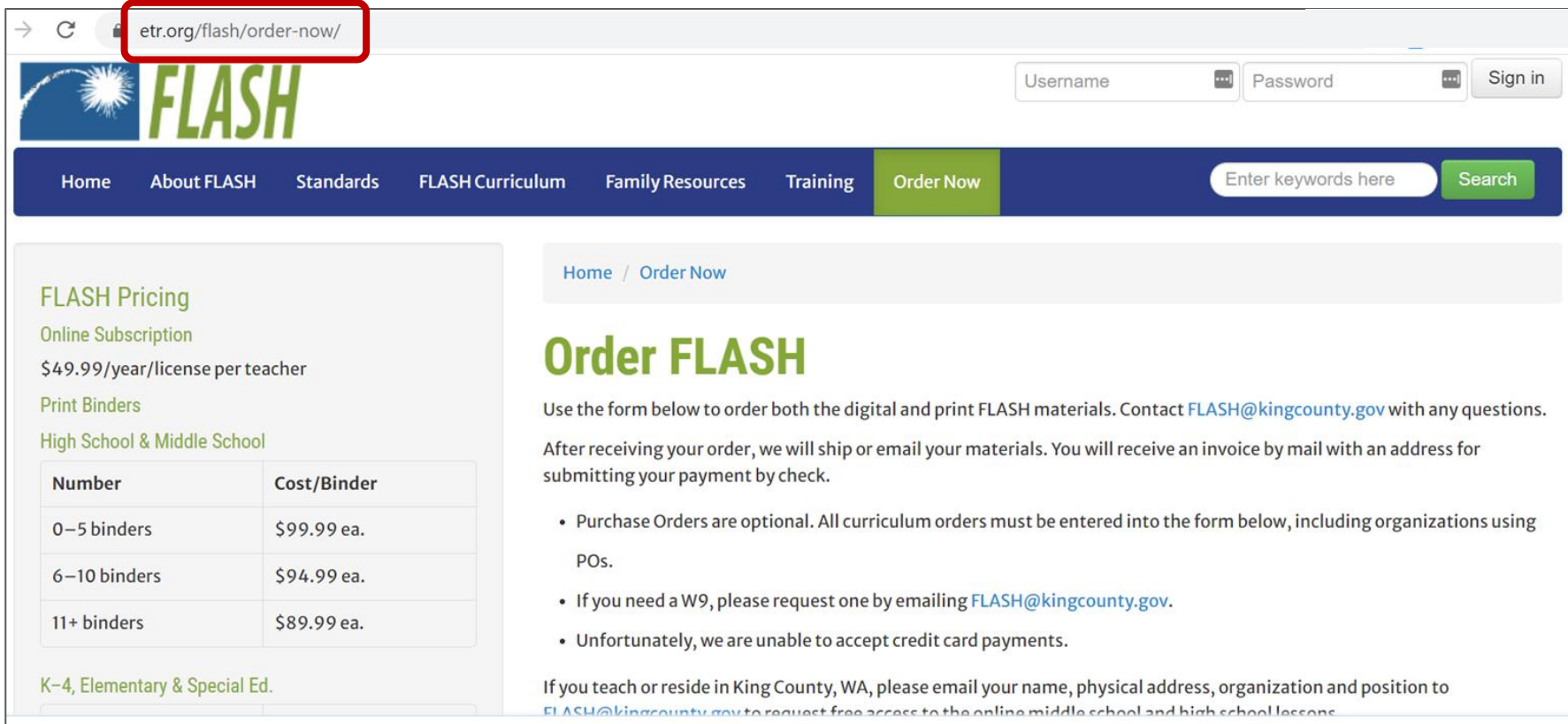
**Request free access to FLASH (King County only)**

King County teachers can email [FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov) to request free access. King County teachers: in your email, please include your name, position, school, and building address.

**Contact FLASH staff**

Please contact the FLASH staff at [FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov) if you have any additional questions about the program.

