

Protecting Arizona's Children

ARIZONA-
What is the
concern about
Comprehensive
Sexuality
Education?

**CHILDREN DESERVE TO
HAVE THEIR INNOCENCE
AND HEALTH PROTECTED**

CSE SEXUALIZES CHILDREN

We are seeing alarming education trends in our schools, across our city, across our state and across the nation. Schools in Arizona are implementing highly controversial and dangerous Comprehensive Sexuality Education".

CSE goes beyond instruction on the human reproductive system and expected puberty changes. Using a rights based approach and focusing on sexual pleasure.

CSE teaches children they have autonomous sexual rights. Parents are intentionally left out of the conversation. CSE undermines parent's authority over their children.



Protect Arizona
Children Coalition

HARMFUL ELEMENTS

CSE TEACHES CHILDREN
HOW TO PUT ON A CONDOM

CSE TEACHES CHILDREN THAT THEY
CAN CHOOSE THEIR GENDER

CSE ENCOURAGES CHILDREN TO
ROLE PLAY SEDUCING EACH
OTHER TO GET CONSENT
FOR SEXUAL ACTS



LEARN MORE AND SIGN THE PETITION
WWW.PROTECTARIZONACHILDREN.ORG

Mission:

To protect the health and innocence of Arizona's children and the fundamental rights of parents to direct the education, healthcare and upbringing of their children.

Objectives:

- To advocate for all Arizona laws and policies to protect children and parental rights.
- To expose the harmful nature of comprehensive sexual education (CSE), gender ideology, and pornographic materials and prevent them from being distributed, implemented or promoted in Arizona schools.
- To inform and mobilize concerned citizens, including parents.



Protect Arizona
Children Coalition



Sex Education

reproductive

contraception

STD

age 10

training

specific

curiosity

mandatory

programs

instructions

overpopulation

child's

teenage

friends

pregnancies

incidence

parents

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COMPREHENSIVE SEXUALITY EDUCATION IS MUCH MORE THAN JUST

Everything about Sex (and more)

HARMFUL EFFECTS COMPREHENSIVE 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.)

Adolescent and School Health

[CDC](#) > [DASH Home](#) > [Data & Statistics](#) > [YRBSS](#)



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[Data By Topic](#) +

[School Health Profiles](#) +

[SHPPS](#) +

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[Overview](#)

YRBS Data Summary & Trends

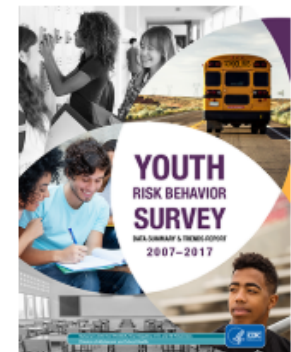
CDC's *Morbidity and Mortality Weekly Report* Surveillance Summary on the [2017 National Youth Risk Behavior Survey \(YRBS\)](#) provides the most recent surveillance data on health behaviors and experiences among high school students across the country. It reports on risks that contribute to the leading causes of death and disability among youth and young adults.

Trends Report

The *Youth Risk Behavior Survey Data Summary and Trends Report* uses YRBS data to focus on four priority focus areas associated with STDs, including HIV, and unintended teen pregnancy:

- Sexual Behavior
- High-Risk Substance Use
- Violence Victimization, and
- Mental Health and Suicide.

To raise awareness and understanding, this report presents the 2017 data by sex, by race/ethnicity, and for sexual minority youth. The report looks at the past decade and examines linear YRBS trends for each focus area.





SIECUS

SEX ED FOR SOCIAL CHANGE





Revised edition

International technical guidance on sexuality education

An evidence-informed approach

**Education
2030**

Learners will be able to:

- ▶ state that people show love and care for other people in different ways, including kissing, hugging, touching, and sometimes through sexual behaviours (knowledge).

Key idea: Children should understand what is and what is not appropriate touching.

Learners will be able to:

- ▶ describe male and female responses to sexual stimulation (knowledge);
- ▶ state that during puberty boys and girls become more aware of their responses to sexual attraction and stimulation (knowledge);

“understand that abstinence means choosing not to have sex, or deciding when to start having sex and with whom”

Learning objectives (12-15 years)

Key idea: The sexual response cycle is about how the body reacts physically to sexual stimulation

Learners will be able to:

- ▶ understand that sexual stimulation involves physical and psychological aspects, and people respond in different ways, at different times (knowledge);
- ▶ recognize that sexual response can be impacted by issues such as illness, stress, sexual abuse, medication, substance use and trauma (attitudinal).

Key idea: Every society, culture and generation

including whether to delay sex or become sexually active

Learners will be able to:

- ▶ compare and contrast advantages and disadvantages of choosing to delay sex or to become sexually active (knowledge);
- ▶ understand that abstinence means choosing not to have sex, or deciding when to start having sex and with whom, and is the safest way to prevent pregnancy and STIs, including HIV (knowledge);
- ▶ reflect on how plans for their future can be impacted by the decisions they take in relation to sex and relationships (attitudinal).

approach is required to effectively engage them in the learning process and respond to the full range of their needs, as well as content on reproduction, sexual behaviours, risks and prevention of ill health, CSE provides an opportunity to present sexuality in a way that also includes its positive aspects, such as love and relationships based on mutual

that teachers will deliver health and well-being education programmes with the high fidelity and quality that is associated with positive impact on health behaviours (Stead et al., 2007).

A lack of high-quality, age- and developmentally-appropriate sexuality and relationship education may leave children

“CSE promotes the right to choose when and with whom a person will have any form of intimate or sexual relationship”

CSE covers a wide range of topics, some of which may be naturally sensitive, depending on the context. In many settings, CSE curricula omit or avoid key topics, and/or place too much emphasis on the ‘mechanics’ of reproduction without also focusing on responsible sexual behaviours and the importance of healthy and equitable relationships (UNESCO 2015a). The omission of key topics will lessen the effectiveness of CSE. For example, failure to discuss menstruation can contribute to the persistence of negative social and cultural attitudes towards it. This may negatively impact the lives of girls, contributing to lifelong discomfort with their bodies and leading to reticence in seeking help when problems arise. Other examples include: sexual intercourse; scientific information about prevention of

preventing pregnancy, STIs and HIV

CSE promotes the right to choose when and with whom a person will have any form of intimate or sexual relationship; the responsibility of these choices; and respecting the choices of others in this regard. This choice includes the right to abstain, to delay, or to engage in sexual relationships. While abstinence is an important method of preventing pregnancy, STIs and HIV, CSE recognizes that abstinence is not a permanent condition in the lives of many young people, and that there is diversity in the way young people manage their sexual expression at various ages. Abstinence-only programmes have been found to be ineffective and potentially harmful to young people’s sexual and reproductive health and rights (SRHR) (Kirby, 2007; Santelli et al., 2017;

has its own myths about sexual behaviours and it's important to know the facts

Learners will be able to:

- ▶ differentiate myths from facts when it comes to information about sexual behaviour (knowledge);
- ▶ appreciate the importance of knowing the facts about sexuality (attitudinal);

“recognize that each person’s decision to be sexually active ... should be respected at all times”

important to their health and well-being (attitudinal);

- ▶ recognize that each person’s decision to be sexually active is a personal one, which can change over time and should be respected at all times (attitudinal);
- ▶ make responsible decisions about their sexual behaviour (skill).

are different (knowledge);

- ▶ reflect on how they feel about their biological sex and gender (skill).

Key idea: Families, individuals, peers and communities are sources of information about sex and gender

- ▶ define gender roles (knowledge);
- ▶ Identify examples of how social norms, cultural norms, and religious beliefs can influence gender roles (knowledge);
- ▶ acknowledge that many factors impact gender roles (attitudinal);
- ▶ reflect on social, cultural and religious beliefs that impact on how they view gender roles (skill).

“explain how someone’s gender identity may not match their biological sex”

Learning objectives (12-15 years)

Key idea: Gender roles and gender norms influence people’s lives

Learners will be able to:

- ▶ identify how gender norms shape identity, desires, practices and behaviour (knowledge);
- ▶ Examine how gender norms can be harmful and can negatively influence people’s choices and behaviour (knowledge);
- ▶ recognize that beliefs about gender norms are created by societies (attitudinal);
- ▶ acknowledge that gender roles and expectations can be changed (attitudinal);
- ▶ practise everyday actions to influence more positive

- ▶ define gender identity (knowledge);
- ▶ explain how someone’s gender identity may not match their biological sex (knowledge);
- ▶ acknowledge that everyone has a gender identity (attitudinal);
- ▶ appreciate their own gender identity and demonstrate respect for the gender identity of others (skill).

