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Debra W. Haffner, M.P.H.

President and CEO

Christopher J. Portelli, J.D.

Director of Information

Mac Edwards

Editor

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All article, review, advertising, and publication inquiries and submissions should be addressed to:

Mac Edwards, Editor

SIECUS Report

130 West 42nd Street, Suite 350

New York, NY 10036-7802

phone 212/819-9770 fax 212/819-9776

Web Site: <http://www.siecus.org>

E-mail: medwards@siecus.org

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Graduate School of Education
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EDITORIAL

SEXUALITY AND THE LAW

Christopher J. Portelli, J.D.
SIECUS Director of Information

When SIECUS President Debra Haffner said that, as SIECUS' "resident lawyer" (the only staff person with his Juris Doctor degree), I should write this issue's editorial, I smiled.

Whenever I travel around the country to speak on behalf of SIECUS, I am always asked, "How did an attorney get involved in sexuality issues?" Now I get to tell my story and explain why I believe that it is not an exaggeration to say that people in the United States are fascinated by the intersection of law and sexuality.

I usually have most people's undivided attention when I begin to relate my personal story—from my days as a law student intern in the Sex Crimes Bureau of the Brooklyn (NY) District Attorney's office, to my coming out to my law colleagues in a prestigious Washington, DC, law firm to request that they staff the fledgling local AIDS legal clinic (They did.), to my helping to found an association of lesbian and gay health clinics and professionals.

Even now, as information officer for SIECUS (and still an officer of the court), I continue to be awestruck by how much the legal system has become enmeshed in trying to control sexuality, especially the basic human desires for love, passion, and companionship.

THE LEGAL SYSTEM AS A TOOL FOR CHANGE

Despite the fact that we live in an era where politicians harken the "end of big government," the issue of sexuality in America appears to be a striking exception. We are a society so used to the notion of law as a method to control sexuality that the legal system has become the primary tool for change.

A recent search of the Internet yielded over half a million sites discussing sexuality and the law. On a daily basis, Americans are flooded with news stories on the latest developments in law suits, legislative actions, law enforcement, and regulation of our sexuality, including our most *private* behaviors and our very *public identities*.

As an attorney and sexuality advocate, I find it both frustrating and amusing to watch lawmakers and policy analysts struggle with such questions as "How much Viagra is *too much* to have covered by Medicaid?" and "How can we justify insurance coverage of sexual dysfunction treatments and not of contraceptive services?"¹

I recently attended a medical conference where two physicians actually debated whether a male in his fifties was "entitled" to weekly or daily erections under his insurance policy. Judges and lawyers often fare no better when trying to argue concepts like sexual harassment, gender, and sexual orientation in employment discrimination cases. (How many professional football players smiled when reading Justice Scalia's assurances that a tap on the buttocks on the playing field was never fraught with sexual tension in his opinion in *Oncale*?)² The idea at the heart of all this? That laws and regulations can solve the problem. That people can regulate and legislate human behavior.

Almost a third of the U.S. Supreme Court's docket this term dealt with sexuality issues.³ President Clinton continues to face allegations based on whether he has told the truth about his sexual behaviors with another consenting adult. Military officers continue to face questions and charges about the sexual harassment of their troops. Military discharges based on homosexuality increased 67 percent in the past six years.⁴ Congress currently mandates that educators teach that sexual activity outside heterosexual marriage is "physically and psychologically harmful" even though there is not a shred of research or fact to back up the idea. But people think that they can legislate an idea.

"Legal disciplines have been created to accommodate, track, and advocate for sexuality issues."

LAWYERS, COURTS, AND LEGISLATURES

Whole legal disciplines have been created to accommodate, track, and advocate for sexuality issues through the courts and the legislature over the last 30 years, including "reproductive law," "queer law," "family law," "AIDS law," and "marriage law" to name a few.

What a profound change this is from just 50 years ago when sexuality law was confined to the criminal arena. At that time, “crimes against nature” included a panoply of sexuality issues, from cross-dressing in public to private sexual behaviors between consenting married adults (e.g., the use of contraceptive devices was illegal in some states as late as 1965⁵). These were all defined as criminal behaviors and punishable by jail.

Today, when we talk about “sex crimes,” we talk for the most part about non-consensual and exploitative behaviors among and between adults, adolescents, and children, with perhaps one exception. Only sodomy laws—still on the books in over 20 states—seek to regulate consensual adult sexual behavior and are usually enforced only when those acts occur between members of the same sex. State enforced discrimination against gays and lesbians continues to cloak itself in archaic arguments about “natural law,” and the highest court in the land has sanctioned this practice in the 1985 *Bowers versus Hardwick* decision.⁶

FEDERAL, STATE, LOCAL LAWS GOVERN SEXUALITY

There are federal, state, and local laws governing every aspect of sexuality. Contraception, abortion, and most sexual behaviors between consenting adults are legalized and regulated to a greater or lesser degree, depending on the circumstances. Military regulations regarding sexual behavior and sexuality have been codified into federal law as a result of the Clinton Administration’s “don’t ask, don’t tell, don’t pursue” policy and the Air Force’s Tailhook sexual harassment scandal that gripped the nation at about the same time.⁷ So-called “Defense of Marriage Acts” have been enacted at the federal and state level to discourage and prevent same-sex marriage. Today, laws in every state govern sexuality, including sexuality in the workplace, sexuality education, adolescent sexuality, access to sexuality information and sexually explicit materials, sexual orientation, and STD/HIV transmission.

The greatest challenge of all for lawmakers, judges, lawyers, policy analysts, lobbyists and advocates is to realize that they can’t legislate or litigate *how, when or why* people fall in love. Most attorneys and lobbyists learn early on that outlawing discrimination will not eliminate people’s hate

and that the legal system can only do so much to encourage healthy sexual attitudes and development. Where values, belief systems, and differing notions of rights and liberties are concerned, the legal system can sometimes seem like the last place to go to resolve issues of sexuality. But what we know the law can do is create and preserve models of justice and equality that serve the goal of preserving individuals’ right to privacy and freedom to choose in matters concerning one’s body and sexuality.

With this in mind, it is more important now than ever to utilize whatever legal apparatus we have to ensure every individual’s access under the law to all of life’s experiences that contribute to sexually healthy living. These include free access to age-appropriate sexuality information, the right to marriage and children regardless of one’s sexual orientation, comprehensive sexuality education that encompasses information about avoiding unwanted pregnancies and HIV/STDs, access to contraception and abortion, protection from harm, including on the job, from sexually abusive or exploitative relationships, and access to sexual health care.

As for me, by the time I finish with this explanation about sexuality and the law, I usually get a smile and a knowing response from my inquisitors: “It sounds like you’ve got your work cut out for you,” they say. Yes, I do.

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SIECUS LOOKS AT STATES' SEXUALITY LAWS AND THE SEXUAL RIGHTS OF THEIR CITIZENS

SIECUS Public Policy Department*

A basic tenet of our nation is that all Americans are equal under the law. But state laws vary. An American in one state enjoys different rights and privileges than an American in another state a mile away. So reality has a dash of George Orwell's *Animal Farm*—some citizens are more equal than others. Unfortunately, this is also true of laws governing intimate issues such as sexuality.

Most Americans don't give much consideration to the government's decision-making concerning their sexual lives. They generally agree that sexual behavior is private and that what they do in their bedrooms is their own business. They may even think that sexuality-related laws are enacted for other people—not themselves. As a result, most Americans don't consider a state's laws on sexuality and sexual rights when deciding where to live or visit. Perhaps if they saw how the patchwork of laws come together to describe sexual rights in their state, they would.

SIECUS advocates for the right of individuals to make responsible sexual choices. This broader right is composed of a variety of specific rights—the right to information, the right to sexual health services, the right to engage in sexual behaviors in private with another consenting adult, the right to live according to one's sexual orientation, and the right to obtain and use materials that have a sexual theme or content.

SIECUS believes that it is important to look at states' sexuality-related laws in total rather than by a single issue. SIECUS has, therefore, compiled information on state laws on a variety of sexuality-related topics. SIECUS is indebted to the national organizations and legal professionals whose resources were tapped for this article.*

Finally, this is the first in an ongoing effort. Current research and analysis on the laws of each of the 50 states is broad and somewhat limited. Not every law in every state has been recently researched or interpreted. Not every issue has been addressed by state legislatures. SIECUS will continue to look at sexuality-related laws and will keep you informed of its findings.

ANALYSIS OF CATEGORIES

For this analysis, SIECUS is designating states laws as (1) *supportive* of sexual health and sexual rights ("S"); (2) *unsupportive* of sexual health and sexual rights ("U"); or (3) neither *supportive* nor *unsupportive* of sexual health and sexual rights" ("N").

These designations were determined by comparing the content of laws with SIECUS' position on the issue. In some cases, the absence of a state law is designated with an "NL" for *no law*. In other cases, the absence of a state law was interpreted as *supportive* or *unsupportive* depending on its impact on sexual rights.

In determining a state's overall *supportiveness* of sexual health and sexual rights, SIECUS counted each *S* as one point, each *U* as minus one point, and each *N* as no point. If a state's point total was positive, SIECUS termed it *supportive* or *S*; if it was negative, SIECUS termed it *unsupportive* or *U*; if it was zero, SIECUS termed it *N* for neither *supportive* nor *unsupportive*. *NLs* did not affect a score.

SEXUALITY EDUCATION

SIECUS believes that all people have the right to comprehensive sexuality education that addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality. Comprehensive school-based sexuality education that is appropriate to a student's age, developmental level, and cultural background is an important part of preparing young people for adulthood and is a critical component in promoting sexual health.

Opponents of comprehensive sexuality education once attempted to ban sexuality education outright. When that strategy proved unsuccessful, they tried to restrict the content and scope of such education. Even so, many states continue to mandate comprehensive sexuality education and HIV/AIDS education for their students. While these mandates provide a legal basis for program implementation, they do not necessarily result in programs in every school. The enforcement of such mandates has not been determined or evaluated.

SIECUS believes that state mandates are *supportive of sexual health and sexual rights* (*S*); and that the absence of a state mandate is *unsupportive of sexual health and sexual rights* (*U*). As for content requirements, states that only require the teaching of abstinence without information about contraception and disease prevention were assigned *unsupportive* (*U*) status. States that require the teaching of abstinence with the inclusion of contraception and disease prevention information were assigned a *supportive* (*S*) status.

Overall, the majority of states and the District of Columbia are supportive of educating young people about

"There is broad ambivalence about sexuality in American Culture."

sexuality issues. But there are some significant caveats. States are likely to focus on HIV/STD-prevention education rather than on overall sexuality education. They are also likely to remain silent on contraceptive and disease prevention information other than abstinence.¹

CONTRACEPTIVE SERVICES

SIECUS believes that all people should have ready access to comprehensive contraceptive information, education, and services, regardless of age, gender, or income. While parents should be involved in their children's contraceptive decisions, each person has the right to confidentiality and privacy when receiving such information, counseling and services. SIECUS supports adolescent access to low-cost prescription and non-prescription methods through public funding and private insurance coverage.

For this section, SIECUS examined information on laws concerning insurance coverage for contraceptive services and parental consent or notice or minors' access to contraceptive services. SIECUS also included information on state funds for contraceptive services, and considered states that used any amount of state funds as *supportive* (S).

SIECUS believes states that require coverage for contraceptive services in private insurance are *supportive* of sexual health and sexual rights (S) because it removes financial barriers. Two states—Montana and West Virginia—stand alone in requiring health maintenance organizations to provide, as a part of preventative services, voluntary family planning.

Studies have confirmed that adolescents are likely to delay or avoid seeking care when parental consent or notice is mandated for family planning services. SIECUS considers such mandates as *unsupportive* of sexual health and sexual rights (U). States that have no law explicitly authorizing minors' ability to consent for contraceptive services are designated as having *no law* (NL). States that explicitly authorize the minor to make contraceptive decisions were considered *supportive* of sexual health and sexual rights (S).²

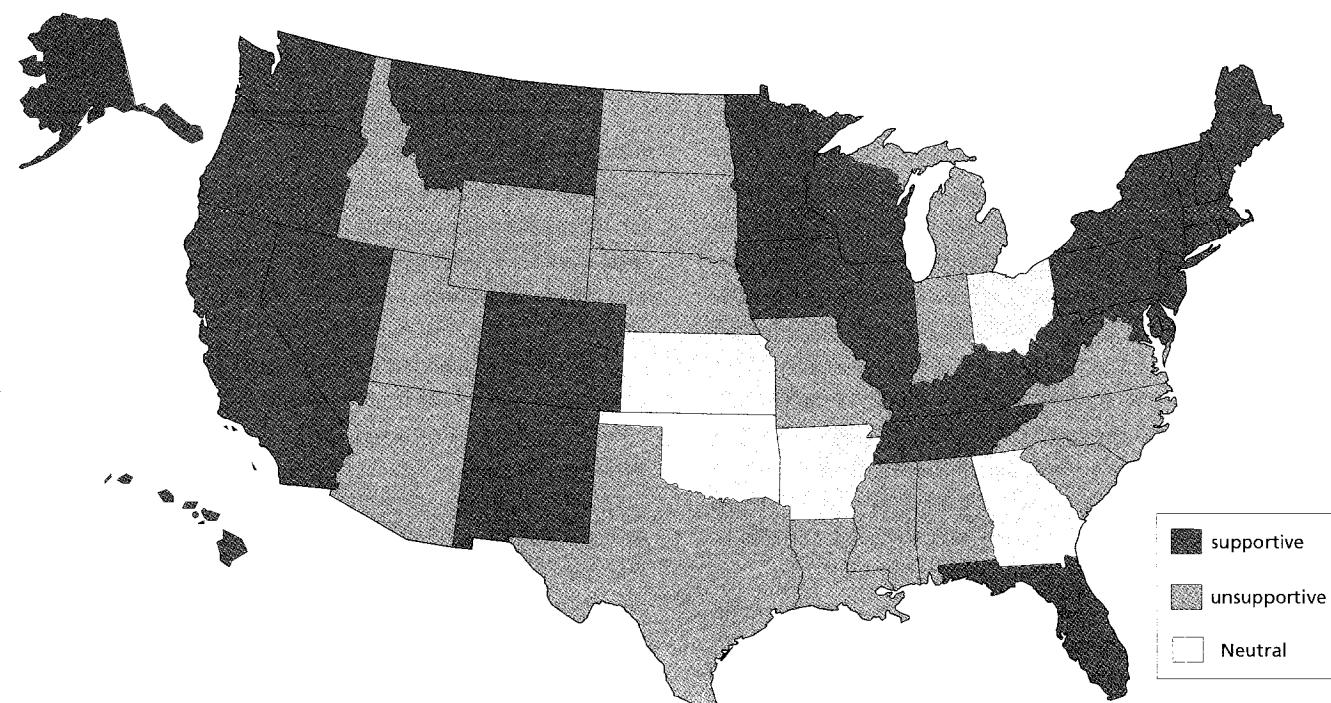
ABORTION SERVICES

SIECUS believes that every woman, regardless of age or income, should have the right to obtain an abortion under safe, legal, confidential, and dignified conditions as well as at a reasonable cost. She should also have full knowledge of alternatives, and should be able to obtain complete, unbiased information and counseling on the nature, consequences, and risks associated with abortion, pregnancy, and childbirth.