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FLASH Pricing

Online Subscription

\$49.99/year/license per teacher

Print Binders

High School & Middle School

Number	Cost/Binder
0–5 binders	\$99.99 ea.
6–10 binders	\$94.99 ea.
11+ binders	\$89.99 ea.

K–4, Elementary & Special Ed.

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## Order FLASH

Use the form below to order both the digital and print FLASH materials. Contact [FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov) with any questions.

After receiving your order, we will ship or email your materials. You will receive an invoice by mail with an address for submitting your payment by check.

- Purchase Orders are optional. All curriculum orders must be entered into the form below, including organizations using POs.
- If you need a W9, please request one by emailing [FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov).
- Unfortunately, we are unable to accept credit card payments.

If you teach or reside in King County, WA, please email your name, physical address, organization and position to [FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov) to request free access to the online middle school and high school lessons.

etr.org/flash/training/

etr.org/flash/training/



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## Training

### Frequently Asked Questions

- What's unique about the FLASH curriculum?
- What theory is FLASH based on?

For more information or to schedule a FLASH training:

In King County, WA: Contact [FLASH@kingcounty.gov](mailto:FLASH@kingcounty.gov)

Outside of King County, WA: Fill out this brief [Training and TA Request Form](#) and ETR's Training Coordinator will contact you to discuss your needs and interest. You can also email us directly at [FLASHTrain@etr.org](mailto:FLASHTrain@etr.org).





Karin Coyle, PhD



Chief Science Officer

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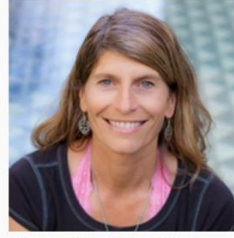
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### **F.L.A.S.H. Sex Ed Curriculum: False Claims and Strong Evidence of Failure**

Irene H. Ericksen, M.S.  
March 26, 2021

A recent press release issued by King County<sup>1</sup> claims that a new national study<sup>2</sup> shows the County's FLASH sexual health curriculum "is clinically proven to reduce teen pregnancy." Unfortunately, the cited study—conducted by employees of the company that markets FLASH<sup>3</sup>—produced no such evidence, but rather, showed strong evidence that the FLASH curriculum has failed.

Remarkably, the study did not even *measure* FLASH's impact on teen pregnancy, so any claims that FLASH is "clinically proven to reduce teen pregnancy" are blatantly false. The study *did* measure teenage sexual behavior—sexual activity, condom/contraceptive use, and abstinence—and found "there were no statistically significant differences...[for] the study population." There was one short-term subgroup effect, touted in the press release: an increase in condom use for the subgroup of FLASH students who were not sexually active but became sexually active while in the FLASH program. But this increase in condom use disappeared after 3 months and the researchers said the finding "must be viewed with caution." Moreover, it begs the question: *Why did this subgroup of sexually abstinent students become sexually active while participating in the FLASH program?*

The press release touts King County's teen birth rate as evidence of FLASH's success. But both teen births and pregnancies in King County have declined at a rate similar to the decline in the national average,<sup>4</sup> which would bely any impact by FLASH. There is simply no empirical evidence that King County's low teen birth rate is a result of the FLASH curriculum.

The authors of the study downplayed FLASH's lack of behavioral impact by emphasizing that FLASH had long-term impact on several "behavioral determinants." But "behavioral determinants" is just another term for the *attitudes* that influence sexual behavior. And while FLASH did improve some of these attitudes, that improvement did not translate into behavior change for FLASH participants. Worth noting, FLASH did not increase students' "intentions to use condoms," a key behavioral determinant of teen condom use, or their "comfort communicating with [parents] about sexual health," which was an important goal of the program.

This press release egregiously deceives parents in King County by claiming that research shows the FLASH sex education program is effective at protecting their children. In fact, the research shows more evidence of FLASH failure than success. It appears that King County assumed no one would take the trouble to read the study or report what it actually found.

Irene Ericksen is a Senior Research Associate at *Institute for Research and Evaluation* and lead author of a global review of sex education published in *Issues in Law and Medicine*.