Learning objectives (15-18+ years)

Key idea: It is important to challenge one’s own and others’ gender biases

Learners will be able to:

- ▶ recall examples of gender bias against men, women and people of diverse sexual orientation and gender

“Engaging in sexual behaviours should feel pleasurable.”

Key idea: There are ways to avoid or minimize risk of sexual behaviours that can impact negatively on one’s health and well-being

Learners will be able to:

- ▶ explain possible choices that people can make to minimize risks associated with sexual behaviour and support their life plans (knowledge);
- ▶ explain that condoms and other contraceptives reduce the risk of unintended consequences of sexual behaviours (e.g. HIV, STIs or pregnancy) (knowledge);
- ▶ recall that non-penetrative sexual behaviours are without risk of unintended pregnancy, offer reduced risk of STIs, including HIV, and can be pleasurable (knowledge);
- ▶ recognize that there are options for minimizing risks associated with sexual behaviour and realizing life plans

Key idea: Engaging in sexual behaviours should feel pleasurable and comes with associated responsibilities for one’s health and well-being

Learners should be able to:

- ▶ summarize key elements of sexual pleasure and responsibility (knowledge);
- ▶ recall that many people have periods in their lives without sexual contact with others (knowledge);
- ▶ justify why good communication can enhance a sexual relationship (knowledge);
- ▶ reflect on how gender norms and stereotypes influence people’s expectations and experience of sexual pleasure (knowledge);
- ▶ recognize that understanding their body’s sexual response can help them understand their body, and can help identify when things are not functioning properly

- ▶ reflect on a value that they have learned from their family (skill).

Learning objectives (12-15 years)

Key idea: It is important to know one's own values, beliefs and attitudes, how they impact on the rights of others and how to stand up for them

Learners will be able to:

- ▶ describe their own personal values in relation to a range of sexuality and reproductive health issues (knowledge);

Learning objectives (15-18+ years)

Key idea: It is important to know one's own values, beliefs and attitudes, in order to adopt sexual behaviours that are consistent with them

Learners will be able to:

- ▶ compare and contrast behaviours that are and are not consistent with their own values related to sexuality and reproductive health (knowledge);

“differentiate between values that they hold, and that their parents/guardians hold about sexuality”

Learners will be able to:

- ▶ differentiate between values that they hold, and that their parents/guardians hold about sexuality (knowledge);
- ▶ acknowledge that some of their values may be different from their parents/guardians (attitudinal);

NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12
SECOND EDITION

GRADES K-2 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
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GENDER IDENTITY & EXPRESSION

<p>By the end of the 2nd grade, students should be able to:</p>	<p>Define gender, gender identity, and gender-role stereotypes GI.2.CC.1</p>						
	<p>Discuss the range of ways people express their gender and how gender-role stereotypes may limit behavior GI.2.CC.2</p>						

SEXUAL ORIENTATION & IDENTITY

No items							
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SEXUAL HEALTH

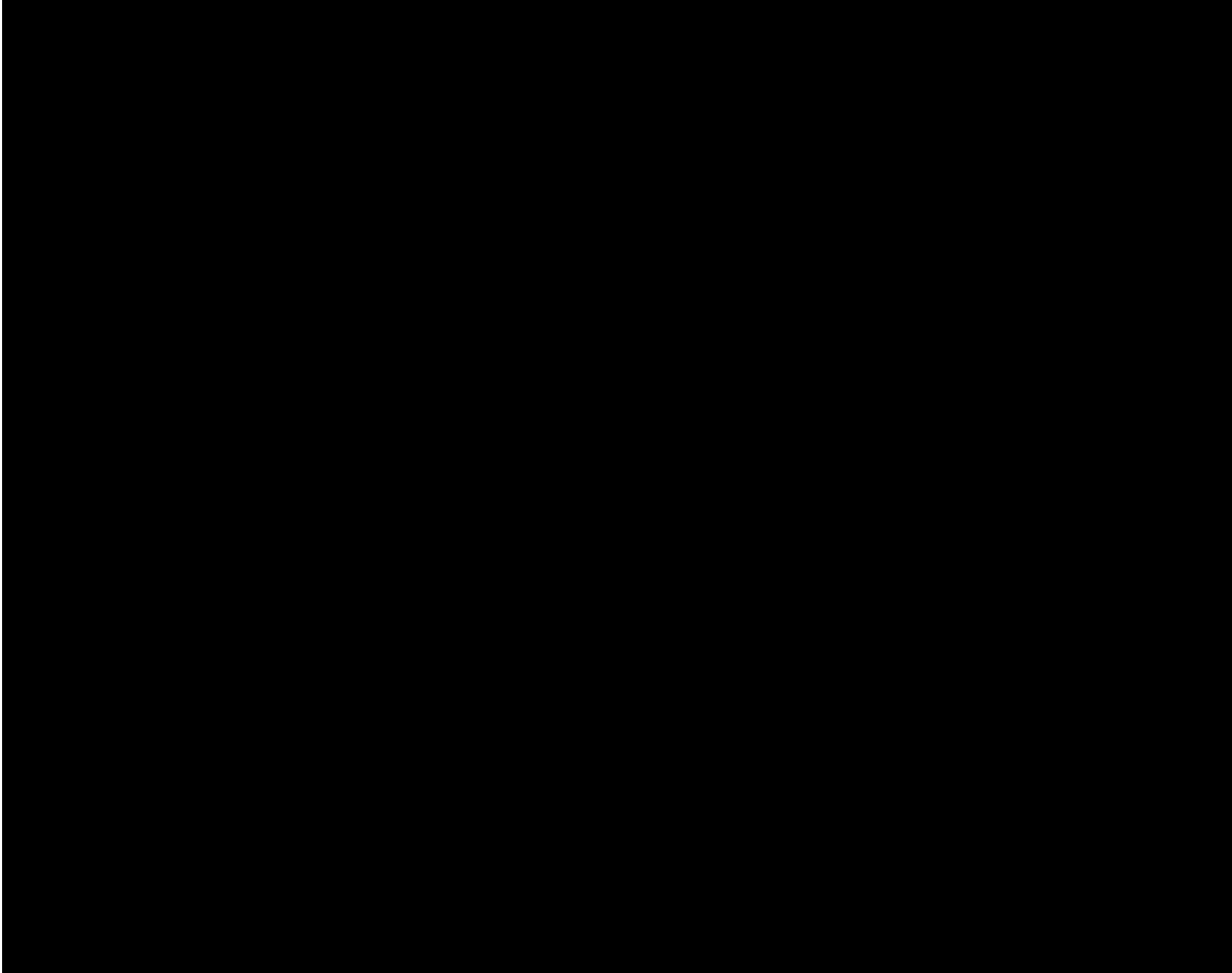
<p>By the end of the 2nd grade, students should be able to:</p>	<p>Define reproduction and explain that all living things may have the capacity to reproduce SH.2.CC.1</p>						
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INTERPERSONAL VIOLENCE

<p>By the end of the 2nd grade, students should be able to:</p>	<p>Define child sexual abuse and identify behaviors that would be considered child sexual abuse* IV.2.CC.1</p>	<p>Identify situations that may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)* IV.2.AI.1</p>	<p>Demonstrate ways to treat all people with dignity and respect (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.2.IC.1</p>	<p>Demonstrate ways to start a conversation when seeking help from a trusted adult about an uncomfortable or dangerous situation (e.g., bullying, teasing, child sexual abuse)* IV.2.DM.1</p>			
		<p>Identify trusted adults, including parents and caregivers, that you can talk to about situations which may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)* IV.2.AI.2</p>					