SIECUS believes in public funding and mandated insurance coverage for abortion services. It also believes that parental consent laws, late-term bans, and waiting periods have a negative impact on reproductive health and rights. Clinic anti-violence and harassment laws promote safer access to such services and help to eliminate unconscionable attempts to undermine women's reproductive health rights.

For this issue, SIECUS examined a wide variety of topics because abortion is heavily legislated. These subjects included

STATE COMPOSITE SCORE ON SEXUALITY-RELATED ISSUES



public funding, mandated insurance, parental consent, waiting periods, abortion procedure bans, and violence against abortion service providers. In many cases, states have placed a variety of conditions upon abortion services.

While the U.S. Supreme Court ruled in *Roe versus Wade* that a woman has a fundamental right to terminate a pregnancy, opponents of the procedure have sought to limit access. SIECUS rated states which have enacted laws to limit such access as *unsupportive* of sexual health and sexual rights (U).

Public funding for abortion. The patchwork of state laws concerning public funding for abortion services is complex. As a result of the Hyde Amendment, the use of federal Medicaid funds for abortion is prohibited except in cases where the woman's life is in danger. The amendment was expanded in 1993 to include situations where the pregnancy resulted from rape or incest. Each state establishes its own abortion funding policy related to state revenues. Fifteen states fund abortion in their state medical assistance programs in all or most circumstances. SIECUS termed them *supportive* (S). States which fund abortions only in highly restricted situations, such as life endangerment, rape, or incest, or those that do not fund abortions at all, were termed as *unsupportive* (U).

Private insurance coverage. SIECUS termed *unsupportive* (U) those states that ban insurance coverage for abortion unless women pay an extra premium. It gave the same rating to states that prevent access to insurance coverage for abortion in some circumstances in which public funds are used or public employees are insured. SIECUS termed states that mandated insurance coverage as *supportive* (S) and states that didn't have laws as *no law* (NL).

Abortion procedure bans. States are now considering bans on abortion procedures carried out in the second and third trimesters called "Dilation and Extraction" (D&E) and dubbed by opponents as a "partial-birth abortion." These bans prevent a physician from exercising discretion to determine the most appropriate procedure. Some courts have held that such bans are unconstitutional because they fail to provide an exception to the ban when protecting a woman's health. SIECUS rated states where abortion procedure bans are in effect, are scheduled to go into effect, or are partially in effect as *unsupportive* (U). States with no bans are indicated with *no law* (NL).

Provider violence and harassment. A nationwide campaign of blockades, harassment, and violence has impeded women's access to abortion services. SIECUS rated states which have enacted laws to protect medical personnel and women seeking services as *supportive* of sexual rights (S). States not offering these protections are rated *unsupportive* (U).

When examined as a whole, state-level protection for abortion rights reflects the public ambivalence about abortion. SIECUS found many states *unsupportive* because of public funding and restrictions on late-term abortions. This

is troublesome because these issues address the most vulnerable populations. Also troubling is the lack of state efforts to protect its citizens from harassment and violence at legal medical facilities. Only 15 states and the District of Columbia do so.³

HIV/AIDS INFECTION

SIECUS believes that HIV testing should occur only with informed consent and that case reporting should utilize unique or coded identifiers to insure the privacy and confidentiality of the individual. Every state should provide anonymous testing.

SIECUS compiled information on state laws related to HIV testing options and HIV infection reporting. Name-reporting is currently a contentious issue and many state legislatures may soon consider it.

SIECUS assigned an *unsupportive* rating to states that use a names-based reporting system because it compromises confidentiality and is, in turn, a disincentive to testing. States that have a system of reporting that is not names-based were designated as *supportive* (S). States with no reporting requirements were assigned *no law* (NL). States offering anonymous and confidential testing sites were considered *supportive* (S), whereas states offering only confidential sites were termed *neither* (N) supportive or unsupportive.

It appears that states are not aggressively pursuing HIV/AIDS policies that protect the privacy of individuals. States are relatively evenly divided among *supportive*, *unsupportive*, and *neither*. SIECUS acknowledges, however, that these two issues are in transition, and that other indicators, such as state appropriations, may prove a more definitive indication of support for HIV/AIDS prevention and treatment.⁴

SEXUAL ORIENTATION

SIECUS believes that individuals have the right to accept, acknowledge, and live in accordance with their sexual orientation, whether bisexual, heterosexual, gay, or lesbian. The legal system should guarantee everyone's civil rights and protection. Prejudice and discrimination based on sexual orientation is unconscionable.

SIECUS has reviewed state statutes relating to sexual orientation in such areas as workplace discrimination, public school discrimination, and the adoption of children by same-sex partners.

SIECUS rated states as *supportive* of sexual health and sexual rights if they ban discrimination on the basis of sexual orientation in the workplace and in the public school setting. It rated states without such laws as *unsupportive* (U) because there are no current federal protections to offset the lack of state law. It also rated states that restrict the family formation of same-sex couples as *unsupportive* (U).

It is clear that state laws addressing sexual orientation are the most *unsupportive* of sexual health and sexual rights of any covered in this article. In fact, it is the only category in which most states received *unsupportive* ratings.⁵

SEXUAL BEHAVIORS

Sodomy laws were first initiated by religious institutions as “crimes against nature” and were later enforced by English common law in the sixteenth century. While intended to forbid anal intercourse, the definition of sodomy has broadened to include contact between the mouth and genitals.

The U.S. Supreme Court ruled in *Bowers versus Hardwick* in 1986 that the Constitution allows states to criminalize sodomy. Prosecution is almost entirely limited to sexual conduct in a public place and penalties range from \$200 fines to 20 years imprisonment.

Sodomy laws are now in less than half of all the states. Six states ban these sexual acts exclusively between people of the same sex (AR, KS, MD, MO, OK, TX). Fifteen states ban these sexual acts between gays and heterosexuals alike (AL, AZ, FL, GA, ID, LA, MI, MA, MN, MS, NC, RI, SC, UT, VA). All other states currently have no sodomy laws.⁶

SIECUS rated states with a sodomy law as *unsupportive* (U) and those with no sodomy law as *supportive* (S) of sexual health and sexual rights, because, in most cases, these states have taken legislative action to repeal archaic sodomy laws.

SEXUAL EXPLOITATION

SIECUS believes that sexual relationships should be consensual between partners who are developmentally, physically, and emotionally capable of understanding the relationship. It believes that coerced and exploitative sexual acts and behaviors—such as rape, incest, sexual relations between adults and children, sexual abuse, and sexual harassment—are always reprehensible and should be outlawed.

SIECUS has examined laws addressing sexual exploitation through rape and sexual assault; child pornography; child prostitution; and sexual harassment in the schools. SIECUS also gathered information on state laws regarding the use of computers to exploit children and proliferate child pornography.

Sexual assault and rape. Sexual assault is any nonconsensual sexual act forced by one or more individuals upon another. The legal term *sexual assault* encompasses rape (forced vaginal intercourse), sodomy (forced anal or oral intercourse), incest, molestation, sexual battery or any unwanted touching of the sexual parts of the body. It is a felony in every state to engage in sexual penetration/intercourse where the offender causes the victim's submission through physical force. Most states also consider it a felony if the victim is incapable of consent due to physical or mental incapacitation. States prohibiting sexual assault and rape were assigned a *supportive* (S) rating.

Child pornography. Virtually all states have statutes on the solicitation, promotion, dissemination, or displaying of obscene matter containing a visual representation of a minor. These states legislate that sexual exploitation is committed if the child is induced to engage in any explicit sexual conduct for a commercial purpose. The definition of a minor ranges from 16 to 18 years of age depending on the state. Penalties for such crimes range from felonies to misdemeanors. States that have laws prohibiting child pornography were assigned a *supportive* (S) rating while states without child pornography laws were viewed as *unsupportive* (U).

Child prostitution. Child prostitution statutes address the inducing or employing of a child to work as a prostitute. The crime generally involves the persuasion, arrangement, or coercion of a minor for the exchange of money to provide acts such as sexual intercourse or sodomy. Most states categorize prostitution as a felony, with prison terms of three to 10 years fines. While the severity of the penalties vary, states with laws prohibiting child prostitution received a *supportive* (S) rating and those states without child prostitution laws received an *unsupportive* (U) rating.

Computer-related exploitation of children. Individuals have used computers to disseminate child pornography and to meet children to solicit sexual acts. Many states have passed laws to forbid the transmission, production, and possession of computerized child pornography. Such laws make it unlawful to photograph, display, distribute, or sell pictures of minors engaged in sexual conduct via computers. Some states have also criminalized the dissemination of a minor's name for the purposes of soliciting sexual conduct. States that have passed such legislation have received a *supportive* (S) rating, and because of the seriousness of the issue, states without such legislation were assigned an *unsupportive* (U) rating rather than *no law* (NL).

Sexual harassment. Sexual harassment is generally an issue decided by the courts rather than state legislatures. There is currently no compilation of states' statutes on sexual harassment, in general, or in the workplace. However, state laws on sexual harassment and discrimination in schools include statutes that address unwanted sexual advances or inappropriate sexual conduct. Many states require schools to adopt policies that prohibit sexual harassment in elementary, secondary, and post-secondary schools. SIECUS views such states as *supportive* (S) and states that do not have such laws as *unsupportive* (U).

More than in any other sexuality-related category of law, a clear majority of states determined that sexual exploitation is serious enough to merit government intervention, especially when it concerns children.⁷

CONCLUSION: WORK AHEAD

When the seven categories in this article are viewed collectively, most states were *supportive* of sexual rights and sexual health. Specifically: 28 states and the District of

Columbia were *supportive*, 17 states were *unsupportive* of sexual rights in general, and five were somewhere between *supportive* and *unsupportive* in their policies. (See the map on page 5 and the chart on page 15.) No state demonstrated support in every category. On the other hand, no state had exclusively *unsupportive* laws. There is no definitive regional trend, although states along the West Coast and in the Northeast create small pockets of *overall* support.

In many ways, the overview of state sexuality-related laws reflects the broad ambivalence about sexuality in America's culture. State laws are generally more focused on putting restrictions or stipulations on sexual decisions than on affirming sexual rights and healthy sexual decision making. From the perspective of state laws, sexuality is still something from which the citizens must be protected.

States have a clear consensus on protecting citizens from sexual harm. Nearly every state makes activities such as rape, child pornography, and child prostitution illegal.

For other issues, states have no consensus even though some have enacted laws. For issues such as abortion and sexuality education, state laws articulate a wide variety of views. For these issues in particular, sexual rights are often governed by political considerations rather than public health and civil liberties concerns.

Still, in many cases, the absence of laws speaks loudly. For sensitive and emerging issues, such as discrimination based on sexual orientation and sexual harassment, states have yet to pass laws that would protect their citizens from harm.

Although this collection of state sexuality laws indicate that states generally support sexual health and sexual rights, even this preliminary overview attests that every state has work to do in developing state laws to support sexual rights and sexual health.

SIECUS will continue to expand the scope and depth of information that it makes available on state laws and policies. This article is its first preliminary examination of these issues. SIECUS will post these and subsequent findings on a state policy section of its Web page (www.siecus.org). Advocates of sexual rights will want to check it regularly as state laws change.

*This article was compiled by the SIECUS Public Policy Department—Daniel Daley, director; Susie Orenstein, public policy assistant; and Vivian Wong, SIECUS research assistant.

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Organization for Women, People for the American Way, and the U.S. Centers for Disease Control and Prevention's National AIDS Clearinghouse.

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SEXUALITY AND THE LAW: A STATE-BY-STATE ANALYSIS

TABLE 1: SEXUALITY EDUCATION*

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
Sexuality Education Mandate	S	U	U	S	U	U	S	S	S	U	S	S	U	S	U	S	S	U	U	U	S	U	U	S	U	U
STD/HIV Education Mandate	S	U	U	S	S	U	S	S	S	S	S	S	S	S	S	S	S	S	U	U	U	S	U	S	S	U
Mandate Includes Contraception	NL	U	NL	U	S	U	NL	S	NL	NL	S	S	NL	U	U	NL	NL	U	NL	NL	NL	NL	U	NL	NL	NL
Mandate Includes Disease Prevention	S	NL	U	NL	S	NL	NL	S	NL	S	S	S	NL	S	U	NL	S	NL	NL	NL						
Composite Score	S	U	U	S	S	U	N	S	S	S	S	S	N	S	U	S	S	U	U	U	S	U	N	S	N	N

	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
Sexuality Education Mandate	U	U	S	U	S	U	U	S	U	U	U	U	U	S	S	S	U	S	U	S	S	U	S	U	U
STD/HIV Education Mandate	U	U	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	U
Mandate Includes Contraception	NL	NL	NL	NL	S	NL	NL	S	NL	NL	U	S	NL	S	S	NL	S	U	S	S	NL	S	NL	NL	NL
Mandate Includes Disease Prevention	NL	NL	NL	NL	S	S	S	S	NL	NL	S	S	S	S	NL	NL	S	U	S	S	S	S	NL	NL	NL
Composite Score	U	U	S	N	S	S	S	S	S	U	N	N	S	S	S	S	U	S	S	S	N	S	S	N	U

TOTAL
Sexuality Education Mandate: 20=S; 31=U
STD-HIV Education Mandate: 36=S; 15=U
Mandate Includes Contraception: 13=S; 10=U; 28=NL
Mandate Includes Disease Prevention: 22=S; 3=U; 26=NL
Composite Score: 27=S; 14=U; 10=N

* Based on information from the National Abortion and Reproductive Rights Action League, *A State-by-State Review of Abortion and Reproductive Rights* (NARAL Foundation, Washington, DC, January 1998).