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This press release egregiously deceives parents in King County by claiming that research shows the FLASH sex education program is effective at protecting their children. In fact, the research shows more evidence of FLASH failure than success. It appears that King County assumed no one would take the trouble to read the study or report what it actually found.

Irene Ericksen is a Senior Research Associate at *Institute for Research and Evaluation* and lead author of a global review of sex education published in *Issues in Law and Medicine*.



# Re-Examining the Evidence for Comprehensive Sex Education in Schools

2019

A Global  
Research Review

Stan E. Weed, Ph.D.  
Irene H. Ericksen, M.S.



THE INSTITUTE FOR  
RESEARCH & EVALUATION

## IRE FINDINGS

When measured by credible criteria derived from the field of prevention research, a database containing **103 of the strongest and most recent CSE studies, vetted for research quality by three reputed scientific agencies (UNESCO, CDC and HHS), showed little evidence of CSE effectiveness** in school settings and a concerning number of negative effects.

**answer**  
sex ed, honestly

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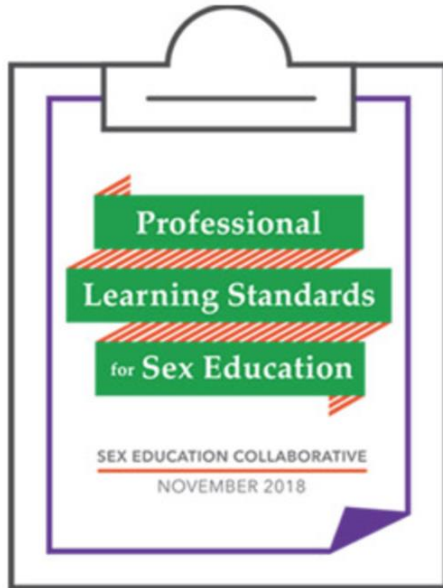
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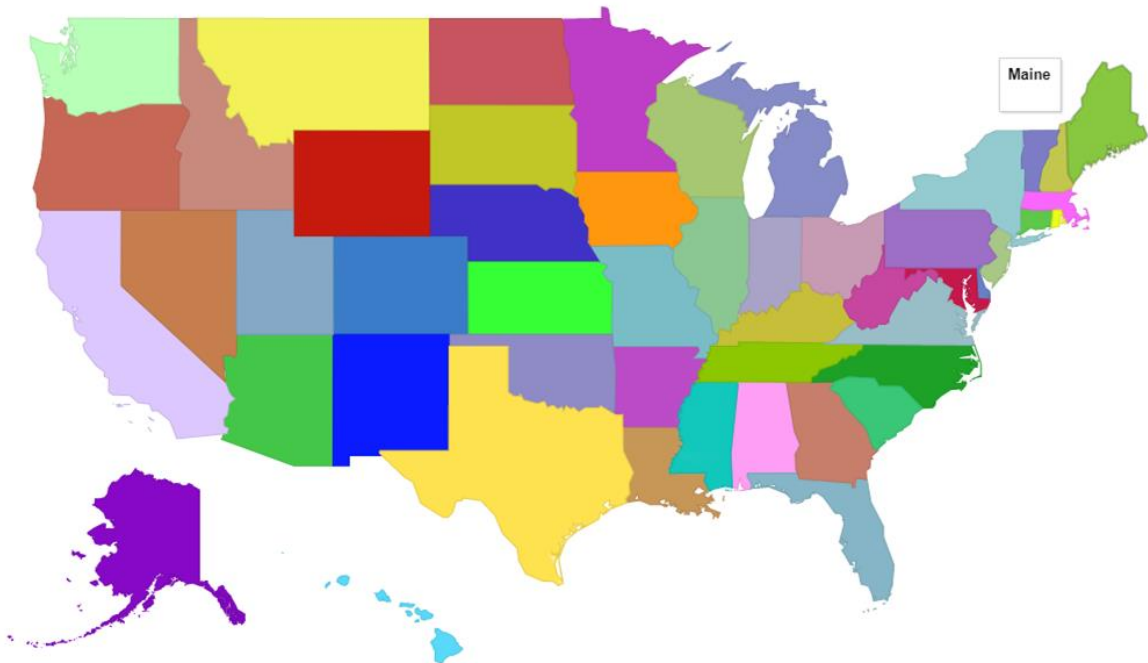