GRADES 3–5

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
CONSENT & HEALTHY RELATIONSHIPS							
<p>By the end of the 5th grade, students should be able to:</p> <p>Describe the characteristics of healthy versus unhealthy relationships among friends and with family</p> <p>CHR.5.CC.1</p>		<p>Identify trusted adults, including parents and caregivers, that students can talk to about relationships</p> <p>CHR.5.AI.1</p>	<p>Communicate personal boundaries and demonstrate ways to respect other people's personal boundaries</p> <p>CHR.5.IC.1</p>				
<p>Explain the relationship between consent, personal boundaries, and bodily autonomy</p> <p>CHR.5.CC.2</p>							
ANATOMY & PHYSIOLOGY							
<p>By the end of the 5th grade, students should be able to:</p> <p>Recall the human reproductive systems, including the external and internal body parts and their functions, and that there are natural variations in human bodies</p> <p>AP.5.CC.1</p>							
PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT							
<p>By the end of the 5th grade, students should be able to:</p> <p>Explain the physical, social, and emotional changes that occur during puberty and adolescence and how the onset and progression of puberty can vary</p> <p>PD.5.CC.1</p>		<p>Identify credible sources of information about puberty and personal hygiene</p> <p>PD.5.AI.1</p>			<p>Make a plan for maintaining personal hygiene during puberty</p> <p>PD.5.GS.1</p>		
<p>Describe how puberty prepares human bodies for the potential to reproduce and that some healthy people have conditions that impact the ability to reproduce</p> <p>PD.5.CC.2</p>		<p>Identify trusted adults, including parents, caregivers, and health care professionals, whom students can ask questions about puberty and adolescent health</p> <p>PD.5.AI.2</p>					
<p>Explain common human sexual development and the role of hormones (e.g., romantic and sexual feelings, masturbation, mood swings, timing of pubertal onset)</p> <p>PD.5.CC.3</p>							



GRADES 3–5 (CONTINUED)

Core Concepts
CC

Analyzing Influences INF

Accessing Information AI

Interpersonal Communication IC

Decision-Making DM

Goal Setting GS

Self-Management SM

Advocacy ADV

PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT (CONTINUED)

By the end of the 5th grade, students should be able to:

Describe the role hormones play in the physical, social, cognitive, and emotional changes during adolescence and the potential role of hormone blockers on young people who identify as transgender

PD.5.CC.4

GENDER IDENTITY & EXPRESSION

By the end of the 5th grade, students should be able to:

Distinguish between sex assigned at birth and gender identity and explain how they may or may not differ

GI.5.CC.1

Identify trusted adults, including parents and caregivers, whom students can ask questions about gender, gender-role stereotypes, gender identity, and gender expression

GI.5.AI.1

Demonstrate ways to promote dignity and respect for people of all genders, gender expressions, and gender identities, including other students, their family members, and members of the school community

GI.5.ADV.1

Define and explain differences between cisgender, transgender, gender nonbinary, gender expansive, and gender identity

GI.5.CC.2

Explain that gender expression and gender identity exist along a spectrum

GI.5.CC.3

Describe gender-role stereotypes and their potential impact on self and others

GI.5.CC.4

GRADES 6–8 (CONTINUED)

Core
Concepts **CC**

Analyzing
Influences **INF**

Accessing
Information **AI**

Interpersonal
Communication **IC**

Decision-Making
DM

Goal Setting
GS

Self-Management
SM

Advocacy **ADV**

SEXUAL ORIENTATION & IDENTITY (CONTINUED)

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)

SO.8.CC.2

SEXUAL HEALTH

By the end of the 8th grade, students should be able to:

Define vaginal, oral, and anal sex

SH.8.CC.1

Analyze how alcohol and other substances can influence sexual decision-making

SH.8.INF.1

Identify medically accurate sources of information about STDs, including HIV, such as local STD/HIV prevention, testing, and treatment resources

SH.8.AI.1

Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors and how to reduce or eliminate risk for pregnancy and/or STDs (including HIV)*

SH.8.IC.1

Identify factors that are important in deciding whether and when to engage in sexual behaviors

SH.8.DM.1

Develop a plan to eliminate or reduce risk of unintended pregnancy and STDs (including HIV)

SH.8.GS.1

Describe the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams)

SH.8.SM.1

Explain there are many methods of short- and long-term contraception that are safe and effective and describe how to access them

SH.8.CC.2

Describe the state and federal laws related to age of consent, minors' ability to consent to health care, confidentiality in a healthcare setting, child pornography, sexting, safe haven, and sex trafficking

SH.8.INF.2

Define prenatal care and identify medically accurate sources of information about prenatal care

SH.8.AI.2

List at least four methods of contraception that are available without a prescription (e.g., abstinence, condoms, emergency contraception, withdrawal)


SH.8.CC.3

- **Fact:** “Planned Parenthood is the single largest provider of sex education in the United States, reaching 1.5 million people with education and outreach each year.”
-

Planned Parenthood®
Planned Parenthood Action Fund

[ISSUES](#) ▾ [TAKE ACTION](#) ▾

Sex Education



The image shows a person wearing blue scrubs and a lanyard, holding a pink condom and a small green packet. The person is demonstrating the condom, likely as part of a sex education session. The background is blurred, focusing attention on the hands and the objects being held.

“Lots of people watch porn,” the narrator exclaims. “After all, it’s right there and it’s free. And anyway, many people are curious about this sex stuff.”

AMAZE-online sex education resource for young people aged 10-14.





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Reducing Risk
Improving Lives
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- HealthSmart
- HIV
- LGBT Health
- Maternal & Child Health

Evidence-Based



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



ARIZONA

THE GRAND CANYON STATE



2014- 2015

Annual Report

Forward.
No matter what.

We educate and prepare young people to be sexually healthy...

Planned Parenthood Arizona is creating a healthy, holistic environment for young people by:

- Promoting and supporting family discussion about relationships, sexuality, intimacy, pregnancy and parenting through our parent workshops and

- Through our SHARE initiative: cultivating an understanding of the benefits of CSE among school system leadership, and helping school districts incorporate CSE in their core curriculum as a matter of policy and practice.

seven of the state's 40 largest school districts, whose enrolled students represent 19% (135,000) of the total 708,000 students in these districts.



Our SHARE initiative brings comprehensive sexuality education (CSE) to ever more students while building greater awareness of and support for CSE policies, district by district. We are actively engaged with seven of the state's 40 largest school districts, whose enrolled students represent 19% (135,000) of the total 708,000 students in these districts.

We continue to support **Creighton Elementary School District-Phoenix** through teacher training in the Family Life and Sexual Health curriculum, and parent workshops to enhance family communication on the topic of sexuality and support what students are learning in class. PPAZ has trained 110 teachers in the Creighton District in the last two years, resulting in more than 3,400 students receiving comprehensive sex ed.

A volunteer leadership team worked on PPAZ's comprehensive sexuality education campaign, focusing on the recruitment of parents, students and community members to promote comprehensive



Phoenix Union High School District board members voted to implement a comprehensive sexuality education policy.

In southern Arizona, PPAZ has partnered with Child and Family Resources, Teen Outreach Pregnancy Services and the **Sunnyside Unified School District (SUSD)** - collectively titled the *Tucson Teen Pregnancy Prevention Coalition* - to implement evidenced-based sexuality education curriculum to students in SUSD, as well as community sites located in the district. Another curriculum, focused on pregnant and/or

Teen Pregnancy (cont.)

Evidence-Based and Best Practices

ADHS-Led Initiatives

Comprehensive Risk Reductions Interventions Coordinated with Communities:

- [Be Proud! Be Responsible!](#)
- [¡Cuidate!](#)
- [Draw the Line/Respect the Line](#)
- [Making a Difference!](#)
- [Making Proud Choices! \(MPC!\)](#)
- [Promoting Health Among Teens! Abstinence-Only Intervention](#)
- [Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention](#)
- [Reducing the Risk](#)
- [Teen Outreach Program](#)

Reducing the Risk

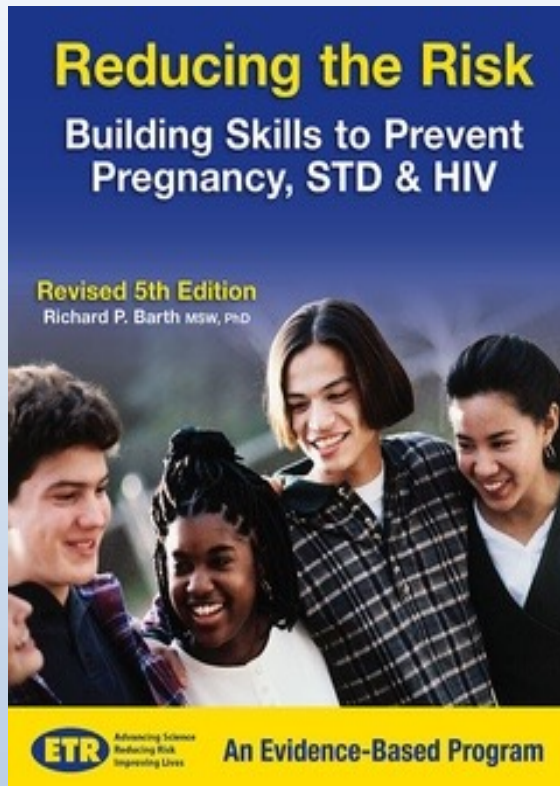
Harm Score: 15/15!!!!!!