KEY

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- U = Unsupportive
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- N = Neutral

SEXUALITY AND THE LAW: A STATE-BY-STATE ANALYSIS

TABLE 2: CONTRACEPTIVE SERVICES*

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
State Funding	S	S	U	S	S	S	S	NL	S	NL	S	U	S	U	U	S	S	S	S	S	S	S	S	S	S	
Insurance Coverage	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
Parental Consent/Notice	NL	S	NL	S	S	S	NL	S	S	S	S	S	NL	NL	NL	S	NL	S	NL	NL	NL	NL	S	NL		
Composite Score	N	S	U	S	S	S	N	S	N	S	N	S	U	S	U	N	S	N	S	S	N	N	N	S	N	

	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
State Funding	S	U	U	S	S	S	S	NL	S	S	S	S	S	U	S	S	NL	S	U	U	S	S	S	S	U
Insurance Coverage	S	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	S	U	U
Parental Consent/Notice	S	NL	NL	NL	NL	S	S	S	NL	NL	S	S	NL	NL	NL	NL	S	NL	NL	NL	S	NL	NL	NL	S
Composite Score	S	U	U	N	N	S	S	S	U	N	S	S	U	N	N	U	S	U	U	S	N	S	N	U	

TOTAL
State Funding: 37=S; 10=U; 4=NL
Insurance Coverage: 2=S; 49=U
Parental Consent/Notice: 24=S; 27=NL
Composite Score: 21=S; 13=U; 17=N

* Based on information from "Teenagers' Right to Consent to Reproductive Health Care," *Issues in Brief* (Alan Guttmacher Institute, New York, 1997); "Public Funding for Contraceptive Sterilization, and Abortion Services, 1994," *Family Planning Perspectives*, vol. 28, no. 4, July-August 1996.

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SEXUALITY AND THE LAW: A STATE-BY-STATE ANALYSIS

TABLE 3: ABORTION SERVICES *

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
Public Funding	U	S	U ²	U ²	S	U ²	S	U ²	U ²	U ²	S	S	S	U ²	U ³	U ²	U ²	U ²	U ²	U ³	S	U ²	S	U ¹	U ²	
Mandated Insurance	NL	NL	NL	NL	NL	U	NL	NL	NL	NL	NL	NL	NL	U	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	U
Parental Consent	U	S	U	U	S	S	S	U	S	S	U	S	U	S	U	U	U	U	U	U	U	U	U	U	U	U
Waiting Periods	S	S	S	S	S	S	S	S	S	S	S	S	S	U	S	U	S	U	S	S	S	S	S	S	U	S
Procedure Bans	U ⁶	U ⁷	U ⁷	U ⁷	NL	NL	NL	NL	NL	U ⁵	U ⁶	NL	U ⁷	U ⁷	NL	U ⁵	U ⁶	U ⁵	U ⁷	NL	NL	NL	U ⁷	NL	U	NL
Anti-Violence Laws	NL	NL	NL	NL	S	S	NL	NL	S	NL	NL	NL	NL	NL	NL	NL	S	NL	NL	S	S	S	S	NL	NL	
Composite Score	U	S	U	U	S	S	S	U	S	N	U	S	U	S	U	U	U	U	U	N	N	S	U	S	U	U

	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
Public Funding	S	U ²	U ²	U ²	S	U ³	S	U ²	U ²	U ²	U ²	S	U ²	U ²	U ²	U ¹	U ²	U ²	U ²	S	U ³	S	S	U	U ²	
Mandated Insurance Coverage	NL	U	NL	NL	NL	NL	NL	NL	U	NL	NL	NL	U	U	NL	NL	NL	NL	NL	NL	U	NL	NL	NL	NL	
Parental Consent	S	U	S	S	S	S	S	S	U	U	U	S	S	U	U	U	S	S	S	U	S	U	NL	U	U	
Waiting Periods	S	U	S	S	S	S	S	S	U	S	S	S	S	S	S	U	S	S	S	U	S	S	S	S	U	
Procedure Bans	U ⁷	U ⁶	NL	NL	U ⁷	NL	NL	NL	NL	U ⁷	U	NL	NL	U ⁷	U	U	NL	NL	U	NL	U ⁴	NL	U ⁵	U	NL	
Anti-Violence Laws	NL	NL	S	NL	NL	S	NL	S	NL	NL	NL	S	S	NL	NL	NL	NL	NL	NL	NL	NL	S	NL	S	NL	
Composite Score	S	U	S	S	S	S	S	U	U	U	N	S	U	U	U	S	S	S	U	S	U	S	S	S	U	U

TOTAL
Public Funding: 15=S; 36=U
Mandated Insurance: 11=U; 40=NL
Parental Consent: 19=S; 31=U; 1=NL
Waiting Periods: 37=S; 14=U
Procedure Bans: 26=U; 25=NIL
Anti-Violence Laws: 16=S; 35=NIL
Composite Score: 21=S; 26=U; 4=N

* Based on information from National Abortion and Reproductive Rights Action League, *A State-by-State Review of Abortion and Reproductive Rights* (NARAL Foundation, Washington, DC, January 1998).

- provide public funding for abortions only when the woman's life is endangered.
- cover abortions for life endangerment, rape, and incest.
- cover abortions for life endangerment, rape, incest, and certain health circumstances.

- "Partial-birth" abortion bans are in effect.
- "Partial-birth" abortion bans are scheduled to go into effect this spring or summer.
- "Partial-birth" abortion bans are partially in effect.
- "Partial-birth" abortion bans are blocked by state or federal court.

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SEXUALITY AND THE LAW: A STATE-BY-STATE ANALYSIS

TABLE 4: HIV/AIDS *

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
HIV Infection Surveillance	U	NL	U	U	NL	U	U ¹	NL	NL	U	S	NL	U	S	U	S	S	S	U	S	U ⁴	NL	U	U	U	U
HIV Testing Options	NL	S	S	S	S	S	S	S	S	S	S	S	NL	S	S	S	S	S	S	S	S	S	S	NL	S	
Composite Score	U	S	N	N	S	N	N	S	S	N	S	S	U	S	N	S	S	S	N	S	N	N	N	U	N	

	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
HIV Infection Surveillance	S	U	U	S	U	U	NL	U	U	U	U	U ²	N	S	U	U	U	U ³	U	NL	U	U ⁴	U	U	U
HIV Testing Options	S	S	NL	S	S	S	S	NL	NL	S	S	S	S	NL	NL	NL	S	S	S	S	S	S	S	NL	
Composite Score	S	N	U	S	N	N	S	U	U	N	N	N	S	S	U	U	U	N	N	S	N	N	N	U	

TOTAL

HIV Infection Surveillance: 9-5: 33-II: 9-NI

HIV Testing Options:
41=S; 10=N

Composite Score:
18=S; 10=U; 23=N

* Based on information from the *Guide to Information and Resources on HIV Testing Document B053* (U.S. Centers for Disease Control and Prevention, National AIDS Clearinghouse, Atlanta, May 1997); "HIV Infection Surveillance," *AIDS Action Alerts* (U.S. Centers for Disease Control and Prevention, National AIDS Clearinghouse, Atlanta, February 1998).

1. Requires reports of HIV infection in children under 13 years of age by names; reports of HIV infections not required for adults/adolescents 13 years of age or older.
 2. Requires reports of HIV infection in children under six years of age.
 3. Requires reports of HIV infection in children under 13 years of age by name; requires anonymous reports for adults/adolescents 13 years of age or older.
 4. Requires named reporting of symptomatic HIV infection and AIDS.

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SEXUALITY AND THE LAW: A STATE-BY-STATE ANALYSIS

TABLE 5: SEXUAL ORIENTATION *

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
Workplace Discrimination	U	U	U	U	S	U	S	U	S	U	U	U	U	U	U	U	U	U	U	U	U	S	U	S	U	U
Public School Discrimination	U	U	U	U	U	U	S	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	S	U	U	U
Family Formation	NL	U	NL																							
Composite Score	U	U	U	U	N	U	S	U	N	U	U	N	U	U	U	U	U	U	U	U	U	N	U	S	U	U

TOTAL
Workplace Discrimination:
11=S; 40=U
Public School Discrimination:
2=S; 49=U
Family Formation:
2=U; 49=NL
Composite Score:
3=S; 40=U; 8=N

	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
Workplace Discrimination	U	U	U	S	S	U	U	U	U	U	U	U	U	S	U	U	U	U	U	U	S	U	U	U	S	U
Public School Discrimination	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Family Formation	NL	NL	NL	U	NL																					
Composite Score	U	U	U	N	N	U	U	U	U	U	U	U	U	U	N	U	U	U	U	U	N	U	U	U	S	U

TABLE 6: SEXUAL BEHAVIORS **

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
Sodomy Laws	U	S	U	U	S	S	S	S	S	U	U	S	U	S	S	S	S	S	S	U	U	U	U	U	U	
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
Sodomy Laws	S	S	S	S	S	S	S	S	S	U	S	S	S	S	S	U	S	S	S	U	S	S	S	S	S	

TOTAL
Sodomy Laws:
30=S; 21=U

* Based on information from *State and Local Laws Protecting Lesbians and Gay Men Against Workplace Discrimination, Overview of Lesbian and Gay Parenting* (American Civil Liberties Union, New York, NY, 1998).

1. Laws passed to prohibit gay student organizations from meeting on school campuses. These laws are being challenged in the courts.

** Based on information from *Status of U.S. Sodomy Laws* (American Civil Liberties Union, New York, NY, 1998).

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SEXUALITY AND THE LAW: A STATE-BY-STATE ANALYSIS

TABLE 7: SEXUAL EXPLOITATION*

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
Rape and Sexual Assault	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
Child Pornography	S	S	S	S	S	S	S	S	S	U	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
Child Prostitution	S	S	S	S	S	S	S	S	S	U	S	S	S	S	S	S	S	S	S	S	S	S	S	S	U	
Computer Crimes	U	U	U	U	S	U	U	U	U	S	U	U	U	S	S	U	U	U	S	U	U	U	U	U	U	
Sexual Harassment in School Setting	U	U	U	U	S	U	U	U	U	S	U	U	U	U	U	U	U	U	U	U	U	U	S	S	U	
Composite Score	S	S	S	S	S	S	S	S	U	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	U	

	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	TOTAL
Rape and Sexual Assault	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
Child Pornography	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	U	
Child Prostitution	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
Computer Crimes	S	U	S	U	S	U	U	U	U	U	U	U	S	U	U	U	U	U	U	U	S	U	U	U	U	
Sexual Harassment in School Setting	U	U	U	U	U	U	U	U	U	U	U	U	U	S	U	S	S	S	S	U	U	U	U	U	U	
Composite Score	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	U	

* Based on information from *State Laws Prohibiting Sexual Harassment and Sexual Discrimination in Education* (National Organization of Women, Washington, 1996); Child Abuse and Neglect State Statute Series, Volume V-Crime (National Clearinghouse on Child Abuse and Neglect, Washington, DC, December 1996).

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SEXUALITY AND THE LAW: A STATE-BY-STATE ANALYSIS

TABLE 8: OVERVIEW*

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
Sexuality Education	S	U	U	S	S	U	N	S	S	S	S	S	N	S	U	S	S	U	U	U	S	U	N	S	N	N
Contraceptive Services	N	S	U	S	S	S	N	S	N	S	N	S	S	U	U	N	S	N	S	S	N	N	N	S	N	
Abortion Services	U	S	U	U	S	S	S	U	S	N	U	S	S	U	U	U	U	U	U	N	N	S	U	S	U	
HIV/AIDS	U	S	N	N	S	N	N	S	S	N	S	S	N	S	S	S	S	N	S	N	S	N	N	U	N	
Sexual Orientation	U	U	U	U	N	U	S	U	N	U	N	U	U	U	U	U	U	U	U	U	U	N	U	S	U	
Sexual Behaviors	U	S	U	U	S	S	S	S	S	U	S	S	S	S	S	S	S	S	S	S	U	U	U	U	U	
Sexual Exploitation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	U	
Total Composite Score	U	S	U	N	S	S	S	S	S	S	N	S	S	U	S	N	S	U	S	S	S	S	U	S	U	

TOTAL	
Sexuality Education:	
27=S; 14=U; 10=N	
Contraceptive Services:	
21=S; 13=U; 17=N	
Abortion Services:	
21=S; 26=U; 4=N	
HIV/AIDS:	
18=S; 10=U; 23=N	
Sexual Orientation:	
3=S; 40=U; 8=N	
Sexual Behaviors:	
30=S; 21=U	
Sexual Exploitation:	
48=S; 3=U	
Total Composite Score:	
29=S; 17=U; 5=N	

* Based on information from sources in other charts as well as from Status of U.S. Sodomy Laws (American Civil Liberties Union, New York, 1998).

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1997-98 SEXUALITY EDUCATION CONTROVERSIES IN THE UNITED STATES

Martha Kempner
SIECUS Education Associate

SIECUS' Community Advocacy Project, which had tracked over 500 attacks on sexuality education in the United States between 1992 and 1997, documented 135 new attacks in 33 states during the 1997-98 school year, virtually the same number as the previous year.