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## United States CSE Map

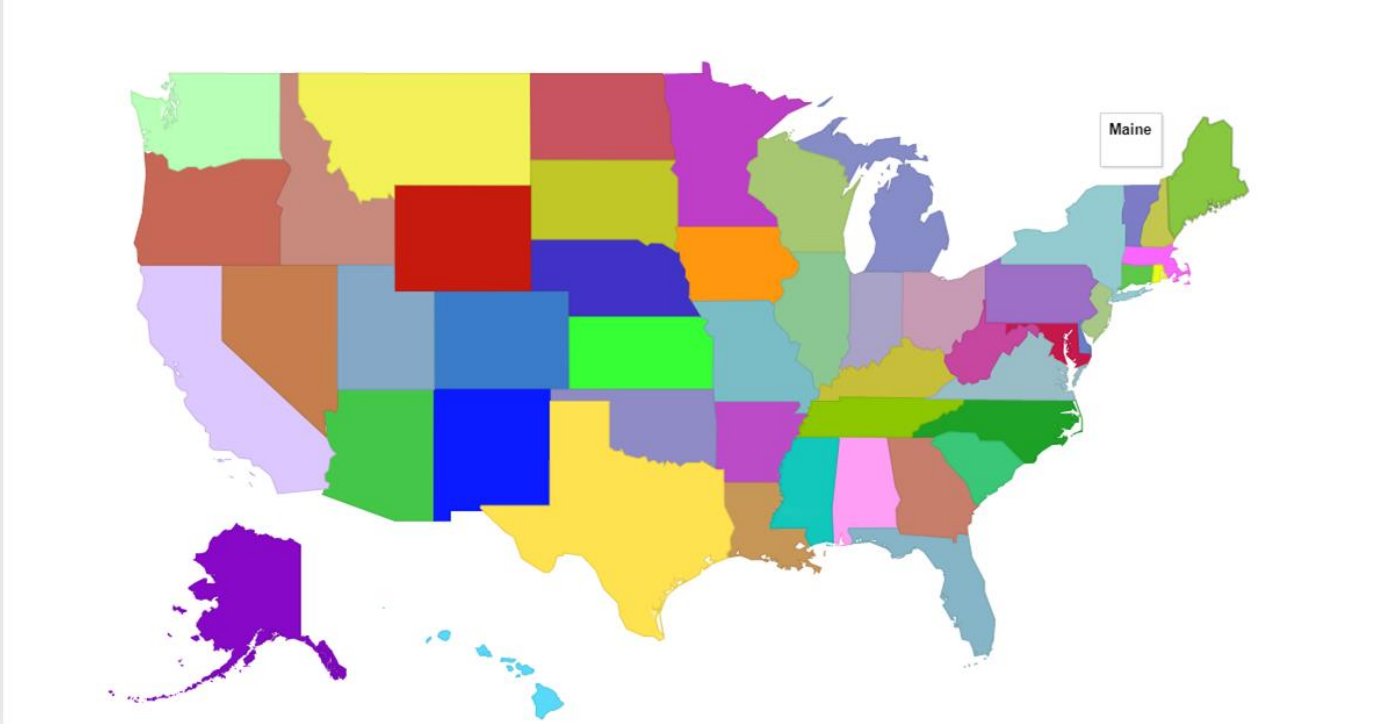
Click on your state to learn more about CSE in your area and connect with others.