Reducing the Risk (RTR) is a 16-session curriculum designed to help high school students delay the initiation of sex or increase the use of protection against pregnancy and STD/HIV if they choose to have sex. This research-proven approach addresses skills such

as risk assessment, communication, decision making, planning, refusal strategies and delay tactics.

Category	Program Features
Setting	School based May be adapted for out-of-school or rural settings
Program Length	16 hours/year 1 year 16 sessions total
Age Group	Ages 14-18
Look Inside	Table of Contents Sample Lesson BUY NOW



Phoenix Union High School District

Undermines parental rights

“You do not need a parent’s permission to get birth control at a clinic. No one needs to know that you are going to a clinic.” (Teacher’s Manual, p. 127)

Changes the definition of abstinence

“This program uses a specific definition of abstinence: abstinence means choosing not to do any sexual activity that carries a risk for pregnancy or STD/HIV.” (Teacher’s Manual, p. 15)

Teaches how to consent to sex

Role Play 16.3: “You’ve decided that you don’t want to have unprotected sex with your boyfriend or girlfriend. On this evening, you both have been watching TV. You decide to lie down on the couch together. You remember that this is exactly what happened the last two times you had sex without protection.” (Student Workbook, p. 55)

13-1405. Sexual conduct with a minor; classification

- A. A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.
- B. Sexual conduct with a minor who is under fifteen years of age is a class 2 felony and is punishable pursuant to section 13-705. Sexual conduct with a minor who is at least fifteen years of age is a class 6 felony. Sexual conduct with a minor who is at least fifteen years of age is a class 2 felony if the person is or was in a position of trust and the convicted person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed has been served or commuted.

A common misconception about **rape** is that sex must be forced. However, statutory rape laws make it illegal to have sex with a minor even if the minor gives their consent. In Arizona, the age of consent is 18 years old. According to Arizona law, consensual sexual intercourse with an individual under the age of 18 is considered statutory rape. Even though a minor may have "consented" to the act, in the eyes of the law, the act is still considered a **sex crime** because minors are presumed unable to give informed consent to sexual activity.

Example: If a 21-year-old male has sex with his 17-year-old girlfriend, the man can be charged with statutory rape even if his girlfriend consented.



CREIGHTON SCHOOL DISTRICT

Promotes Solo and/or Mutual Masturbation

“Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK.” (Introduction – Page 19)

Promotes Anal and Oral Sex

“The anus is where feces, or poop, comes out of the body. When we talk about anal sex, we are talking about putting a penis in another person's anus.”
(Lesson 1 – Page 7)



Deleted from Objectives:

- Menstrual cycle and its purpose
- Number of weeks to carry a normal pregnancy to term
- STDs, HIV/AIDs
- “Positive” and “negative” peer pressures
- “Norms” of dating
- Basics of pregnancy (8th grade curriculum)
- Abstinence

Topics/Definitions taught in Cave Creek Unified School District:

- Anal intercourse
- Oral intercourse
- Masturbation
- Homosexuality
- Bisexuality
- Homophobia / Homophobic

the series of physical, mental and emotional changes.

Queer- Used to describe non-normative identities (both sexual identities and gender identities) that might not easily be classified under other terminology (gay, lesbian, etc.). Queer can also be used as an umbrella term to describe LGBTQIA identities as a whole.

Selective Abstinence- Choosing to have certain kinds of sex and not others.

Reproductive System- The system of organs involved in producing offspring.

Resiliency- The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, predominant among them (a) the ways in which individuals view and engage with the world, (b) the availability and quality of social resources, and (c) specific coping strategies. Psychological research demonstrates that the more positive adaptation strategies used, the more positive adaptation outcomes are achieved.

Ally- A person who is not a member of a marginalized or mistreated group but who expresses or gives support to that group.

Self-Awareness- Conscious knowledge of one's own character, feelings, motives, and desires.

Self-Concept- The way a person sees themselves in comparison to others.

Self-Confidence- Self-assurance- trust in one's abilities, capacities, and judgment. Because it is typically viewed as a positive attitude, the bolstering of self-confidence is often a mediate or end goal in psychotherapy.

Self-Empowered- Taking care of your own life through the decisions you make every day.



Grade: HS Lesson: 4 <i>taught separately</i>	Lesson Title/Focus: <ul style="list-style-type: none"> ● Puberty & Gender 	Materials: <ul style="list-style-type: none"> ● Glossary of vocabulary terms ● Identity Continuum
Health Standards: S1C2PO1 Describe the interrelationships of emotional, intellectual, physical, and social health S1C5PO1 Analyze the relationship between access to health care and health status S2C1PO1 Analyze how the family influences the health of individuals S2C1PO2 Analyze how the culture supports and challenges health beliefs, practices, and behaviors S2C1PO4 Evaluate how the school and community can impact personal health practice and behaviors S2C2PO1 Analyze how perceptions of norms influence healthy and unhealthy behaviors S4C1PO1 Utilize skills for communicating effectively with family, peers, and others to enhance health S8C2PO1 Work cooperatively as an advocate for improving personal, family, and community health		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> ● discuss the emotional, psychological and social changes that occur during puberty. ● accurately define the vocabulary words – recognizing the variations in the sexuality of individuals in society. ● explain how societal norms can dictate gender roles. 		
Academic Vocabulary: <ul style="list-style-type: none"> ● gender dysphoria ● gender identity ● gender expression ● gender preference ● aromantic ● asexual ● cisgender ● bisexual ● gay ● intersex ● heteronormative ● ally ● lesbian ● LGTBQ 		



- queer
- transgender
- Two-Spirit
- questioning

Teacher Background:

1. Puberty involves physiological (physical and hormonal), emotional and social changes over time.
 - a. Each person’s growth is different, individualized, and can vary from average experiences.
 - b. Sometimes, puberty can occur outside of the expected range. For example:
 - c. Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either (see chart below for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation

4. Gender, Sex and Sexuality

a. Sex Assigned at Birth:

- 1) Genetic sex = chromosomes someone has XX (“female”), XY (“male”). Variations may include: XO (Turner Syndrome), XXY (Klinefelter Syndrome)

- a. Healthy vs. unhealthy cycles -When periods first start, it is common for them to be irregular, and may take years for a regular cycle to develop. Average bleeding throughout one menstrual cycle is about 1/3 cup heavy bleeding may be if you are soaking a pad or tampon in 2 hours or less
 - b. Some individuals experience severe pain during periods, heavy vaginal bleeding during periods, periods that are too frequent or too long apart, vaginal bleeding between periods, severe mood changes, headaches, abdominal cramps, or other symptoms during, before, or after periods, that may or may not be healthy.
 - c. Those concerned about their periods should talk with their doctor.
4. Gender, Sex and Sexuality
- a. Sex Assigned at Birth:
 - 1) Genetic sex = chromosomes someone has XX (“female”), XY (“male”). Variations may include: XO (Turner Syndrome), XXY (Klinefelter Syndrome)



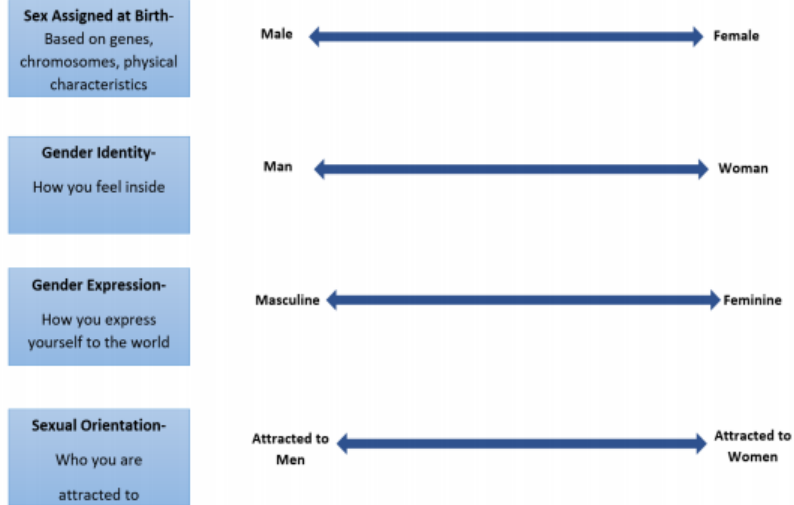
Independent Practice:

- Ask students to plot themselves, if possible, where they lie at the moment on the identity continuum.
- Explore or compare/contrast masculine and feminine stereotypes, expectations, and archetypes from different time periods. How has toxic masculinity evolved?