Many of this year's controversies involved issues SIECUS has seen in past years. Opponents continued their efforts to eliminate comprehensive sexuality education by using such familiar tactics as (1) attempting to replace existing programs with strict abstinence-only programs, (2) implementing "opt-in" instead of "opt-out" policies, (3) mandating the separation of classes by gender, (4) advocating for the elimination of information about contraception, (5) attacking teachers on issues revolving around sexuality and sexuality education, and (6) complaining about the "explicit" nature of comprehensive sexuality education programs.

However, a new force began to emerge in many of the community controversies: the federal government's funding of abstinence-only-until-marriage education programs. While there is no documented evidence that such strict programs reduce teen pregnancy or delay the age of first intercourse, proponents of this type of education used the introduction of federal funding as a government "stamp of approval" and stepped up their efforts to bring abstinence-only education to schools.

It is unfortunately clear that abstinence-only education means that fewer schools are teaching such important topics as contraception, sexual orientation, and sexually transmitted disease prevention. Yet, at the same time, SIECUS also saw communities in all parts of the nation coming together in support of comprehensive sexuality education programs.

This article represents SIECUS' sixth analysis of controversies across the country.

THE NEW FEDERAL PROGRAM'S EFFECT ON ABSTINENCE EDUCATION

The federal program that dominated debates on sexuality education this year was signed into law in August 1996 as

part of welfare reform. It provides states with half a billion dollars over the next five years to support highly restrictive abstinence-only-until-marriage education programs.

In order to qualify for these funds, programs must teach, among other things, that "sexual activity *outside the context of marriage* is likely to have harmful psychological and physical effects" and that a "monogamous relationship *in the context of marriage* is the expected standard of human sexual activity." The programs cannot provide students with information on such critical topics as contraception and condom use. Because the funds were given to states in block grants last fall and have been distributed to state and local agencies within the last few months, SIECUS has only just begun to see ways in which states and communities are utilizing the funds.

*"Abstinence-only
education means
fewer schools
are teaching
important topics."*

State-level funding actions. Some of the initial actions on the state level have already caused controversy:

- **In Arkansas,** Professor Mike Young of the University of Arkansas was involved in a battle with the governor's Steering Committee on Abstinence charged with distributing the federal money in Arkansas. Young is the author of an abstinence-only curriculum that was rejected by the committee because its members decided it did not meet the strict federal definition of abstinence. One committee member charged with judging the curriculum for medical accuracy stated that Young's curriculum was inaccurate because of the statements "you cannot tell a homosexual by looking at one" and "frequent masturbation does not cause emotional harm." During a meeting with the committee, this member threatened Dr. Young: "I'm about ready to come over there and knock the crap out of you."¹ The committee stuck with its decision to deny funding to any program using Professor Young's curriculum.²
- **In Louisiana,** Governor Mike Foster took responsibility for the state's abstinence-only programs away from the

state public health department, placed it in his office, and hired a new administrator with ties to Far Right Christian groups. The new administrator disregarded the first round of grant applications, and required that all groups or agencies reapply.³

- **In Massachusetts,** a state public health official was investigated by anti-comprehensive sexuality education forces for an off-the-record comment that abstinence-only-until-marriage funds were “not a disaster” because they could be used effectively on media campaigns. Proponents of the federal program charged that the woman’s comments represented an intent to waste the money.⁴
- **In South Carolina,** Governor David Beasley awarded all of the state’s 1.3 million federal funds to an organization described as a “crisis pregnancy center.” Other organizations are currently protesting this award.⁵

Related state actions. In response to the federal government’s support of abstinence-only education, many states took the opportunity to further promote the concept.

- **In Florida,** an amendment to the state’s education code said that all public school health education staff must teach “an awareness of the benefits of abstinence as the expected standard.”⁶
- **In Georgia, Mississippi and Oklahoma,** laws were enacted (HR 457, H 766, and H 2170, respectively) that incorporate the federal definition of abstinence-only-until-marriage into their individual state welfare programs.
- **In Indiana,** a law (HB 1208) encouraged more discussion about abstinence. While an existing law already required students to learn that abstinence until marriage is the expected standard for minors, the new law requires explaining why sexual activity outside of marriage is harmful.
- **In Nebraska,** a policy required all schools to follow the state’s policy of teaching abstinence as the only appropriate option for students if they wanted to receive state funding. A state Board of Education member said that “the schools can teach what they want, but we only fund abstinence.”⁷
- **In Oregon,** a law (SJR 33) was passed to call on the state Health Department to disseminate information about the abstinence-only education program, *Best Friends*.

Some states abstained. Not all states embraced the concept of abstinence-only-until-marriage. Instead, they took the advice that SIECUS gave the states: “Abstain. And, if you can’t abstain, act responsibly.”⁸ When states reject the funds, the money is used to reduce the federal deficit. It is not reallocated to other states.

- **In New Hampshire,** the state’s Department of Education and Department of Health and Human Services planned a joint program. The Department of Education was assigned

administrative responsibility. Because the Department of Education was unable to find a qualified administrator for the program, New Hampshire canceled the program and returned its federal funds for fiscal year 1997.⁹

- **In California,** the state assembly’s budget subcommittee decided to cut matching state funds from the state’s budget because it saw no evidence that abstinence-only programs could prevent pregnancy or provide the long-term delay of sexual intercourse. (At press time, California had not completed its budget process. Any attempts to reinstate funding are, therefore, not reflected in this article.)¹⁰

Some states acted responsibly. Some states took the funds but decided to use them for activities that they felt would prove more effective than classroom-related activities:

- **In Maine,** the state accepted the federal funds but Governor Angus King, Jr., determined that the money would not go to the state’s schools because too many strings were attached. Instead, they went to a media campaign with matching non-federal dollars coming from television stations rather than the state government.¹¹
- **In New Jersey,** Governor Christine Whitman decided the funds would not be used in New Jersey’s schools because the federal requirements conflicted with the state’s comprehensive sexuality education laws.¹²

Local reactions. As federal funds trickled through states to communities, local agencies and school systems began to implement a host of new abstinence-only programs. Some localities have come up with particularly odd ways to spend their abstinence-only-until-marriage dollars:

- **In Tempe, AZ,** a portion of the funds were given to the Arizona State University Community Health Services Clinic to provide abstinence-only lessons to 200 drug and alcohol addicts (many of whom are prostitutes) living in Salvation Army rehabilitation centers.¹³
- **In Keith County, NE,** the Sandhills Abstinence Only Education program held an abstinence-only “beach party” for junior and senior high school students. The activities focused on fun, not just abstinence discussions.¹⁴
- **In Lancaster County, NE,** the town scheduled group meetings for mothers and daughters and fathers and sons where children take a pledge of abstinence and parents take a pledge of fidelity.¹⁵
- **In Scranton, PA** the school district is applying for a grant to teach abstinence to students beginning in the fourth grade. Abstinence is not a new concept in Scranton where it is currently used as part of an after-school program for teen mothers. These teens are taught “virginization” or the idea that sexually active teenagers can learn to abstain and become “virgins” once again. During

the first year, five participants in this program have already become pregnant again. Of these students, the administrator said, "Those five didn't get it."¹⁶

Not all communities embraced the program either. Many proponents of comprehensive sexuality education found themselves battling against a fully funded abstinence-only-until-marriage curriculum. Still, some communities refused to bring abstinence education to their children.

- In **McClenan County, TX**, the McClenan County Coalition for Abstinence Programs (MCCAP) was specifically formed to solicit federal funds to bring the fear-based, abstinence-only curriculum, *Teen Aid*, to the 17 independent school districts in the area. Of those, 16 accepted the funding and will begin using *Teen Aid* this fall. The Waco Independent School District, the largest in the area, refused the program. Its Health Advisory Committee instead chose a curriculum that focused on abstinence but included other information about sexuality, including contraception. MCCAP tried to persuade them to change their vote, but the committee held firm, voting 13-1 against adopting *Teen Aid*. Unsatisfied, MCCAP approached the school board, the superintendent, and the assistant superintendent and, in the words of one person, "dangled a fully-funded curriculum in front of them like a carrot." One board member is attempting to revisit the issue, but the Health Advisory Committee is standing strong for comprehensive sexuality education.¹⁷
- In **Richmond, VA**, the Department of Health withdrew its bid to participate in the state's abstinence-only-until-marriage program. The director of the City Department of Health declared the program "ill-conceived" and pointed out that it "did not help children who were already sexually active or gays and lesbians...." She added, "We are doing other things [pregnancy-prevention programs] we feel are effective."¹⁸

ABSTINENCE CONTROVERSIES UNRELATED TO FEDERAL FUNDING

Community debates over abstinence education started long before federal abstinence-only-until-marriage funds were available. In past years, SIECUS has tracked many community controversies in which fear-based abstinence-only programs were proposed as replacements for existing comprehensive sexuality education programs. These debates continued to take place; however, the push for abstinence-only education took many other shapes this year as communities struggled to adhere to state-imposed abstinence-only education laws and fought about what constituted an abstinence program.

Many parents approached their local school boards with attempts to institute abstinence-only programs or to

strengthen the abstinence message in the existing program. The majority of these requests were denied. This type of debate took place in **Pembroke, NH**, where parents, upset about classroom discussions on safer sex, approached the school board asking for a strict abstinence-only program. The Board rejected this idea and refused the parents' request for a survey of community opinion. One state Department of Education official pointed out that a strict abstinence-only curriculum would violate the New Hampshire law that requires teaching about contraception.¹⁹

A similar debate took place in **North Olmstead, OH**, where a group of parents sought to replace the fifth-grade health instruction with an abstinence-only program. The program that was in place stressed abstinence while providing information about HIV/AIDS and safer sex (including information about condoms for disease prevention) but not about contraception or abortion. The parents suggested that the school board replace this program with *RSVP*, a popular, fear-based, abstinence-only program. The board voted against this idea and kept the existing program.²⁰

In **Middleton, WI**, a debate broke out over the definition of abstinence. A proposed abstinence curriculum defined abstinence as "a positive lifestyle choice that promotes self-control." A group of parents approached the school board complaining that the abstinence-until-marriage message was not receiving enough attention and asking that the board implement a stricter abstinence-only program. The board voted 9-0 in favor of the originally proposed program proclaiming that it was, in fact, an abstinence program.²¹

In contrast, school officials in **Franklin County, NC**, instituted policies designed to adhere to a very strict definition of abstinence. North Carolina law states that schools must exclusively teach abstinence-only-until-marriage unless the local school board holds a public hearing in which a more comprehensive curriculum is approved by parents and community members. The county had not held such a hearing, and the school board felt that a textbook that contained chapters discussing HIV/AIDS, sexually transmitted diseases (STDs), marriage, parenting, sexual behavior, and contraception was therefore in violation of the law. To remedy the situation, parent volunteers actually cut three chapters out of the textbook that contained the offending information before distributing it to students.

Not everyone in Franklin County agreed with this decision. The principal of one of the local high schools called it "Shades of 1936 Germany"²² while the health coordinator of another nearby high school said: "We don't think knowledge of contraception is going to cause kids to go out and have sex. We believe knowledge is empowerment. It's ignorance that's a problem."²³

Despite these concerns, county officials went ahead with the plans to physically cut up the textbooks and took

abstinence even further. Under the Franklin County policy of teaching only abstinence-only-until-marriage, if students ask teachers questions about birth control "they can only be told about failure rates of contraception and referred to their parents or guardians for more information." In addition, "if they ask about AIDS they are told it is a virus transmitted primarily by contaminated needles and by a homosexual act that is illegal in North Carolina."²⁴

County officials made these decisions based on North Carolina's abstinence education law. However, a former legislator who worked on the law said in an interview that the county was interpreting the law too strictly: "When a teacher knows a student is sexually active, the teacher should warn the student of all of the dangers involved and urge the student to abstain," he said. "If it is clear the student is going to remain active, there is nothing that keeps a teacher from

Success Story

NETWORK HELPS TO SAVE COMPREHENSIVE EDUCATION LAW

SIECUS staff recently interviewed Kelli Kenison, the executive director of the Healthy Schools/Healthy South Carolina Network.

What is the Healthy Schools/ Healthy South Carolina Network?

The Healthy Schools/Healthy South Carolina Network was established in 1993 to provide a forum for agencies, organizations, and individuals to work together to improve and promote school health programs. Sponsored by the American Cancer Society and funded through a combination of contributions and grants, this network has more than 250 individual and organizational members.

What is the law regarding health education in South Carolina?

Ten years ago, the Comprehensive Health Education Act (CHEA) was signed into law by then-Governor Carroll Campbell. This law provides for age-appropriate, sequential instruction that promotes wellness, health maintenance, and disease prevention for South Carolina public school children in grades K through 12. Sexuality education is included in this law.

How was that law challenged in the recent legislature?

Two laws were introduced during this legislative session: one to repeal the law entirely; the other to significantly weaken the sexuality education portion.

What was the response from your Network? And the result?
The Network initiated several efforts to demonstrate widespread support for the existing law. More than 50 Network members and friends wrote letters to the Chair of the House Education and Public Works Committee supporting the CHEA. These letters were followed by a visit where the chairman agreed to appoint a subcommittee to look into the attacks on the CHEA.

How did your Network work with the subcommittee?

Once subcommittee members were named, our Network sent them letters in support of comprehensive health education. In addition, we joined with the American Cancer

Society staff to provide subcommittee members with information about CHEA and school health programs.

When the subcommittee arranged to hold three hearings on the issue, many Network members signed up to testify in support of the current law and to make recommendations for strengthening the law. Of the more than 20 individuals who testified at the hearings, only three spoke against comprehensive health education.

What did the opponents of the law say?

Opponents were primarily concerned with the sexuality education component of the existing law. They argued that parents, not schools, should be the primary sexuality educators of children.

How did the Network respond?

How did the subcommittee members respond?

Of course, the Network supports the position that parents should be the primary educators of children. But we also recognize that the children who need education the most have the parents who are the least equipped to provide it and the least likely to participate in trainings. The subcommittee recognized this, too, and actually articulated this idea to those who opposed sexuality education in the schools.

What other events was the Network involved in?

The Network also sponsored a birthday party to celebrate ten years of comprehensive health education in South Carolina. As part of this celebration, we honored student winners of the statewide Healthy Schools essay and legislative letter writing contest. The event concluded with the cutting of the CHEA's birthday cake.