The map shows the United States with each state colored differently. A small box labeled 'Maine' points to the state of Maine. The colors are as follows: Washington (light green), Oregon (brown), California (light purple), Nevada (brown), Arizona (green), New Mexico (blue), Texas (yellow), Colorado (red), Wyoming (yellow), Montana (red), North Dakota (yellow), South Dakota (blue), Nebraska (blue), Kansas (green), Oklahoma (blue), Missouri (light blue), Arkansas (purple), Louisiana (brown), Mississippi (pink), Alabama (brown), Georgia (green), South Carolina (green), North Carolina (green), Virginia (green), West Virginia (red), Maryland (red), Delaware (red), Pennsylvania (purple), New Jersey (light blue), New York (light blue), Connecticut (light blue), Rhode Island (light blue), Massachusetts (light blue), Vermont (light blue), New Hampshire (light blue), Maine (green).

United States CSE Map

Click on your state to learn more about CSE in your area and connect with others.



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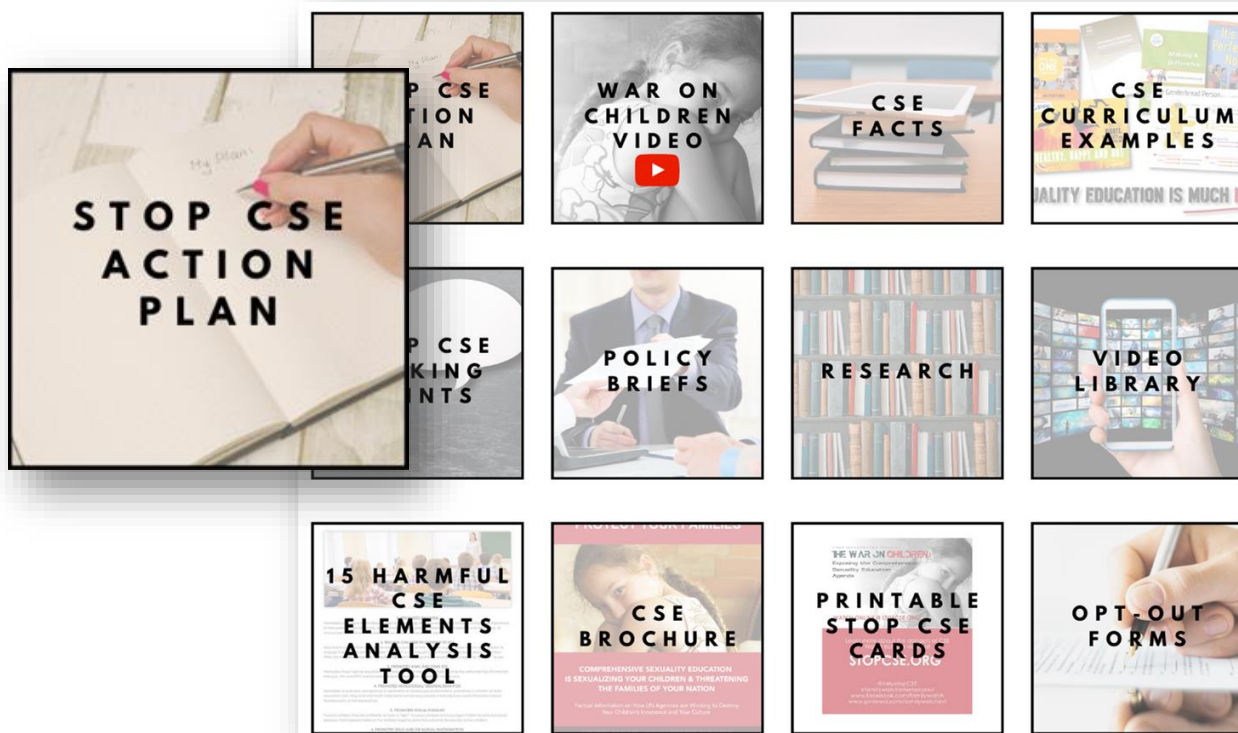
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United States CSE Materials/Curricula



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## Defender's Toolkit



# JOIN US FOR OUR NEXT WEBINAR



## IPPF's Global Youth Activism and Radicalization Agenda

Registration: [FamilyWatch.org/Webinars](https://FamilyWatch.org/Webinars)

**Part VI**

**DATE: Tuesday, April 13**

**TIME: 9:00 a.m. Arizona Time**