Closure:

- Have you ever seen or witnessed somebody being treated poorly because of the way they look, the way they dress, or the way they express themselves? How could you support them as an “ally?”, listing at least three ways. Complete a written response (exit ticket) or share out answers.

Identity Continuum



****Some people do not identify with any gender (agender/gender neutral) and some people may not be attracted to anyone (asexual/aromantic).****

2018. Anti-Defamation League. Understanding Gender Identity. Curriculum Connections. <https://www.adl.org/media/6794/download>

2019. Human Rights Council. Welcoming Schools. https://assets2.hrc.org/welcoming-schools/documents/WS_LGBTQ_Definitions_for_Students.pdf



Gender Ideology Harms Children

Updated September 2017

The American College of Pediatricians urges healthcare professionals, educators and legislators to reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts – not ideology – determine reality.

1. Human sexuality is an objective biological binary trait: “XY” and “XX” are genetic markers of male and female, respectively – not genetic markers of a disorder. The norm for human design is to be conceived either male or female. Human sexuality is binary by design with the obvious purpose being the reproduction and flourishing of our species. This principle is self-evident. The exceedingly rare disorders of sex development (DSDs), including but not limited to testicular feminization and congenital adrenal hyperplasia, are all medically identifiable deviations from the sexual binary norm, and are rightly recognized as disorders of human design. Individuals with DSDs (also referred to as “intersex”) do not constitute a third sex.¹

2. No one is born with a gender. Everyone is born with a biological sex. Gender (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one. No one is born with an awareness of themselves as male or female; this awareness develops over time and, like all developmental processes, may be derailed by a child’s subjective perceptions, relationships, and adverse experiences from infancy forward. People who identify as “feeling like the opposite sex” or “somewhere in between” do not comprise a third sex. They remain biological men or biological women.^{2,3,4}

3. A person’s belief that he or she is something they are not is, at best, a sign of confused thinking. When an otherwise healthy biological boy believes he is a girl, or an otherwise healthy biological girl believes she is a boy, an objective psychological problem exists that lies in the mind not the body, and it should be treated as such. These children suffer from gender dysphoria. Gender dysphoria (GD), formerly listed as Gender Identity Disorder (GID), is a recognized mental disorder in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5).⁵ The psychodynamic and social learning theories of GD/GID have never been disproved.^{2,4,5}

4. Puberty is not a disease and puberty-blocking hormones can be dangerous. Reversible or not, puberty- blocking hormones induce a state of disease – the absence of puberty – and inhibit growth and fertility in a previously biologically healthy child.⁶

5. According to the DSM-5, as many as 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.⁵

6. Pre-pubertal children diagnosed with gender dysphoria may be given puberty blockers as young as eleven, and will require cross-sex hormones in later adolescence to continue impersonating the opposite sex. These children will never be able to conceive any genetically related children even via

Rights, Respect, Responsibility

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him", **using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman.** This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom, and should make adjustments accordingly.

Re-Examining the Evidence for Comprehensive Sex Education in Schools

2019

Evidence
Shows



Part One:
Research Findings
in the United States

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



THE INSTITUTE FOR
RESEARCH & EVALUATION

Re-Examining the Evidence for Comprehensive Sex Education in Schools

2019



**CSE had an 87% failure
rate**

CSE failed to:

- Decrease STD/STIs
- Decrease teen pregnancy rates
- Increase condom use



THE INSTITUTE FOR
RESEARCH & EVALUATION

Good Sex Ed Curriculum



Ascend

ABOUT US

ABOUT +

SRAS CERTIFICATION +

RESOURCES

GET INVOLVED +

Our Work

We think youth deserve every opportunity to chart a path to their futures – one that is greatly improved when they don't engage in risky activities, like teen sex. The decisions they make about sex can have a significant impact on their physical and emotional health, their relationships, and their future lives.

What is Sexual Risk Avoidance? (SRA)

Sexual Risk Avoidance is an educational approach based on the public health model of primary prevention to empower youth to avoid ALL the risks of sexual activity.

<https://weascend.org/>

Good Sex Ed Curriculum

Choosing
the Best

The Leader In
Abstinence-Centered
SRA Education



2005 U.S. Department of Health and Human Services — Longitudinal/Behavior Outcome Study

Statistically significant **decrease in the initiation of teen sex of 47%**;

Statistically significant improvements in five of the six intervening attitudinal variables associated with delaying sexual intercourse.

<http://choosingthebest.com/>

Parental Rights

- Parents, not the school or the government, possess a **fundamental constitutional right to direct the upbringing and education of their children.**
- Both the **U.S. Supreme Court** and the **Arizona Parents Bill of Rights** acknowledges this right.



Parental rights

- In public schools, parents have the right to:
- Access and review instructional materials (ARS 15-730).
- Review new course of study and textbooks chosen by the school district (ARS 15-721).
- Opt out of any learning materials or activity that the parent finds harmful to the student. This includes material that questions beliefs or practices in sex, morality, or religion (ARS 15-102).



Sex Education in Arizona



Opt in to sex education curriculum, schools must notify parents in advance and must obtain **written parental permission** for children to participate in sex education (ARS 15-102).

Sex Education in Arizona

Procedures by which parents will be notified in advance of and given the opportunity to opt their children in to any instruction, learning materials or presentations regarding sexuality, in courses other than formal sex education curricula. (ARS 15-102).



The General Effective Date for the Fifty-fifth Legislature – First Regular Session is September 29, 2021.

Members

Legislative Tracking

Request to Speak

Standing Committees

Committee Agendas

Arizona Capitol Television

SCHOOL DISTRICTS AND CHARTER SCHOOLS
MAY NOT PROVIDE SEX EDUCATION
INSTRUCTION **BEFORE GRADE FIVE.**

The General Effective Date for the Fifty-fifth Legislature – First Regular Session is September 29, 2021



BEFORE A PARENT PROVIDES WRITTEN PERMISSION FOR THE PARENT'S CHILD TO PARTICIPATE IN ANY SEX EDUCATION CURRICULA, THE SCHOOL DISTRICT OR CHARTER SCHOOL SHALL MAKE THE **SEX EDUCATION CURRICULA AVAILABLE FOR THE PARENT'S REVIEW ONLINE AND IN PERSON**. THE SCHOOL DISTRICT OR CHARTER SCHOOL SHALL NOTIFY PARENTS WHERE THE SEX EDUCATION CURRICULA ARE AVAILABLE FOR REVIEW AT LEAST TWO WEEKS BEFORE ANY INSTRUCTION.

The General Effective Date for the Fifty-fifth Legislature – First Regular Session is September 29, 2021



BEFORE A SCHOOL DISTRICT OR CHARTER SCHOOL OFFERS SEX EDUCATION INSTRUCTION, THE SCHOOL DISTRICT GOVERNING BOARD OR CHARTER SCHOOL GOVERNING BODY SHALL REVIEW AND APPROVE THE SEX EDUCATION COURSE OF STUDY THAT IS DEVELOPED, ADOPTED, REVISED OR UPDATED PURSUANT TO THIS SECTION. THE GOVERNING BOARD OR GOVERNING BODY:

1. SHALL PROVIDE PARENTS WITH A MEANINGFUL OPPORTUNITY TO PARTICIPATE IN, REVIEW AND PROVIDE INPUT ON ANY PROPOSED SEX EDUCATION COURSE OF STUDY BEFORE IT IS ADOPTED.