What happened to the two bills?

At the final meeting of the subcommittee, the legislators voted to end discussion on the bills. This meant the bills would never leave committee and could not be enacted.

What have you learned from this experience?

It is apparent that the Network made a difference. It is our sincere belief that without our work writing letters, making phone calls, testifying at, and attending hearings, the outcome would have been very different.

Success Story

CONNECTICUT FORMS STATEWIDE SEXUALITY EDUCATION FRAMEWORK

A successful lobbying campaign by health and sexuality educators in Connecticut helped save a comprehensive framework for sexuality education in the state's public schools this past year.

Jonathan Clark, the president of the Sexuality Information and Education Council of Connecticut and a SIECUS Board member, was one of the leaders of this successful effort. SIECUS staff recently talked to him about the campaign.

What are curricula frameworks?

Curricula frameworks are brief outlines developed by the Connecticut State Department of Education and distributed to school systems throughout the state. They outline the key points to be covered in any given subject area, provide a rough chronology of when to cover them, make recommendations for implementing these guidelines, and may even contain brief lesson plans. School systems may modify frameworks as they see fit. Sexuality education is discussed in the Health and Safety Education Curriculum Framework which was revised this year.

Why did controversy erupt about the guidelines?

Connecticut frameworks are being revised to be learner-outcome/competency based. Some examples of the tests of outcome in this first revision were that second graders would understand animal reproduction and that fourth graders would understand a simple definition of sexual intercourse. Some parents were upset by these and other statements and felt that students were given information too soon. The Governor supported their position and the frameworks were sent back for revision.

Was the second revision satisfactory?

No. The second revision was watered down. In addition to removing the controversial statements, all mention of HIV/AIDS was removed, information about sexual orientation was removed, and puberty education was moved from elementary school to middle school. This version really contained no positive mention of sexuality at all. This time it was the health educators who were outraged.

What did you do?

We formed a coalition of educators from Planned Parenthood, the Gay, Lesbian, and Straight Education Network, the Sexuality Information and Education Council of Connecticut, and other proponents of comprehensive sexuality education in Connecticut. Together we mailed letters

to hundreds of health educators across the state who were very supportive. In addition, we sent a copy of SIECUS' *Guidelines* to every member of the State Board of Education.

How did the Board of Education and the Department of Education respond?

As a result of the opposition, the Board of Education decided not to vote on this draft at their meeting. In addition, the Department of Education began to consider more revisions. They included adding instruction on HIV/AIDS education, adding instruction about puberty in the fourth- and fifth-grade curriculum, and adding the requirement that students demonstrate respect for others without bias or harassment based on race, color, sex, religion, national origin, or sexual orientation. The Department also arranged two forums in which we were given the opportunity to voice our concerns about the framework and comment on these latest suggestions.

Were the forums successful?

Yes. Of the 82 people who spoke at the forums, 57 spoke in favor of adding these suggestions. This means that 70 percent of the attendees were advocating for more comprehensive guidelines. In addition to speaking at the forums, our supporters launched a second letter-writing campaign. The Department of Education received 204 letters about the framework, 169 (83 percent) of which were in favor of one or more of the newest suggestions.

What happened next?

Due to the overwhelming support for these positive changes, the Department of Education included them in a third draft which was presented to the Board of Education on June 3, 1998. We had the opportunity to address the Board at this meeting, and we spoke in favor of this draft with some additional improvements.

What was the final decision?

On June 17, 1998, the Board voted unanimously to adopt a draft that was better than the one they had received on June 3, 1998. The framework now suggests that Connecticut students learn about puberty in fourth grade, HIV/AIDS beginning in fifth grade, and anti-bias (about sexual orientation) in elementary school.

What have you learned from this experience?

We have learned that there is support for comprehensive sexuality education and that if proponents and health educators work together we can improve sexuality education.

being able to talk about types of condoms and spermicide and so on.”²⁵

Hendersonville, NC, also fought about how abstinence would be addressed in their schools. The school board voted to replace the existing, locally written *Family Life Curriculum* with the commercial, fear-based, abstinence-only curriculum, *Teen Aid*. Balancing the community’s desire for abstinence education with the teachers’ concerns for providing necessary information, the board approved a plan that made *Teen Aid* the primary source of sexuality lessons for students but allowed for additional lessons that could come from the existing *Family Life Curriculum* or other outside sources. One such optional lesson is a unit that teaches contraception. Teachers must present this information about contraception within the context of marriage. Nonetheless, teenagers will be able receive this important information.²⁶

While some communities fought to bring abstinence-only programs to their schools others fought against this type of education. One abstinence-only program offered by a crisis pregnancy resource center to local public high school students in **Kenowa Hills, MI**, was discontinued this year when school officials learned that instructors were handing out religious materials. Ironically, the materials included quotes from the Bible that many people perceive as having a positive message about sexuality.²⁷

Lastly, residents of **Troy, NC**, went to great lengths to teach their students something other than abstinence. As explained previously, the North Carolina abstinence education law requires a public hearing before a community can teach anything other than abstinence. Over 150 parents attended the public hearing in Montgomery County to support a new comprehensive sexuality education curriculum which will teach contraception in the seventh, eighth, and ninth grades. It will also teach HIV/AIDS and STD prevention in the ninth grade.²⁸

DEBATES ON OTHER SEXUALITY-RELATED TOPICS

While abstinence-only-until-marriage and other abstinence-based sexuality education programs dominated the discussion nationwide during this school year, there were interesting state and local controversies on other sexuality-related subjects.

State activities. Comprehensive sexuality education mandates faced many challenges this year on the state level. Specific activity included:

- **In Georgia**, legislation was enacted (H 1645) requiring that all sexuality education or HIV-prevention education courses include instruction on the legal consequences of parenthood.

• **In Colorado**, a bill (HB1300) reducing health education from a required to an elective course was passed by the House. The bill died, however, when no further action was taken before the end of the legislative session.

- **In South Carolina**, two proposed bills seriously challenged the fate of the existing comprehensive health education law. One (H 3048) sought to repeal the law entirely while the other (S 819) sought to drastically restrict the scope of sexuality education. Educators across the state fought to keep the comprehensive law and were successful—the bills were not enacted.

- **In Texas**, Attorney General Dan Morales released a legal opinion in which he said that state law leaves it up to local school boards to determine what, if anything, to teach about human sexuality, STDs, and HIV. He was asked to clarify the law after the state Board of Education adopted a health curriculum that included sexuality education.²⁹

- **In Virginia**, the legislature responded to former Governor George Allen’s repeal of a law mandating sexuality education in the schools. Both the House and Senate passed laws that would once again require sexuality education in Virginia schools. Unfortunately, Governor James Gilmore vetoed the legislation.³⁰

Local activities. Opponents of comprehensive education also continued to argue over these issues:

- Advocating for ***opt-in policies*** (requiring explicit, written parental permission) for participation in sexuality education programs rather than ***opt-out policies*** (in which parents notify schools if they wish to withdraw their children).
- Insisting on the ***separation of boys and girls in sexuality education classes***.
- Attacking ***policies that make condoms available*** to middle and high school students.
- Attacking ***comprehensive sexuality education programs*** for being too explicit.
- Advocating for the ***removal of the topic of contraception from sexuality curricula***.
- Attacking ***teachers*** for various reasons relating to sexuality and sexuality education.

Opt-In vs. Opt-Out. In every state, schools allow parents to take their children out of sexuality education courses or lessons if they do not approve of the content or approach. The policy is called *opting-out*. In recent years, some parents have complained about this policy because a child automatically attends classes *unless* a parent notifies the school of his or her objection. They want a policy that requires a parent’s permission before children can attend the class. This policy is called *opting-in*. SIECUS tracked controversies on this issue in five communities and one state during the school year.

Success Story

MAINE COALITION FORMS TO OPPOSE ABSTINENCE-ONLY-UNTIL-MARRIAGE FUNDS

SIECUS staff recently interviewed Fran Mullin, director of education and training at the Family Planning Association of Maine, about the founding of the coalition Plain Truth for Maine Youth.

What is Plain Truth for Maine Youth?

Plain Truth for Maine Youth is a new coalition of over 35 statewide and community-based organizations—including the YWCA of Portland, the Maine AIDS Alliance, the Maine Coalition Against Sexual Assault, Planned Parenthood of Northern New England, and the Family Planning Association of Maine. In addition to many health, education and social service agencies, we have also received support from the Diversity Leadership Institute, the Maine Civil Liberties Union, the Maine Psychological Association, and the Women's Law Section of the Maine State Bar Association.

Why did you establish it?

We were appalled by the judgmental language of the 1996 Welfare Reform Act and were concerned that the law would not allow more comprehensive sexuality education programs that included abstinence, as opposed to the more restrictive abstinence-only-until-marriage programs. We felt that the federally-mandated program would go against our tradition of local control, would censor lifesaving information, and would "gag" our teachers. The bottom line is that abstinence-only-until-marriage education doesn't work...and it could harm our kids.

What type of sexuality education is in Maine?

Since the early 1980s, Maine has supported comprehensive school health education that includes family life education and HIV-prevention. Each school district develops its own curriculum. Community surveys show that an overwhelming majority of Mainers want young people to receive a full range of sexuality-related information to keep them safe and healthy. In fact, a 1997 poll found that 86 percent of our citizens agreed that "teaching a wide variety of birth control methods including abstinence" was a better way to reduce teen pregnancy than teaching abstinence alone. The comprehensive approach has worked for us. Maine now has one of the lowest teen pregnancy rates in the country.

What do you think of abstinence-only-until-marriage?

It is neither sound education nor sound public policy. It seemed clear to us that this funding was a political effort

and not a preventive one. We were worried that sexually active teens would be denied honest answers about contraception. We also felt that education efforts for gay and lesbian teens—who can't legally marry—would be severely compromised. And how could we tell young children whose parents were unmarried or gay that their families were "harmful to society"?

What campaign activities did Plain Truth develop?

Last year, before the state had decided to apply for the federal abstinence-only-until-marriage funds, several of us talked with newspaper editorial boards. As a result, every newspaper in the state wrote editorials about the benefits of comprehensive sexuality education and the potential dangers of abstinence-only-until-marriage education, with headlines like "Turn Down This Money; 'Abstinence-Only' a Mistake for Maine," and "Maine's Record Shows Need for Inclusive Sex Education."

In February 1998, the Plain Truth for Maine Youth coalition motivated about 100 young people and community leaders to make their voices heard at the State House in Augusta. Even though Maine was not considering abstinence-only-until-marriage education, we wanted comprehensive sexuality education advocates—and teens—to tell our legislators to support what works. Over 30 legislators turned out for our "Lobby Day."

What was the Governor's decision

on abstinence-only-until-marriage funds?

Dr. Dora Anne Mills, the director of Maine's Bureau of Health, said that the program was so restrictive that Maine decided not to use the money for school or community education programs. Instead, Governor Angus King, Jr., decided to fund abstinence media campaigns, with the matching funds coming from television stations.

Is there a future for Plain Truth?

Absolutely! Our goal is to actively support and advocate for comprehensive sexuality education in Maine. We need to increase funding for programs that work. For the next five years, we will continue to advise the state against funding this restrictive program. We'd like to convince our governor to reject funding, as New Hampshire has, or, better yet, we'd like to encourage the U.S. Congress to modify the requirements to fund abstinence education as a part of a more comprehensive program. Our work won't be finished until all Maine youth can get the "plain truth."

In **Colorado**, a bill (HB 1226) was introduced in the House to require written/oral parental permission before students could attend sexuality education classes. This bill, which would have made *opt-in* a statewide mandate, was defeated in committee. In **Schenectady, NY**, the school board voted for an *opt-in* policy because parents complained they were unaware of their right to *opt-out*. From now on, parental permission is required before students can take part in the *Family Life* lessons in the fifth, seventh, and tenth grades.³¹ In **Sheboygan, WI**, parents pushed for an *opt-in* policy for all district students. The board agreed to the policy for fourth and fifth graders but not middle and high school students.³²

The ongoing controversy over sexuality education in **North Olmstead, OH**, included an unusual debate over *opt-out* provisions. A parent who had exercised her right to remove her child from the fifth-grade Art of Personal Living Class then asked to sit in on the class herself. This mother felt that the course outline that had been handed to parents was inaccurate and unless she was present in the classroom there would be no accountability for the content of the class. The Superintendent would have honored her request had her daughter been in the classroom, but in light of the daughter's removal, he felt that allowing the mother to attend the class would be insensitive to other students.³³ Debates over *opt-in* and *opt-out* also occurred in **Niskayuna, NY**, where an *opt-in* motion was defeated³⁴, **Hendersonville, NC**, where *opt-in* will apply to the more comprehensive lessons³⁵, and **Owassa, MI** where parents can take advantage of either *opt-in* or *opt-out*.³⁶

Separation by Gender. Another theme SIECUS has tracked in communities over the years is opponents advocating for the mandated separation of sexuality classes by gender. They argue that children are more comfortable in same-gender classes taught by an instructor of the same gender. SIECUS tracked this debate in four communities this year. One debate focused on a video used in a fifth-grade curriculum in **Fairfax, VA**.³⁷ Parents objected to animated segments that depicted erections, wet dreams, menstruation, and tampon insertion. The video was aired on local access cable to give the entire community a chance to form educated opinions. Based on community reaction, the board edited the video for viewing in gender-separated classes where children will only see animation about their own gender. Gender separation debates also took place in, **Acton, MA**,³⁸ where elementary classes will now be separated by gender, in **Jenison, MI**,³⁹ where sixth graders will attend gender-separated classes, and in **Elingham, IL**,⁴⁰ where sixth-grade classes will remain co-ed but classes in seventh and eighth grade will be separated.

Too Much Information. Opponents of sexuality education have historically attacked comprehensive programs by saying they are too explicit for children. They often seize on one portion of a curriculum—such as contraception or sexual orientation—in an attempt to eliminate the entire program.

