

Peter Wolfgang, President
Family Institute of Connecticut Action
Testimony in Opposition to SB 1



Family Institute of Connecticut Action, opposes SB 1, AN ACT CONCERNING TRANSPARENCY IN EDUCATION for the following reasons:

This bill includes a mandate for local Boards of Education to include Comprehensive Sex Education in their program of instruction for all ages. Comprehensive Sex Education (CSE) has not been proven effective. A recent study Re-Examining the Evidence for School-Based Comprehensive Sex Education: A Global Research Review, concluded: “Some of the strongest, most current school-based CSE studies worldwide show very little evidence of real program effectiveness. In the U.S., the evidence, though limited, appeared somewhat better for abstinence education.”

Sex education in public schools is an issue for local parents and their Boards of Education, not detached state agencies and unelected bureaucrats. For example, the Connecticut State Department of Education has developed “Core Content Indicators” for “Sexual Health” (p.12, attached) based on CSE that include the “role of . . . masturbation” for **8 year olds** (Grades 3-5). For **11 year olds** (Grades 6-8). . . an ability to explain “vaginal, anal, oral” sexual activity, “using condoms consistently and correctly when having sex”, “the potential role of hormone blockers” and the ability to “define and explain . . . cisgender, transgender, gender nonbinary, gender expansive, and gender identity.” These are radical standards based on rubrics established by an activist organization for Comprehensive Sex Education. Let local decision makers determine if and when they will use Comprehensive Sex Education curriculum working together with and being accountable to local parents.

In an Enfield 8th grade classroom in February 2022, thirteen and fourteen year olds were asked to substitute sex acts for their favorite pizza toppings and lay them on an imaginary pizza. This activity is consistent with Comprehensive Sex Education standards. In 2022, Greenwich second grade students were exposed to an image of erect adult genitalia. This outrageous activity is not far outside the core indicator for children from pre-k to 2 to be able to master the “medically accurate” names for private parts. It would have been within the Connecticut standard (p.12) for grades 3 to 5 to be able to describe basic reproductive body parts and masturbation.

Based on these issues and more, I strongly urge you to oppose SB 1.

Content	PK-2 Core Content Indicators	3-5 Core Content Indicators	6-8 Core Content Indicators	9-12 Core Content Indicators
Sexual Health (SH)	<p>SH 1.1.2 Identify and describe functions of body parts (e.g., stomach, feet, hands, ears, eyes, mouth).</p> <p>SH 1.2.2 Identify those parts of the body that are considered private by using medically accurate names.</p>	<p>SH 1.1.5 Describe basic reproductive body parts and their functions.</p> <p>SH 1.2.5 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>SH 1.3.5 Describe the range of physical, social, and emotional changes that occur during puberty.</p> <p>SH 1.4.5 Explain how puberty and development can vary greatly and still be normal.</p> <p>SH 1.5.5 Describe how people are similar and different (e.g., sexual identity, gender, gender identity, gender expression, etc.)</p>	<p>SH 1.1.8 Identify resources, products, services related to supporting sexual health.</p> <p>SH 1.2.8 Explain sexual activity and their associated risks (i.e., vaginal, anal, oral).</p> <p>SH 1.3.8 Describe reproductive body parts and their functions.</p> <p>SH 1.4.8 Describe the menstrual cycle, the process of sperm production and the relationship to conception.</p> <p>SH 1.5.8 Determine the benefits of being sexually abstinent.</p> <p>SH 1.6.8 Explain how the most common STDs and HIV are transmitted.</p> <p>SH 1.7.8 Describe the usual signs and symptoms of common STDs and HIV and explain that some are asymptomatic.</p> <p>SH 1.8.8 Summarize which STDs can be cured and which can be treated.</p> <p>SH 1.9.8 Summarize ways to decrease the spread of STDs and HIV by not having sex, using condoms consistently and correctly when having sex, not touching blood, and not touching used hypodermic needles.</p> <p>SH 1.10.8 Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (human papillomavirus).</p> <p>SH 1.11.8 Explain the significance of the physical changes in puberty and the potential role of hormone blockers on young people who identify as transgender.</p> <p>SH 1.12.8 Define and explain differences between cisgender, transgender, gender nonbinary, gender expansive, and gender identity</p>	<p>SH 1.1.12 Summarize the use of contraceptives and their relationship to the process of fertilization and conception.</p> <p>SH 1.2.12 Explain the importance of and ability to access contraceptive, STD and HIV counseling and services if sexually active.</p> <p>SH 1.3.12 Discuss state and federal laws and guidelines (e.g., CDC) that address sexual healthcare services for minors (e.g., contraception, emergency contraception, prenatal care, adoption, abortion, STD, including HIV, prevention, testing, and treatment).</p> <p>SH 1.4.12 Examine the factors that protect one against engaging in sexual risk behaviors (e.g., values clarification, planning ahead, being prepared, communicating and respecting boundaries).</p> <p>SH 1.5.12 Summarize ways to reduce the risk of pregnancy, HIV, and other STD's (e.g., abstinence, avoiding alcohol and other drugs, limiting sexual partners, using protection).</p> <p>SH 1.6.12 Compare and contrast the advantages and disadvantages of contraceptive and disease prevention methods (e.g., abstinence, condoms, emergency contraception).</p> <p>SH 1.7.12 Justify why abstinence from sex and drugs are the safest, most effective risk avoidance methods of protection from HIV, other STDs, and pregnancy.</p> <p>SH 1.8.12 Examine the effectiveness of typical use of condoms and other barrier methods in reducing the risk of pregnancy, HIV, and other infection by STDs, including HPV (human papillomavirus).</p> <p>SH 1.9.12 Evaluate the benefits of biomedical approaches to prevent STDs (e.g., hepatitis B vaccine, HPV vaccine) and HIV (e.g., PrEP, PEP).</p> <p>SH 1.10.12 Explain the importance of lowering the viral load of a person living with HIV to undetectable and maintaining viral suppression.</p> <p>SH 1.11.12 Examine the effectiveness of typical use of a variety of contraceptives in preventing pregnancy, HIV and STDs.</p> <p>SH 1.12.12 Summarize the short- and long-term consequences, including symptoms and treatment costs, of common STDs and HIV and the problems associated with asymptomatic STDs and HIV.</p> <p>SH 1.13.12 Explain why it is important to know the STD/HIV status of oneself and of a potential sexual partner.</p> <p>SH 1.14.12 Explain the state and federal laws related to Safe Haven Law, parenting, and sterilization, including their impacts on oppressed communities.</p> <p>SH 1.15.12 Describe the emotional, social, physical, and financial effects of being a teen parent.</p> <p>SH 1.16.12 Differentiate between sexual orientation, sexual behavior, and sexual identity.</p>