FEATURED

MEETINGS

AGENDA

LIBRARY 


 Search Agenda

1. GENERAL FUNCTIONS

A. Call the Public Hearing to Order - President of the Governing Board

B. Roll Call

2. LEADERSHIP/STUDENT & FAMILY SERVICES/TEACHING & LEARNING

A. Presentation on the PXU Health Curriculum, Including Sex Education Course of Study 

B. Public Hearing of the PXU Health Curriculum, Including Sex Education Course of Study

3. ADJOURNMENT OF THE PUBLIC HEARING

A. MOTION TO ADJOURN THE PUBLIC HEARING



Agenda Item Details

Meeting	Nov 04, 2021 - PUBLIC HEARING ON THE HEALTH AND SEX EDUCATION CURRICULUM
Category	LEADERSHIP/STUDENT & FAMILY SERVICES/TEACHING & LEARNING
Subject	Presentation on the PXU Health Curriculum, Including Sex Education Course of Study
Type	Discussion, Information

BACKGROUND:

The Health Department of the Phoenix Union High School District is seeking Governing Board Approval of the Health Education Curriculum. Based on the Amendments to House Bill 2035, over 60 days, the course of study shall be open to the public hearings with a chance to participate, review, and provide input before the course of study is adopted. The course of study must comply with the requirements by December 15, 2021.

The Amendments to HB 2035 focus on Unit 8 in the curriculum. This outlines the instruction of Relationships and Human Sexuality.





As a result of the amendments to House Bill 2035, each LEA must make any sex education course of study available and accessible, and conduct at least two public hearings within the 60-day period before Governing Board approval. This is the first of two public hearings to provide the public with the opportunity to review and comment, with the second public hearing scheduled for December 2, 2021.

The Health Education Curriculum is posted on the District's website for public viewing at www.PXU.org/Page/2825. Also, attachments of pertinent information to fulfill this requirement are attached.

APPROVED BY: Chad E. Gestson, Ed.D., Superintendent

SUBMITTED BY: Tony Camp, Executive Director of Teaching & Learning

INITIATED BY: Karen Cárdenas, Director of Student Learning

-  HB2035S Document for Board.pdf (50 KB)
-  Health Education Curriculum Booklet revised 2021.pdf (15,549 KB)
-  Human Sexuality Parental Consent Form.pdf (94 KB)
-  Permiso de los Padres (spanish human sexuality form).pdf (88 KB)



Parent Rights

The Arizona Legislature has enacted laws defining and enumerating parental rights in the education process. The text of the law and definitions of the rights involved can be found in the following sections of the Arizona Revised Statutes:

- [Title 1, chapter 6](#)
- [Section 15-102](#)
- [Section 15-110](#)
- [Section 15-113](#)
- [Section 15-117](#)
- [Section 15-351](#)
- [Section 15-721](#)
- [Section 15-722](#)
- [Section 15-730](#)

Additional Resources

Additional information regarding parental rights may be found in our [Student Handbooks](#)

[Arizona Department of Education](#)

[Parental Rights Handbook](#) ▼▲

[Manual de Derechos Parentales del](#)

[Departamento de Educación de](#)

[Arizona](#) ▼▲

[Peoria Unified Governing Board Policy](#)

[Manual](#)

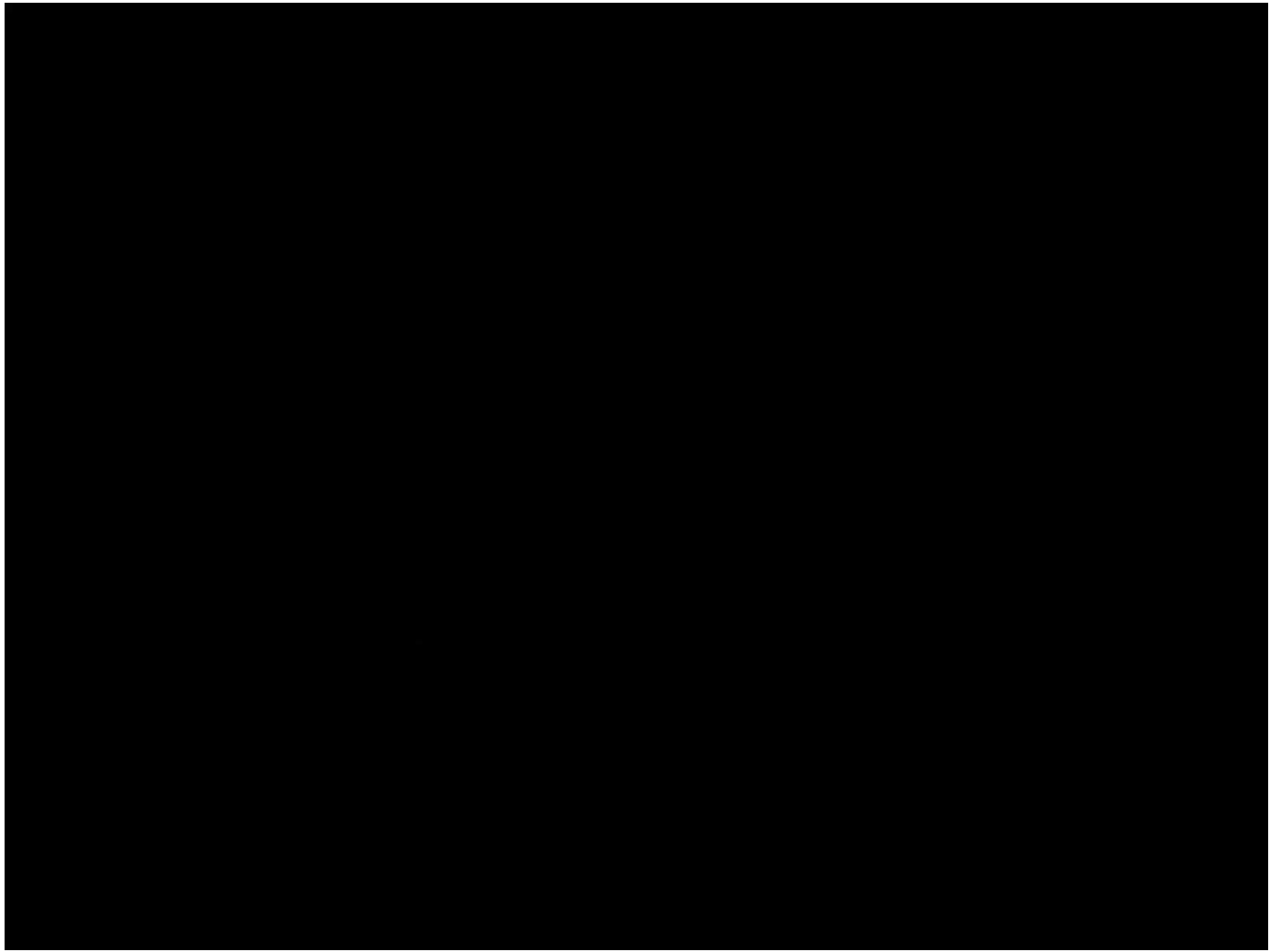
[Arizona Revised Statutes Title 15 -](#)

[Education](#)



Phoenix dad upset over teen's class reading assignment filled with profanity, sex

PVUSD statement: "As part of the Horizon High School Junior 5-6 Advanced Placement Language Arts class, 'So You've Been Publicly Shamed' by Jon Ronson was included as an option for summer reading ...over the summer in preparation for a classroom writing prompt, which took place in August. 'So You've Been Publicly Shamed' has since been removed and is no longer an option in the class.



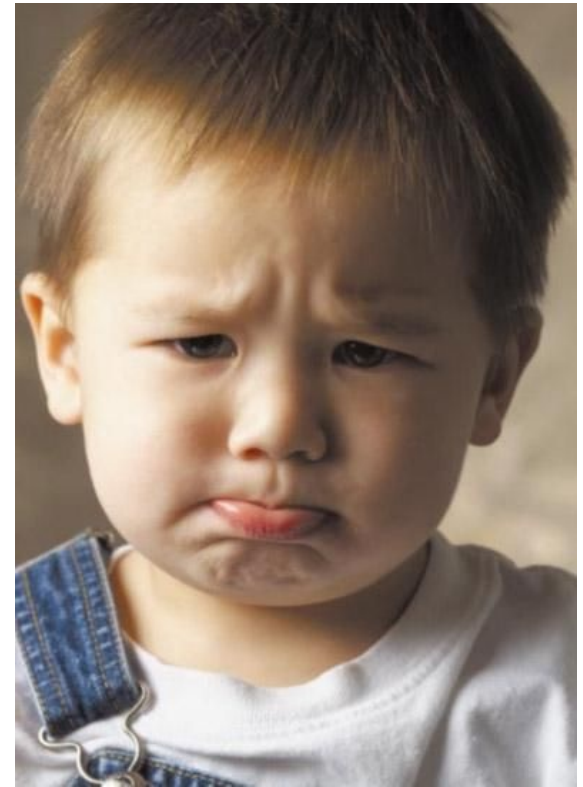
Harmful to minors

13-3506. Furnishing harmful items to minors; applicability; classification

A. It is unlawful for any person, with knowledge of the character of the item involved, to recklessly furnish, present, provide, make available, give, lend, show, advertise or distribute to minors any item that is harmful to minors.