This type of debate spanned the full school year in **Connecticut**. It started when the state's Department of Education revised its curriculum framework for health education. When it first released the revised framework, the department found itself the target of a small group of parents because it recommended teaching second graders about animal reproduction and giving fourth graders a definition of intercourse. The governor interceded and sent the framework back for more revision. The resulting framework was so watered-down (with no mention of HIV/AIDS and no mention of puberty until eighth grade) that health educators from across the state fought for another revision. The third and final revision was unanimously approved by the Board of Education. It includes information on HIV/AIDS, puberty (beginning in the fourth grade), and sexual orientation (with elementary students learning an anti-bias statement).⁴¹ (For more about this victory for comprehensive sexuality education, see the interview with Jonathan Clark on page 20.)

In an effort to avoid controversy, some local school boards already have strict criteria in place about appropriate topics for sexuality education programs. In **Clayton County, GA**, the school board this year chose videos about AIDS and teen pregnancy with the understanding that they could not mention masturbation or "represent homosexuality as an acceptable lifestyle."⁴² Some people in the community felt these restrictions made it difficult to fulfill the state-mandated HIV/AIDS education requirements. They didn't protest, however, for fear of reviving a county controversy that had erupted over sexuality education eight years earlier.

In **Queens, NY**, an attempt to institute strict guidelines about what teachers can and cannot say may have backfired. School District 24 has banned the use of the words *abortion*, *masturbation*, *birth control*, and *homosexuality* in its classrooms since 1987. In April, one board member presented a proposal that would have made this ban even stricter by applying it to all school property. This proposal failed by a vote of 6–3, but the issue did not end there. One board member proposed lifting the ban entirely because it made it difficult for teachers to comply with state mandated HIV/AIDS education. In addition she pointed out that the ban affected more than sexuality education courses; for example, history teachers cannot address the landmark decision in *Roe v. Wade*. The board has not yet voted on this proposal but has decided that the ban will remain in place until their final vote.^{43, 44}

Contraception. This continues to be one of the most controversial topics in sexuality education. Debates this year focused

on general curricula content, classroom condom demonstrations, and community/school condom availability programs.

The **Hemet, CA**, school board denied a request to include contraceptive information in the ninth-grade curriculum⁴⁵ and the **Kenai, AK**, school board denied a similar request to demonstrate condom usage in schools.⁴⁶ The school board in **Dalton, MA**, defeated a motion (by a vote of 9 to 4) that would have made condoms available in schools.⁴⁷ In **Primos, PA**, condoms are already provided to students with parental consent. A proposal to remove the consent requirement was rejected because Governor Tom Ridge was "personally offended" by the proposal.⁴⁸

Proponents of comprehensive sexuality education were also victorious regarding contraceptive education. The **Schenectady, NY**, school board reconsidered its decision to remove birth control lessons from the seventh-grade curriculum.⁴⁹ A survey of parents will determine the subject's ultimate fate. In **Monhonsen, NY**, eighth-grade students will now learn about condoms. Such information was previously

withheld until the tenth grade.⁵⁰ And, finally, the **San Diego, CA**, Board of Supervisors will continue making condoms available to youth without parental consent despite the efforts of one member to abolish the practice. The board's vote was explained by one member who said that eliminating the program would be "a step backwards."⁵¹

Teachers Under Attack. This year, SIECUS once again saw teachers become victims of personal attacks on issues related to sexuality and sexuality education. Such controversies were sparked in two communities by teachers' use of anonymous question boxes. Parents in **Beech Grove, IN**, had no objection to the outline for an eighth-grade *Values and Choices* unit of a middle school course. They felt misled, however, when information in a question box paved the way for classroom discussion on masturbation. The veteran teacher had regularly used a question box to encourage students to ask potentially embarrassing questions. Parents' concerns put an end to the practice.⁵²

SIECUS COFOUNDER MARY S. CALDERONE INDUCTED INTO NATIONAL WOMEN'S HALL OF FAME

SIECUS cofounder and first executive director Mary S. Calderone was inducted into the National Women's Hall of Fame in Seneca Falls, NY, this summer.

Among the other prominent American women honored at the same ceremony were Madeline Albright, U.S. Secretary of State; Maya Angelou, the Pulitzer Prize-winning poet; Eunice Kennedy Shriver, founder of the Special Olympics for individuals with mental retardation; and Beverly Sills, the opera soprano and chairperson of Lincoln Center for the Performing Arts.

In accepting the honor, SIECUS President Debra W. Haffner said that Dr. Calderone would have been thrilled at the recognition of her work and of her dream of an America where sexuality is affirmed as natural and healthy.

The Hall of Fame officially recognized Dr. Calderone for having "shown a generation of Americans the importance of early and honest sex education in families, churches, schools, and communities."

The citation continued: "Her greatest achievement came as cofounder, in 1964, of SIECUS. Serving as its president from 1975 to 1982, Calderone and SIECUS fought to gain recognition of the idea that sexuality reflects the entire human character, not solely our gender-nature.

"Working to ensure that children receive a sound foundation in sex education at home and at school, Calderone has helped young people understand and appreciate their own sexuality. Her numerous books have taught thousands of confused and reluctant parents how to explain sex and sexuality to their children."

The Hall of Fame inductees were chosen based on three criteria: (1) the value of their contributions to society, to significant groups within society, or to the progress and freedom of women; (2) their significant contribution to art, athletics, business, government, humanities, philanthropy, science, and education; and (3) the enduring value of their achievements.

Dr. Calderone is also the recipient of other significant awards including the Margaret Sanger Award from Planned Parenthood Federation of America, the Lifetime Achievement Award from the Schlesinger Library of Radcliffe/Harvard College, and the Award for Human Service from the Mental Health Association of New York.

The National Women's Hall of Fame is located at 76 Fall Street, Seneca Falls, NY. Phone: 315/568-8060. Web site: www.greatwomen.org

The teacher of a fifth-grade *Family and Consumer Science* class in **Belton, MO**, had also encouraged students to submit anonymous questions. Parents complained, however, when the teacher answered a question about oral sex. They felt she could have prescreened the question and avoided the topic. In an interview with a local newspaper the teacher said she felt it was important to try to answer student questions honestly. She was subsequently placed on involuntary paid leave while the school board looked into the matter.⁵³

A teacher in **Spanish Fork, UT**, came under attack not for teaching about sexual orientation but for her own sexual orientation. Parents called for her termination for fear she would tell students about her sexual practices. While the school board did not fire her, they did remove her from her position as coach of the girls' volleyball team and reminded her not to discuss her sexual orientation with students, parents, or teachers. Utah law forbids any discussion of sexual orientation in schools.⁵⁴

HOPE

While proponents of abstinence-only programs had their share of success this year, they do not, in fact, represent the opinion of the majority. For example, in a phone survey conducted last year, 80 percent of **Arizona** residents reportedly felt that topics of reproduction, puberty, communication, birth control, date rape, and sexually transmitted diseases should always be included in sexuality education classes in junior high and high schools.⁵⁵ Another phone survey conducted in **South Carolina** this year found that the majority of registered voters in that state supported sexuality education in public schools at all grade levels, especially middle school.⁵⁶ A similar survey found that 86 percent of **Maine** residents agreed that "teaching a wide variety of birth control methods, including abstinence" was a better way to reduce teen pregnancy than teaching abstinence alone.⁵⁷ In addition, a **Muskegon County, MI**, survey of schools questioned the effectiveness of abstinence-only education when it found that the lowest incidences of early sexual intercourse occurred in communities with the most comprehensive sexuality education programs.⁵⁸

This year SIECUS has tracked action in states like **Connecticut, Maine**, and **South Carolina** where citizens fought to keep comprehensive sexuality education in their schools—and won. SIECUS has also tracked action in communities like **Troy, NC**, and **Waco, TX**, where parents worked hard to bring something other than abstinence-only education to their children. Community successes clearly demonstrate that there is support for comprehensive sexuality education and that when parents, educators, and community leaders get involved, they can ensure that their children receive the best possible education.

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CALL FOR SUBMISSIONS

The SIECUS Report welcomes articles, reviews, or critical analyses from interested individuals. Upcoming issues of the *SIECUS Report* will have the following themes:

Human Rights and Sexuality Issues Worldwide

December 1998/January 1999

Deadline: September 1, 1998.

Sexuality Issues for Those in Mid-Life and the Aging

February/March 1999

Deadline: November 1, 1998.

SIECUS: 35 Years of Leadership

April/May 1999

Deadline: January 2, 1999.

Sexuality Education Across Cultures

June/July 1999

Deadline: March 1, 1999.

A SIECUS Annotated Bibliography

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. Sexuality education is more than teaching young people about anatomy and the physiology of reproduction. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Parents, peers, schools, religion, the media, friends, and partners all influence the way people learn about sexuality.

SIECUS believes that young people need a broad base of knowledge about sexuality to help them establish healthy, positive behaviors. Such education should provide them with the information and the skills to take care of their sexual health now and in the future. These programs should address the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive, affective, and behavioral domain.

This bibliography contains information on commercially available curricula that represent effective approaches to teaching about sexuality-related topics. Their inclusion in this bibliography does not, however, imply an endorsement by SIECUS.

This bibliography is available free of charge on the SIECUS Web site: www.siecus.org or for \$2 per copy by writing to the SIECUS Publications Department.

SIECUS is located at 130 W. 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; E-mail: siecus@siecus.org; Web site: www.siecus.org

SEXUALITY EDUCATION

All About Life: Grades K-4 Caring About Myself, My Family, and My Community

Caren Monastersky, M.S.W., and
Ellen Phillips-Angeles, M.S.

This curriculum emphasizes social skills and is designed to prepare young people to care about themselves, their family, and their community. It consists of 20 lessons for grades K through two and 20 lessons for grades three through four on such subjects as friendship, disability, feelings, families, sexual abuse prevention, anger, space, staying healthy, anatomy, babies, and pregnancy.

1995; \$35; Seattle-King County Department of Public Health, Health Education Materials Sales, 400 Yesler Way, 3rd Floor, Seattle, WA 98104; Phone: 206/296-4902; Fax: 206/205-5281.

Bodies, Birth, and Babies: Sexuality Education in Early Childhood Programs

Peggy Brick, et al

This manual is designed to help educators in early childhood programs focus on sexual

issues in ways that promote age-appropriate learning. It discusses ways to help children learn about sexuality and birth so that they will grow up to become sexually healthy adults. It also includes a sample curriculum and lesson plan as well as workshop information for teachers and parents.

1989; \$14.95; *Planned Parenthood of Greater Northern New Jersey*, 575 Main Street, Hackensack, NJ 07601; Phone: 201/489-1265; Fax: 201/489-8389.

Choosing Health—High School: Sexuality & Relationships

Betty M. Hubbard, Ed.D.

This *Choosing Health* skills-based program consists of eight curricula for high school students. Each stresses communication, decision making, assertiveness, stress management, and goal setting. This component on "Sexuality & Relationships" is designed to give students information about anatomy and physiology as well as about the psychological and social aspects of sexuality. Topics include establishing and maintaining healthy relationships and making responsible decisions as well as information on sexual orientation, pregnancy, and

birth. Additional program materials are available.

1997, *Choosing Health—High School; Teacher/Student Resource books* \$27 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407 and 800/435-8433; Web site: www.etr.org

Comprehensive Health for the Middle Grades: Puberty & Reproduction

Catherine S. Golligher, Ph.D.

The *Comprehensive Health* skills-based program consists of 15 curricula for middle grade students. Each stresses communication, decision making, assertiveness, stress management, and goal setting. This supplement on "Puberty & Reproduction" is designed to give students information about the basic facts of human reproduction and to explain the physical, emotional, and social changes of puberty. Additional program materials are available.

1996, *Comprehensive Health for the Middle Grades; Teacher/Student Resource books* \$27 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

SEXUALITY EDUCATION CURRICULA

F.L.A.S.H.: Family Life and Sexual Health Grades 5–6, 7–8, 9–10, And 11–12

Elizabeth Reis, M.A.

Special Education for Grades 7–12

Jane Stangle, M.Ed.

These five skills-based curricula are designed to promote knowledge about human development and reproduction and to promote young people's respect for themselves, their families, and others. The curricula cover puberty, sexual health and hygiene, reproductive systems, pregnancy, contraception, abstinence, HIV/AIDS, STDs, sexual exploitation, and lifelong sexuality. The curricula include: grades 5–6 (15 lessons); grades 7–8 (20 lessons); grades 9–10 (30 lessons); grades 11–12 (18 lessons), and special education (28 lessons). The HIV/AIDS data needs updating.
Grades 5–6: 1985, \$25; grades 7–8: 1986, \$40; grades 9–10: 1988, \$55; grades 11–12: 1992, \$40; special education: 1991, \$40; Seattle-King County Department of Public Health, Health Education Materials Sales, 400 Yesler Way, 3rd Floor, Seattle, WA 98104; Phone: 206/296-4902; Fax: 206/205-5281.

The Family Education Program

*Katherine Simpson, M.F.C.C.
Planned Parenthood: Shasta-Diablo*

This curriculum addresses sexuality, self-esteem, and abuse prevention for developmentally and learning disabled high school and junior high school students. It consists of 24 sessions.

1990; \$30; Planned Parenthood of Shasta-Diablo, 2185 Pacheco Street, Concord, CA 95420; Phone: 925/676-0505; Fax: 925/676-2814.

Filling the Gaps: Hard-to-Teach Topics in Sexuality Education

Sexuality Information and Education Council of the United States (SIECUS)

This teacher's manual covers eight topics—abstinence; condom use; diversity;

pregnancy options; safer sex; sexual behavior; sexual identity and orientation; and sexuality and society—that are often missing or need strengthening in many sexuality education programs. It provides background for teachers, rationale for teaching each topic, teaching activities, and resources. It is designed to supplement an existing curriculum.