B. This section does not apply to the transmission or sending of items over the internet.

C. A violation of this section is a class 4 felony.



What is considered “Harmful to Minors”



13-3501. Definitions

1. "Harmful to minors" means that quality of any description or representation, in whatever form, of nudity, sexual activity, sexual conduct, sexual excitement, or sadomasochistic abuse...

2021 Sex Ed State Legislative Mid-Year Report

Updated August 2021





In the report, SIECUS observed that “The infusion of new conservative hostility surrounding sex education is **raising new awareness of the importance of local school boards and their influence on the curriculum being taught.**” (SIECUS 2021 Mid-Year Legislative Report, Page 3 of 45)

SIECUS wrote, “Policies that mandate written permission from a parent or guardian before a student can participate in sex education or a specific portion of sex education, also known as “opt-in” policies, **present another barrier to young people receiving comprehensive sex education. Additionally, they provide an opportunity for parents opposed to sex education to involve themselves in efforts to diminish the reach of advanced instruction.**” (SIECUS 2021 Mid-Year Legislative Report, Page 13 of 45)



June 2021

Hello Sharon,

We shared some big news this month! The [Bob & Renee Parsons Foundation](#) has made a transformative \$1.5 million investment into GLSEN's efforts to create LGBTQ-inclusive K-12 schools in the valley. The three-year grant will help us reach more students and educators in our school community, and allow us to do more training and programming essential to our mission.

Read more about this [amazing new grant](#) here, and please watch this fabulous video of Renee Parsons announcing the grant to us:



- GLSEN Phoenix founding co-chair Madelaine Adelman, Ph.D. states: “This **transformational gift** will enable GLSEN Phoenix to mobilize even more school communities, so that all of our children get to be and become who they ought to be” and “this grant will **transform the way that young people experience their educational lives.**”

Support for Student-led Clubs

Share    



GLSEN's National GSA Collaborative

Join the National GSA Collaborative and receive an invitation to our monthly meetings where we will bring in guest speakers, share best practices, Q&A, and many ways to build and sustain your GSA.

Register to receive special meeting invitations and resources for GSA building.

**All students are invited to join this program for their own personal leadership development whether you are the president of your GSA or thinking of starting one.*



Across the country, millions of students participate in GSAs (Gender & Sexuality Alliances or Gay-Straight Alliances) dedicated to making schools safer and more inclusive for all. The 10 easy-to-understand steps below are commonly used in public secondary schools where other extra-curricular clubs are legally allowed. Keep in mind that these are starting points; because situations and schools vary, no single process is applicable to every school.

DONATE A
RAINBOW LIBRARY



Help us raise funds to
buy Rainbow Libraries
for Arizona Schools

1/6

Every youth deserves to see themselves in books!

Donate a book or an entire library!

SOCIAL EMOTIONAL LEARNING



The background of the slide features a stylized illustration of a Trojan horse, rendered in a reddish-brown hue, set against a dark blue background with a glowing white circuit board pattern. The horse is positioned in the center-right of the frame, facing left. The overall aesthetic is high-tech and digital.

SEL IS A TROJAN HORSE

**LOOKS FRIENDLY & USEFUL
UNTIL THE BAIT AND SWITCH
THAT CIRCUMVENTS
CURRICULUM SAFETY
PROTOCOLS**

Social Emotional Learning in State Statute

15-701.02. Health education instruction; mental health instruction

MENTAL HEALTH INSTRUCTION MAY BE INCLUDED IN A HEALTH COURSE OR ANOTHER EXISTING COURSE AND SHALL INCORPORATE THE MULTIPLE DIMENSIONS OF HEALTH BY INCLUDING MENTAL HEALTH AND THE RELATIONSHIP OF PHYSICAL AND MENTAL HEALTH TO ENHANCE STUDENT UNDERSTANDING, **SOCIAL AND EMOTIONAL LEARNING, ATTITUDES AND BEHAVIOR** THAT PROMOTE HEALTH AND WELL-BEING.

ALL 15 HARMFUL ELEMENTS OF CSE (COMPREHENSIVE SEX EDUCATION) MAY BE PRESENT IN VARIOUS SEL PROGRAMS.

SEL UNDERMINES PARENTAL RIGHTS - This program is designed by CASEL and similar organizations and is authorized by governing authorities to **indoctrinate students** and to **collect the most personal data of students and their families**. SEL is designed to become the “**parenting voice**” to encompass the “**whole child**” in the so-called “missing piece” of education... (some call it the parent replacement curriculum)

By design, this “framework” is in the process of being woven throughout every subject...

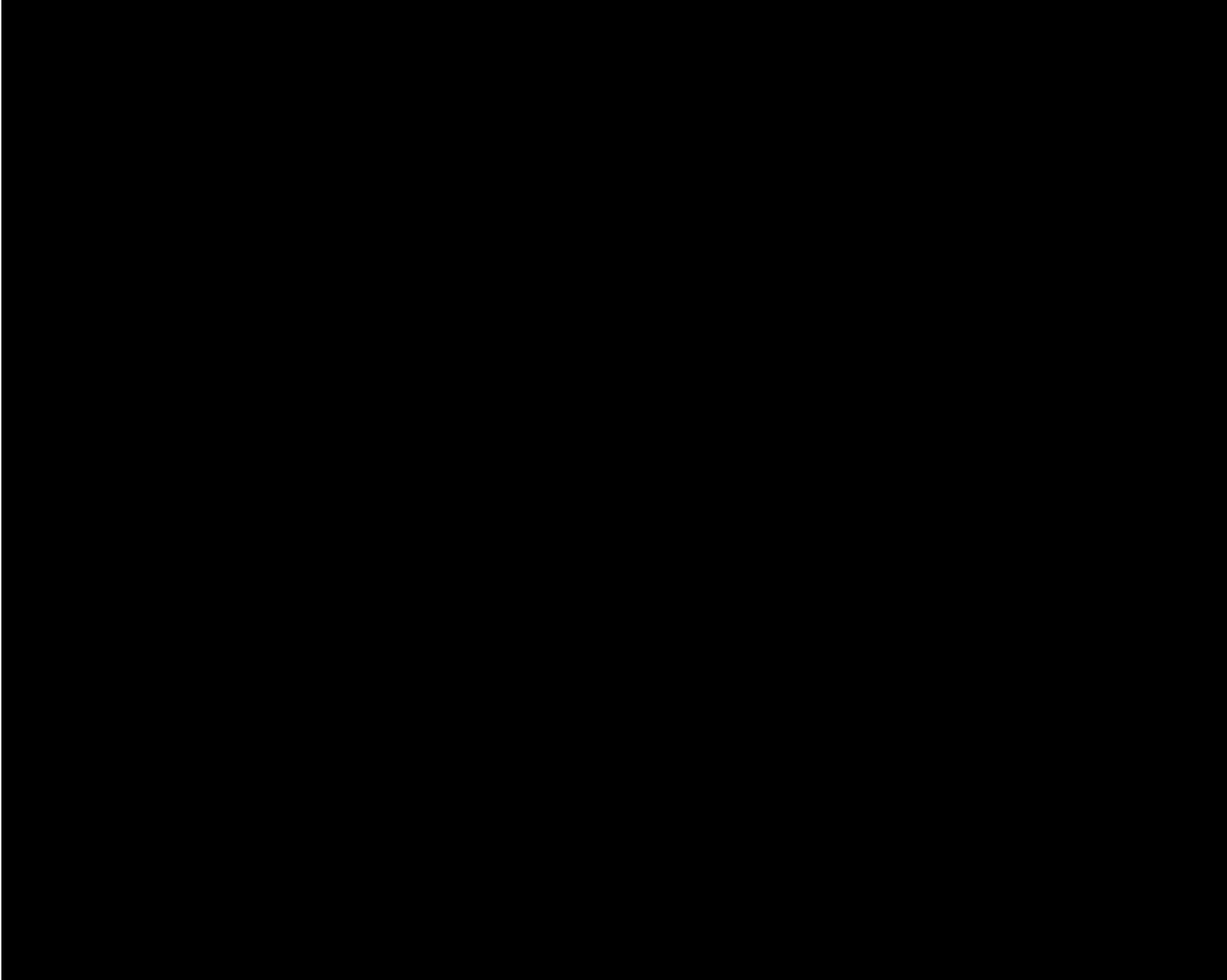
PROMOTES DATA COLLECTION

Government longitudinal data bases are **collecting data on students to follow them for life to measure outcomes for the working classes of society and the “collective good.”**

Parents have not consented to this data collection and many responses are private information best suited between a counselor and a patient.