1998; \$19.95; SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: www.siecus.org

Growing Together, Second Edition: A Sexuality Education Program for Girls Ages 9–11 and Their Parents

Girls Incorporated

This is a component of Girls Incorporated's *Preventing Adolescent Pregnancy* program. It is a series of five workshops designed to help parents and their daughters learn new information and develop the skills they need to talk about sexuality issues. It addresses the changes during puberty; adolescent sexual development and feelings; and values and expectations for teen sexual behavior. A Spanish version is also available.
1998; available to affiliated organizations and to licensees; non-member organizations should call for more information; Girls Incorporated National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3287; Phone: 317/634-7546; Fax: 317/634-3024; Web site: www.girlsinc.org

Growing Up Caring: Exploring Values and Decision Making

Frances Schoonmaker Bolin, et al

This curriculum discusses respect, family, caring, commitment, trust, and responsibility. It consists of 20 activities incorporated within a five-day lesson plan. Topics include decision making, eating smart, staying drug-free, and sexual choices.

1990; \$70.05, teacher's resource binder; \$36.39 student textbook; Glencoe, MacMillan/McGraw-Hill, P.O. Box 543m Blacklick, OH 43004-

0543; Phone: 800/334-7344; Fax: 614/860-1877; Web site: www.glencoe.com

It Takes Two: Pregnancy Prevention Classroom/Group Program

Young Women's Resource Center

This curriculum encourages youth to accept the shared responsibility of pregnancy prevention by explaining the consequences of premature and unprotected sexual activity, urging responsible decisions about sexual intercourse, and teaching about healthy, respectful, and safe relationships. It consists of 36 lessons targeted at young people in grades seven through 12. *Worth the Wait* is a new abstinence-only-until-marriage version of this program. Be sure to ask for the original *It Takes Two*.

1997; call for information; Legacy Resource Group, P.O. Box 700, Carlisle, IA 50047-0700; Phone: 515/989-3360; Fax: 515/989-3391.

Learning About Family Life: Resources for Learning and Teaching

Barbara Sprung

Illustrated by Debra Wainwright

This curriculum helps children in grades K through three form healthy attitudes about sexuality. It consists of three components: *The Big Book* (an easel book that illustrates stories), *Resources for Learning and Teaching* (a manual for the educator, consisting of 43 lessons), and *Families, Friends, and Feelings* (a journal for students). Topics include relationships, human growth and development, sexuality and reproduction, responsible behavior, and building strong families.

1992; \$100, The Big Book; \$25, Resources for Learning and Teaching; \$12.50, five copies of Families, Friends, and Feelings; Rutgers University Press, 100 Joyce Kilmer Avenue, Piscataway, NJ 08854-8099; Phone: 800/446-9323; Fax: 732/445-1974; Web site: www.rutgerspress.rutgers.edu

Life Planning Education: A Youth Development Program

Advocates for Youth

This skills-based curriculum combines sexuality education and career education with the goal of motivating adolescents to delay parenthood until they achieve their educational and vocational goals. The material can be used with teens in grades seven through 12. This curriculum consists of 142 activities on such topics as values, communication, goals, decision making, health, sexuality, sexual risks, contraception, STD prevention, and employment.

1995; \$45; *Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 200, Washington, DC 20005; Phone: 202/347-5700; Fax: 202/347-2263; Web site: www.advocatesforyouth.org*

Plain Talk Training Package

Dominic Cappello

This four-part series utilizes innovative approaches to assist parents in developing communication skills to talk openly and honestly to their children about sexuality issues. It focuses on character education and helps parents talk nonjudgmentally with their children about assuming adult responsibility. Topics include: "Setting Personal Boundaries," "TV and Sex," "Decision Making," and "Healthy Neighborhoods." This package also includes "Plain Talk about Community Organizing," "Plain Talk Promo Kit," "Plain Talk Trainer's Guide," and a "Patty PlainTalk Video."

1997; \$159; *Plain Talk, Neighborhood House, 10041 6th Avenue, S.W., Seattle, WA 98146; Phone: 206/767-9244; Fax: 206/767-7671; Web site: www.speakeasy.org/plaintalk*

The New Positive Images: Teaching Abstinence, Contraception, and Sexual Health

Peggy Brick and Colleagues

This manual focuses on prevention behaviors, as well as the developmental, social, emotional, interpersonal, historical, cultural,

and cross-cultural forces that shape healthy behavioral change. Intended as a supplement to existing curricula, the manual includes 27 activities for middle school, high school, and college-age groups.

1995; \$25.00; *Planned Parenthood of Greater Northern New Jersey, 575 Main Street, Hackensack, NJ 07601; Phone: 201/489-1265; Fax: 201/489-8389.*

Project SNAPP: Skills and Knowledge for AIDS and Pregnancy Prevention for the Middle Grades

Carla Adivi, M.P.H., and Jennifer Weissman, M.P.H. with Dalisa Barquero, B.A., Kim Perry, M.S.W., and Project SNAPP Educators Division of Adolescent Medicine Children's Hospital, Los Angeles

This curriculum, originally developed as a peer education program, is based on social learning theories and research findings from several pregnancy- and HIV-prevention programs. A variety of skills-based activities give students the opportunity to practice communication, refusal, assertiveness, and negotiation skills. This eight-lesson program for grades five through nine includes information on abstinence and safer sex. It requires prior knowledge of basic anatomy and physiology.

1996; \$45; *ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org*

Reducing the Risk, Third Edition: Building Skills to Prevent Pregnancy STD and HIV

Richard P. Barth, M.S.W., Ph.D.

Targeted to grades nine and 10, this skills-based curriculum teaches students how to refuse or delay sexual intercourse as well as how to use protection against pregnancy and STDs. A student workbook is available in English and Spanish. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health has identified this 16-lesson cur-

riculum as one that reduces health-risk behaviors among youth.

1996; \$42.95; *ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org*

Streetwise to Sex-Wise: Sexuality Education for High-Risk Youth

Steve Brown

This manual is intended as a supplement to a sexuality education curriculum and focuses on issues of particular concern to high-risk teens. Topics include communication and decision-making skills, contraception, STDs, sexual orientation, and sexual abuse. It consists of 10 lessons for young teenagers nine to 13 years old and 12 lessons for older teenagers 14 to 19 years old.

1993; \$25; *Planned Parenthood of Greater Northern New Jersey, 575 Main Street, Hackensack, NJ 07601; Phone: 201/489-1265; Fax: 201/489-8389.*

Taking Care of Business, Second Edition

Girls Incorporated

A component of Girls Incorporated's *Preventing Adolescent Pregnancy* program, this curriculum for girls 15 to 18 years old consists of 44 lessons. It focuses primarily on the motivation and skills needed to avoid early pregnancy. Sessions include: "Gender-Role Stereotyping," "Examining the Risks," "Skills for Avoiding Unreasonable Risks—Being Assertive," "Making Abstinence An Option," "Decreasing Pregnancy Risk," "Resisting Sexual Pressure," "Avoiding the Risk of HIV/AIDS," "Sexual Responsibility—Communicating with Young Men," and "Get a Life for Yourself Before You Make Another Life."

1998; available to affiliated organizations and to licensees; non-member organizations should call for more information; *Girls Incorporated National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3287; Phone: 317/634-7546; Fax: 317/634-3024; Web site: www.girlsinc.org*

Teaching Safer Sex

Peggy Brick et al

This manual is designed as a supplement to provide the knowledge, attitudes, and skills required for safer sexual behavior. It consists of 21 skills-based lessons targeted to adolescents and young adults. It is also useful for training teachers, counselors, and parents. 1989; \$25.00; Planned Parenthood of Greater Northern New Jersey, 575 Main Street, Hackensack, NJ 07601; Phone: 201/489-1265; Fax: 201/489-8389.

Values & Choices: A Values-Based Curriculum for 7th and 8th Grades

John Forliti, et al;

Revising Editor Dorothy L. Williams

This curriculum focuses on abstinence from sexual intercourse as the most desirable choice for teenagers. Emphasizing values such as respect, responsibility, self-control, equality, honesty, and social justice, its 15 lessons address topics such as puberty, dating, sexual pressure, pregnancy, birth, STDs, and birth control.

1991; discontinued, call for availability; Search Institute, Thresher Square West, Suite 200, 700 South Third Street, Minneapolis, MN 55415; Phone: 800/888-7828; Fax: 612/376-8956; Web site: www.search-institute.org

When I'm Grown: Life Planning Education for Grades K-2, 5-6, 3-4

The Center for Population Options

These skills-based curricula—for grades K through two, grades three and four, and grades five and six—are designed to introduce the basic knowledge, attitudes, and skills that children need in order to participate successfully in adolescence and adult life. These curricula are a collection of discussions and participatory activities. Topics include self-understanding, family, growth and development, friendship, sexuality, life skills, health promotion, and careers. The K through grade two curriculum consists of 50 activities, the grades three and four cur-

riculum consists of 57 activities, and the grades five and six curriculum consists of 94 activities.

1994 (*K through two*), 1992 (*grades three and four/grades five and six*); \$45, individual volumes; \$75, two-volume set; \$100, three-volume set; Advocates for Youth, 1025 Vermont Avenue, N.W., Washington, DC 20005; Phone: 202/347-5700; Fax: 202/347-2263; Web site: www.advocatesforyouth.org

ABSTINENCE CURRICULA

Abstinence Pick and Choose Activities for Grades 7-12

Michael Young, Ph.D., and Tamera Young

This program includes 40 activities for students in grades seven through 12 to help build self-esteem, interpersonal relationships, decision-making skills, and life planning processes with the ultimate goal of sexual abstinence. It includes teacher background information as well as take-home activities for the students to complete with parents/guardians.

1996; \$35; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Choosing Health— High School: Abstinence

Jeanie M. White, Ed.M., And Nancy Abbey

This *Choosing Health* skills-based program consists of eight curricula for high schools. Each stresses communication, decision making, assertiveness, stress management, and goal setting. This component on "Abstinence" encourages sexual abstinence as a positive choice and emphasizes that it eliminates the risk of unwanted pregnancies and STDs.

1997, *Choosing Health—High School Teacher/Student Resource books*, \$27 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Comprehensive Health for the Middle Grades: Abstinence

Dale Zevin, M.A.

This *Comprehensive Health* skills-based program consists of 15 curricula for middle grade students. Each stresses communication, decision making, assertiveness, stress management, and goal setting. This component on "Abstinence" encourages sexual abstinence and emphasizes that abstinence eliminates the risk of unwanted pregnancy, STDs, and emotional concerns.

1996, *Comprehensive Health for the Middle Grades; Teacher/Student Resource books* \$27 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Healthy Sexuality, Second Edition: An Abstinence-Based Curriculum for Middle Schools

Louise Miller, M.P.H., and Kay Nation, M.A.

This curriculum, which focuses on abstinence, includes activities on sexual terminology and puberty; defining and maintaining healthy sexuality; resisting peer pressure; and finding and using support. It consists of 10 sequential lessons, many of which contain a homework assignment for students to complete with a parent or other trusted adult. An optional condom lesson is also included.

1996; \$75, manual; \$90, manual and video; \$210, kit; Rocky Mountain Center for Health Promotion and Education, 7525 West 10th Avenue, Lakewood, CO 80215-5141; Phone: 303/239-6494; Fax: 303/239-8428; Web site: www.rmc.org

Postponing Sexual Involvement

Marion Howard, Ph.D.,
And Marie E. Mitchell, R.N.

This program consists of two curricula—*Postponing Sexual Involvement for Young Teens* (13 to 15 years old) and *Postponing Sexual Involvement for Preteens* (10 to 12 years old). Both consist of five lessons and were developed to help young people learn skills to resist pressures to become sexually involved.

A separate educational series for parents will help them understand pressures their children may confront and will reinforce what they learn in class. The curricula include a video and manual. *Managing Pressures Before Marriage* is a new abstinence-only-until marriage version of this program. Be sure to request the original *Postponing Sexual Involvement*.

1996; \$149 each; Emory/Grady Teen Services Program, Grady Memorial Hospital, Box 26158, 80 Butler Street, Atlanta, GA 30335-3801; Phone: 404/616-3513; Fax: 404/616-2457.

Project Taking Charge

American Association of Family and Consumer Sciences

This curriculum is designed to help young adolescents "take charge" of their future by avoiding early sexual activity and child-bearing and, instead, choosing educational and vocational achievement. Part job preparation and part health education, the curriculum emphasizes sexual abstinence. Targeted to seventh- and eighth-grade students, it includes five units with 27 activities and three parent-youth sessions. Educators will need to update the HIV/AIDS information.

1995; \$100, curriculum, \$45, trainers manual, American Association of Family and Consumer Sciences, 1555 King Street, Alexandria, VA 22314; Phone: 703/706-4600; Fax: 703/706-4663; Web site: www.aafcs.org

Removing the Risk: Abstinence for High School Students

Richard P. Barth, Ph.D., M.S.W., And Nancy Abbey

This curriculum is written by the authors of the widely used curriculum, *Reducing the Risk*. This current version draws on its predecessor's abstinence messages but does not include reproductive health and safer sex information. Designed for eighth- and ninth-grade students, it consists of 10 lessons. Educators can feel confident in knowing that the skills-based lessons are derived from the positively evaluated *Reducing the Risk*. This curriculum is

intended as part of a more comprehensive program. A student workbook is available. 1997; \$35; ETR Associates; P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Sex Can Wait: Curricula for Upper Elementary, Middle, and High School

Pennie Core-Gebhart, M.Ed., Susan J. Hart, Michael Young, Ph.D., and Tamera Young

These three curricula—for upper elementary, middle, and high school students—focus on building students' understanding of abstinence and developing the decision-making, refusal, and negotiation skills to postpone sexual involvement. They are appropriate for independent or sequential use. Many lessons have homework assignments for students and parents/caregivers. The curricula include: 23 lessons for the upper elementary, 24 lessons for middle school; and 23 lessons for high school. 1994; \$59.95 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

SMART Moves

Boys and Girls Clubs Of America

This program helps young people six to 15 years old resist alcohol, tobacco, other drugs, and premature sexual involvement. It includes *Smart Kids* to help six to nine year olds develop self-awareness, decision making, and interpersonal skills; *Start Smart* to help preteens identify and resist peer, social, and media pressures to use drugs and become sexually involved; *Stay Smart* to help teenagers develop social, resistance, assertiveness, problem-solving, and decision-making skills; and *Smart Parents* to augment the sessions and teach parents about adolescent drug use and sexuality. All three curricula are currently being revised and updated. Call the Boys and Girls Clubs of America for pricing: 1230 Peachtree Street, N.W., Atlanta, GA 30309; Phone: 404/815-5766; Fax: 404/815-5789; Web site: www.bgca.org

Will Power/Won't Power, Second Edition: A Sexuality Education Program for Girls Ages 12-14

Girls Incorporated

This is a component of Girls Incorporated's *Preventing Adolescent Pregnancy* programs for early adolescents. It consists of 45 lessons and five supplemental lessons on sexual development and seven supplemental lessons on contraception. They are designed to help girls learn how to say no to intercourse by recognizing, exploring, and practicing attitudes and skills to deal with health and sexuality issues. Topics include reproductive health and sexuality, assertiveness, identifying and resisting sexual pressures, values, abstinence, and STD prevention.