Phone apps among others are also used for students to provide data .







REQUIRES THAT STUDENTS ACCEPT FALSE CONCEPTS – SOGI (Sexual Orientation and Gender Identity) These identities are not based in science and present false concepts as if they are based in factual truth. Some assignments force students to produce false confessions or coerced admissions regarding oppression and expressed acceptance of ideologies that may contradict sincerely held beliefs.

SOGI (Sexual Identity and Gender Identity) Language

- Gender - An individual's internal, deeply felt sense of being a man, a woman, both, neither, or in-between. This may or may not match the individual's biological or legal sex.
- Transgender - An umbrella term for people whose gender identity and/or expression differs from cultural expectations based on the sex they were assigned at birth.
- Transsexual - A person who does not identify with their sex assigned at birth and typically has or desires to alter sex characteristics, often through hormones and/or surgeries. The term is increasingly seen as clinical.
- Genderqueer - A person whose gender falls outside of typical cultural definitions of being either a man or a woman. This person may identify with multiple genders, no gender, and/or with notions of gender outside of the mainstream.
- Cisgender - A term for people whose gender identity and/or expression fits cultural expectations based on the sex they were assigned at birth.
- Gender Expression - An individual's characteristics and behaviors such as appearance, dress, mannerisms, speech patterns and social interactions that are typically perceived as masculine or feminine.
- Sexual Orientation - An identity based on a person's sexual attraction to others and how that person's own gender corresponds to the gender of the people to whom that person is attracted.
- Ally - A person who stands up and supports another, reaching across differences, to achieve mutual goals.
- Folx, Latinx
- Assigned sex at birth

Ensure Equity:

(29% Certified, 45% Classified)

The ensure equity goal accounts for 29% of the performance pay for certified employees and 45% of the performance pay for classified employees. Schools will set an Ensure Equity goal that is aligned with the MPS Strategic Plan. The goal will include:

- During PLC times Grade levels will select terms of their choice to discuss and comment about for our development in our progression of Ensuring Equity. This will be done on during each quarter as outlined below: **Quarter 1: September 23,**

2020. Quarter 2: October 21, 2020, Quarter 3: January 27, 2021, Quarter 1: March 24, 2021,

Key Terms:

Quarter Terms and Discussions:

Quarter 1: September 23, 2020	Quarter 2: October 21, 2020	Quarter 3: January 27, 2021	Quarter 4: March 24, 2021
Intersectionality	Unconscious Bias	Internalized	Anti-Racist
Microaggression	Marginalized	Neurotypical	Dominant Culture
Ethnicity	Folx	Neurodiverse	Nonbinary
Race	Cisgender	EDI	Bias/ Unconscious Bias
	Latinx	Diversity	BIPOC
		Inclusion	Equality/ Equity
			Antiracist
			POC
			Privilege
			Restorative Justice



RESPONDING TO THE TRANSGENDER ISSUE

PARENT RESOURCE GUIDE



NAVIGATING THE TRANSGENDER LANDSCAPE

**SCHOOL
RESOURCE
GUIDE**

**How quick can your child
access PORN
at school?**

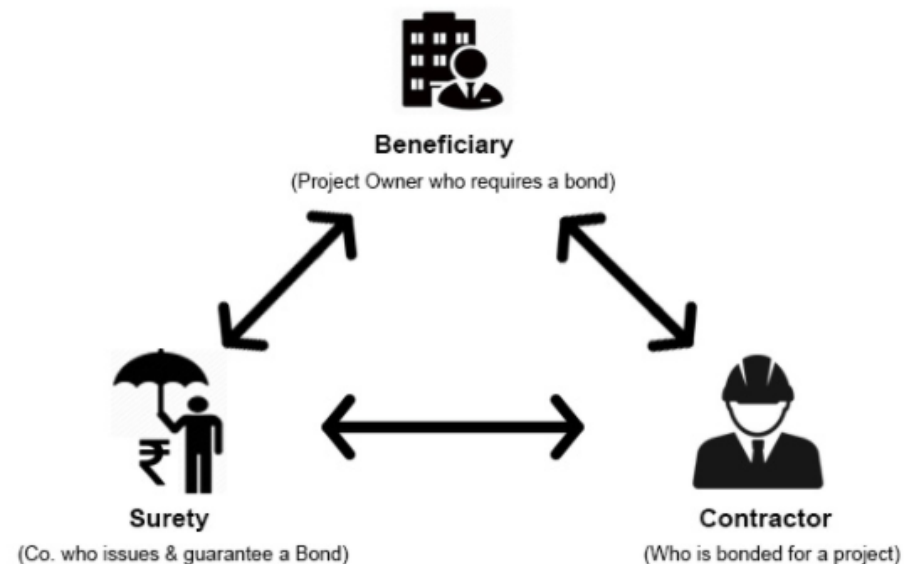
**WANT TO
SEE MORE?**



There are three parties included in a Bond Agreement:

- **Bondholder** - All elected public officials are required to be bonded and they must sign an oath to uphold the Constitution of their State as well as the Constitution of the United States for America. Companies, contractors, and even unions are also required to have a surety bond.
- **We the People** - The community for whom the bondholder is OBLIGATED to serve.
- **Surety Bond Company** - This is the company that guarantees that the bondholder will serve the people.

If a claim is filed against a bondholder, the Surety Bond Company is responsible for accepting the claim(s), notifying the bondholder, demanding that the bondholder address the claim and starting an investigation if the bondholder does not resolve or rectify the situation.



The **Performance Bond** is the most common surety bond. This bond assures that the bondholder will perform and properly execute all the terms and conditions of an awarded contract or to fulfill his or her duties to the public as specified.

*How to
respond to
voters*

Need curriculum to stop bullying

The position is to be opposed to bullying of all students and seeking to ensure a safe environment for all students.

Minors have a right to privacy

- Parents, not schools, have the ultimate authority for guarding the education, health, mental health and well-being of their children.
- Schools should respect the parents' decisions about their gender-identity issues.

Students' Rights

- A right to **scientifically accurate information** about human biology.
- A right to **religious freedom**. Students should not be forced to engage in activities that violate their conscience.
- A right to **free speech**. Schools may be violating the 1st Amendment by requiring students to use words or express agreement with statements that are not scientifically provable or to punish students who express disagreement.

Facility (bathrooms, locker rooms) use

- Areas where there may be a state of undress, should be designated solely for biological males or females and supervised by staff of the same sex
- A need to protect the privacy, dignity and safety of **all** students, the school should make accessible for **all** students access to single occupancy facilities.

Pronoun usage

- A student can refer to themselves with their preferred pronoun.
- Requiring other students and staff to speak as to what is biologically inaccurate is:
 - Against freedom of speech
 - Against freedom of religion or sincerely held beliefs
- Encourage legal names or nicknames

We need to teach CSE concepts to reduce suicide

- Ten years after gender transition surgery, trans-identified people were nearly 5 times more likely at attempt suicide and 19 times more likely to commit suicide than the general population.
- The vast majority of the people that commit suicide have an underlying mental health condition including children with gender dysphoria.
- Prevention of suicide for trans-identified youth is the same as for all other youth-therapy.
- Suicide is susceptible to social contagion.

Comprehensive Sex Ed

- We need medically accurate and evidenced based sex ed curriculum.
- Response: CSE had an 87% failure rate.

2022 Bills

- Parental rights law bill [HB2161](#)
 - includes medical records and parental availability to syllabi, classroom and school libraries
 - enforcement mechanism
 - surveys
 - access to all school records
 - school employees will not withhold info about purported gender identity or requested transition
 - Authorizes a parent to file suit in superior court against a school district or charter school that violates the requirement that parents have access to educational records and accounts of their child.
- ESA expansion-[SB1657](#) (on the Governor's desk)
- Help not Harm [SB1138](#)-gender transitioning surgeries
- Women's sports-[SB1165](#)-only biological females can participate in women's sports
- [HB2439](#) parental access and review of school library material
- [HB2495](#) prohibiting sexually explicit material in schools(on the Governor's desk)