1998; available to affiliated organizations and to licensees, non-member organizations should call for more information; Girls Incorporated National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3287; Phone: 317/634-7546; Fax: 317/634-3024; Web site: www.girlsinc.org

HIV/AIDS CURRICULA

Act SMART: An HIV/AIDS Education Curriculum for Three Age Groups

Boys and Girls Clubs of America and the American Red Cross

This curriculum has sections that target three age groups: elementary, junior high, and high school. It addresses HIV transmission, risk behavior and prevention, alleviating fear, and creating compassion for people living with HIV/AIDS. Each section consists of six lessons that use age-appropriate messages. *Act SMART* was developed as a supplement to *Smart Moves*, a drug/alcohol and sexual activity prevention program developed by the Boys and Girls Club of America.

1995; \$12.95; American Red Cross, Bookstore/Purchasing, 150 Amsterdam Avenue, New York, NY 10023; Phone: 212/875-0365; Fax: 212/875-2190; Web site: www.redcross.org

Becoming A Responsible Teen (BART): An HIV Risk Reduction Intervention for Adolescents

Janet S. St. Lawrence, Ph.D.

Initially pilot tested among African-American adolescents, this curriculum consists of eight skills-based lessons targeted to students in grades nine through 12. Topics include condom use, refusal skills, and partner negotiation. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health identifies this curriculum as one that reduces health-risk behaviors among youth. 1997; \$49.95; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Be Proud! Be Responsible! Strategies to Empower Youth to Reduce Their Risk for AIDS

Loretta Sweet Jemmott, Ph.D., R.N., F.A.A.N., John B. Jemmott III, Ph.D., and Konstance A. McCaffree, Ph.D.

This six-session curriculum is targeted to young people 13 to 18 years old. The skills-based lessons focus on participants' needs to adapt responsible and safer sexual behaviors to prevent the sexual transmission of HIV. It includes a video. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health identifies this curriculum as one that reduces health-risk behaviors among youth. 1996; \$95.00; Select Media, 22D Hollywood Avenue, Hohokus, NJ 07423; Phone: 800/343-5540; Fax: 201/652-1973.

Choosing Health—High School: STD & HIV

Betty M. Hubbard, Ed.D.

This *Choosing Health* skills-based program consists of eight curricula for high school students. Each stresses communication, decision making, assertiveness, stress management, and goal setting. This "STD & HIV" component

is designed to give students the communication, decision-making, and assertiveness refusal skills to protect themselves. A unit on condom use is also included. Additional program materials are available.

1997, *Choosing Health—High School Teacher/Student Resource books*, \$27 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Comprehensive Health for the Middle Grades: HIV & STD

Jory Post, M.A., and Carole McPherson, M.A.

This *Comprehensive Health* skills-based program consists of 15 curricula for middle grade students. Each stresses communication, decision making, assertiveness, stress management, and goal setting. This "HIV & STD" component is designed to educate students about disease transmission and prevention. Additional program materials are available. 1996, *Comprehensive Health for the Middle Grades*; 1997; *Teacher/Student Resource books*, \$27 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Get Real About AIDS, Second Edition Grades 4–6, 6–9, And 9–12

*Comprehensive Health Education
Foundation (C.H.E.F.)*

All *Get Real About AIDS* curricula—grades four through six (10 lessons), grades six through nine (10 lessons), and grades nine through 12 (14 lessons)—are detailed and fact-based with age-appropriate messages. Their primary purpose is to reduce the risk of HIV transmission. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health identifies this curriculum as one that reduces health-risk behaviors among youth.

1995 (*Upper Elementary and Middle School*), 1994 (*High School*); \$495, each kit; AGC

Media, 1560 Sherman Avenue, Suite 100, Evanston, IL 60201; Phone: 800/323-9084; Fax: 847/328-6006; Web site: www.agcmedia.com

POWER Moves: A Situational Approach to HIV Prevention for High-Risk Youth

Pam Petersen Buckingham, M.A., Mary A. Doyen, M.A., and Deborah S. Main, Ph.D.

This HIV-prevention curriculum was developed for adolescents who do not participate in traditional secondary school settings but regularly attend organized treatment or alternative education environments. It consists of 12 lessons that are designed to decrease the percentage of youth currently engaging in high-risk sexual and drug behaviors. Students are asked to set their personal limits and are taught negotiation and communication skills to keep those limits in difficult situations.

1995; \$60, manual; \$295, kit; Rocky Mountain Center for Health Promotion and Education, 7525 West 10th Avenue, Lakewood, CO 80215-5141; Phone: 303/239-6494; Fax: 303/239-8428; Web site: www.rmc.org

Safer Choices

*University of Texas at Houston
and ETR Associates*

This curriculum was developed to create environments at school, in the community, and at home that support students' decisions to abstain from intercourse or to protect themselves from HIV infection and other STDs if they do decide to have intercourse. It includes activities that facilitate peer leadership, community involvement, and parent participation. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health identifies this curriculum as one that reduces health-risk behaviors among youth.

The projected availability date is Fall 1998. Purchase price is not yet determined. ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Teaching Kids About How AIDS Works: K-3 and 4-6

*David Schonfeld, M.D., and
Marcia Quackenbush, M.S., M.F.C.C.*

These two curricula—for grades K through three and grades four through six—include information and skills-building exercises to help young people prevent HIV/AIDS. The curricula include parents in the learning process; stress that young children have the capacity to understand complex issues if the message is delivered in a “clear, age-appropriate manner,” and provide the teacher with background information. The K-through-grade-three curriculum contains 21 lessons, five evaluation activities, and six family activities; the grade four-through-six curriculum contains 28 lessons, seven evaluation activities, and seven family activities. 1996; \$25 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

GUIDES FOR SEXUALITY EDUCATION PROGRAMS

Community Action Kit

Sexuality Information and Education Council of the United States (SIECUS)

This newly updated kit is designed to help advocates of comprehensive sexuality education in communities across the nation. It includes strategies for organizing support; information for handouts, overheads or posters; reviews of fear-based, abstinence-only curricula; and related information.

1997; \$19.95; SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: www.siecus.org

Guia Para Una Educacion Sexual Integral Para La Juventud Hispana/Latina: Kindergarten-12 Grado

Sexuality Information And Education Council of the United States (SIECUS)

This Spanish-language adaptation of SIECUS' *Guidelines* (See below for more details.) was developed specifically for Spanish-speaking communities in the United States. It includes a resource section on materials for Hispanic-Latino youth. 1995; \$7.95 each/1-4 copies; \$6.95 each/5-99 copies; \$4.95 each/100+ copies; SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: www.siecus.org

Guidelines for Comprehensive Sexuality Education: Kindergarten—12th Grade Second Edition

Sexuality Information and Education Council of the United States (SIECUS)

The *Guidelines* are designed as a framework to assist local communities in designing new curricula or assessing existing programs. They are organized into six concepts that represent the most general knowledge about human sexuality and family living. They include human development, relationships, personal skills, sexual behavior,

sexual health, and society and culture. The *Guidelines* contain 36 topics with 778 developmental messages for early childhood (ages five through eight); preadolescence (ages nine to 12); early adolescence (ages 12 to 15), and adolescence (ages 15 to 18).

1996; \$7.95 each/1-4 copies; \$6.95 each/5-99 copies; \$4.95 each/100+ copies; SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: www.siecus.org

Family Life Education Curriculum Guidelines, Second Edition

David J. Bredehoft, Ph.D., Editor

This publication is designed to assist family life educators. It offers guidelines for developing or assessing family life education programs.

1995; \$17.95; National Council on Family Relations, 3989 Central Avenue, N.E., Suite 550, Minneapolis, MN 55421; Phone: 612/781-9331; Fax: 612/781-9348, Web site: www.ncfr.com

Sexuality Education Within Comprehensive School Health Education

American School Health Association

This is a guide designed to assist students, parents, teachers, administrators, and school board members in planning and implementing a successful sexuality education program. 1991; \$14.60; American School Health Association, P.O. Box 708, Kent, OH 44240; Phone: 330/678-1601; Fax: 330/678-4526.

THE SOCIAL SCIENCE RESEARCH COUNCIL announces the 1999 competition of the Sexuality Research Fellowship Program providing dissertation and postdoctoral support for social and behavioral research on sexuality conducted in the United States. Funds are provided by the Ford Foundation. The Council expects to award approximately ten dissertation and four postdoctoral fellowships in 1999. Designed to provide training experience, only joint Fellowship applications will be considered—from the applicant and a research advisor/associate who will be required to function in a mentoring capacity. Women and members of minorities are especially encouraged to apply. The Sexuality Research Fellowship Program welcomes applications which:

- contribute to a more thorough understanding of human sexuality—to inform programmatic/community efforts & public policy regarding current social & health issues;
- develop inter-disciplinary approaches, both theoretical and applied, in which researchers from different social science disciplines participate;
- propose methodological diversity and innovation utilizing qualitative and/or quantitative research methods that generate new theories and test new methodology.



SEXUALITY RESEARCH FELLOWSHIP PROGRAM

Applicants are encouraged to submit research proposals that seek to investigate a wide range of sexuality topics as conceptualized by their respective disciplines and conducted within the United States, including but not limited to:

social construction analyses of sexuality; the diversity & distribution of sexual values, beliefs & behaviors within different populations; sexuality & gender; the significance and meaning of sexuality in different social and cultural settings and institutions; sexual orientation; sexuality and disability; social and cultural expectations about sexuality acquired during gender role socialization; sexual coercion; familial & social influences on sexual behaviors & socialization; the impact of economic change or of other institutional influences, such as religion, education, or the media, on sexuality, and the formation of social policy based on cultural norms regarding sexuality.

REQUIREMENTS

An important component of the Fellowship program is the incorporation of mechanisms designed to promote research collaboration, strengthen research networks and promote wider dissemination and use of research findings outside of academic circles. In order to ensure continual research collaboration, Fellowship applications must be submitted as joint applications from the applicant and her/his research advisor or in the case of postdoctorate applicants, from the applicant and her/his research associate. Both the research advisor and the research associate will be responsible for providing a training experience for the Fellow and must function in a mentoring capacity. If necessary, the Fellowship program will assist applicants in identifying a potential research advisor or associate.

ELIGIBILITY

Dissertation Fellows The competition is open to predoctoral applicants who are matriculated students in a full-time graduate program leading to a Ph.D. degree in a social, health, or behavioral science, or public health department or division of a nationally accredited U.S. college or university. The applicant will be expected to demonstrate commitment to human sexuality research by submission of previous coursework records and the completion of the applicant's career plan essay submitted with the application. Sufficient development of the dissertation research

project must have taken place for the application to be competitive.

Postdoctoral Fellows The competition is open to scholars who hold the Ph.D. or its equivalent in a social or behavioral science from a state or nationally accredited university in the U.S., or an equivalent Ph.D. degree from an accredited foreign university. The applicant may be a recent recipient of the doctorate or more advanced in the postdoctoral research process. However, postdoctoral candidates who have conducted research on sexuality for more than 8 years will not be considered.

Institutional/Research Advisor or Associate For both the dissertation and postdoctorate Fellow, the research advisor/associate shall hold a doctoral degree in one of the appropriate disciplines from a nationally accredited U.S. university and shall demonstrate commitment to the training of the candidate. She or he shall also present evidence of commitment to human sexuality research through past mentoring and/or research work.

There are no citizenship, residency, or nationality requirements.

STIPENDS / ALLOWANCES

This is a program directed towards the further professional development of researchers and of their critical, innovative research projects. It does not support curriculum development or evaluation, direct service provision, public/community education, or the creation and maintenance of

Applications are invited from a wide range of social science disciplines. Applications from disciplines outside of the social sciences, such as the biomedical/physical sciences, nursing, law, and clinical fields, are welcome as long as they are grounded in social science theory and methodology. Applicants who do not demonstrate this link to the social sciences are not eligible. Particularly welcome are projects in which researchers from different social science disciplines participate and those that address community needs and/or are relevant to policy development and implementation. All Fellowship applications must include a developed dissemination plan and, where appropriate, a discussion of how researcher(s) will involve the community studied as part of the research project. While an academic affiliation is required of the applicant and of the research advisor/associate, persons conducting their research in nonacademic settings are welcome to apply. Projects must be domestic in focus.

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Institution and Research Advisor/Associate Allowance For each Fellowship, an additional \$3,000 will be awarded to the Fellow's host institution and \$3,000 to the Fellow's research advisor or associate to defray expenses associated with the Fellow's training, including direct research.

APPLICATIONS

The deadline for applications is December 15, 1998. Awards are announced in March 1999.

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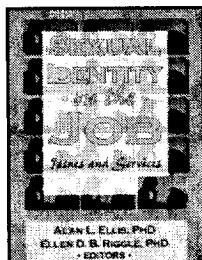
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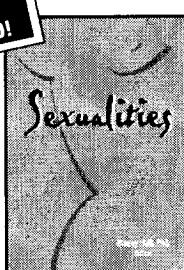
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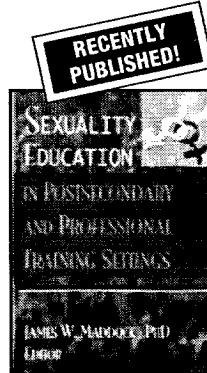
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