

## VALUES-BASED SEXUALITY EDUCATION

### Confronting Extremists to Get the Message Across

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The decade of the 90s is witnessing an incredible increase in sexually transmitted diseases, to say nothing about the devastation wrought by AIDS. To make matters worse, teenage pregnancy is still alarmingly high, with over a million pregnancies each year. This is the world in which sexuality educators have been striving to effectively convey values-based messages about sexuality, sexual health, and safer sex, to help create a saner society. However, reactionary elements are, more often than not, the power brokers in our state and national governments, and these elements frequently blame sexuality educators for what is considered to be the prevailing moral decadence.

Why are fundamentalist, reactionary people occupying virtually all positions of authority in our area of concern? There are no simple answers. For the most part, sexuality educators have not been successful in capitalizing on the fact that the majority of the American people favor sexuality education in the schools. All national public opinion polls in the last 15 years reveal that 80% to 86% of American and Canadian adults favor sexuality education in the schools, including dissemination of birth control information.

This article briefly outlines a few factors that have led to this continuing dilemma — without considering at this time the larger and much more significant issues related to poverty, racial and gender discrimination — as well as some ideas about what we can do about it.

Those opposed to comprehensive sexuality education suggest that sexuality education is already taught in the schools and that is the reason for our current state of moral decadence. This of course is preposterous! It is my view that perhaps 10% of American children, or fewer, are exposed to anything even vaguely approaching a legitimate comprehensive sexuality education program. Most programs being offered are primarily courses in anatomy that are limited to physical plumbing, a relentless pursuit of the fallopian tubes, and an admonition to "Just Say No." It is not surprising that these programs have little or no impact on the average American child.

Rather than mustering the forces that support comprehensive sexuality education and lobbying for what we

believe children need to know about sexuality, beyond basic plumbing, we have allowed extremists to be the prime influence in these matters. When I refer to extremists, I do not simply mean those who simply disagree with me. I like Vladimir Pozner's concept, from *Parting with Illusions* (New York: Avon Books, 1991), "Extremists are usually motivated by ideals, often of the noblest kind, in the name of which they commit the most atrocious crimes without batting an eye. When I use the word ideal, I am not automatically indicating something good . . . I am speaking of the goal a given individual sets for himself and sees as the sense of his life."

Most parent-teacher committees organized to develop sexuality education programs end in complete disarray because of opposition expressed by one or two extremists. Trying to satisfy their agenda often results in a watered-down program that is not worth much, and may even do more harm than good, because it creates the illusion of education.

Failure is almost inevitable when a sexuality education task force does not set in advance operational procedures, rules about closure of debate and, more important, the recognition that unanimity is not essential and often not desirable. Consensus is what is needed; let us say 2/3 in agreement is good enough, with the "extremists" perhaps writing a minority report. Extremists try to create the illusion of massive opposition to sexuality education, yet even when such programs are mandated, and parents have the option to withdraw their children, they very rarely do.

#### **Values-Based Sexuality Education**

Sexuality educators have not made it clear that we also favor moral and ethically based sexuality education. When the opposition asks, "Whose morals and whose ethics?" the response must be a resounding "Ours." When school administrators receive such protests from parents as, "We don't want you to impose your values on our children," the average administration response has been, "Don't worry, Mrs. Jones, we have no values." In one

sense, sexuality educators are to blame for this timid response. The idea that knowledge is not harmful is so obvious to us that we have not bothered to map out an effective strategy to combat the outrageous notion that if you tell kids about sex, they'll do it. Yet all the research reveals that the young people who are knowledgeable are the ones most likely to delay their first sexual experience. Furthermore, if they do have sexual intercourse, they generally are the ones who use contraceptives.

The crucial point that has not been conveyed is that sexuality educators firmly believe in values and morals. We endorse and represent the highest aspirations of the democratic society in which we live. We are against exploitation and rape. We are opposed to sexism and racism. We favor equal opportunities for men and women — equal opportunities for career choice, leisure, and decision-making, as well as equal pay for equal work.

There is a world of difference between a moral viewpoint and a moralistic one: a moralistic position favors a particular religious or personal viewpoint that cannot be taught in a public school because of the constitutional separation of church and state. There is a critical difference between encouraging teenagers not to impregnate or to become pregnant (sound moral advice) and proselytizing that if you have sexual intercourse before marriage, you'll go to hell (a moralistic view which has no place in a public school but could legitimately be taught in a church or a parochial school).

In order for professionals in various related fields to come together in support of comprehensive values-based sexuality, the confusion that exists in education circles about values, ethics/morals, and cultural diversity must first be cleared away. Educators need to commit to formulating ethical and moral goals and then working to achieve them. We must confront the opposition by maintaining and supporting a moral commitment to democratic ideals. Nor is it a matter of how a particular community "feels" about an issue. In the United States there are still communities that can be described as racist or homophobic. That does not mean a public school officer can offer a curriculum with a racist or homophobic bias. On the contrary, it is the responsibility of the public school to foster democratic values inherent in the Constitution.

However, this does not mean we cannot study controversial issues; abortion, for example, can be discussed in the context of presenting both, or several, points of view.

A case in point is the current ACLU civil suit against *Project Respect* (*Sex Respect*) in Wisconsin. *Project Respect* is a religiously motivated sexuality education program used in 1,600 school districts nationwide. It is clearly designed to promote a sectarian point of view which frowns against contraception, characterizes AIDS as nature's way of making a "statement on sexual behavior" and presents the two-parent heterosexual couple as the "sole model of a healthy, 'real' family." Yet the ACLU is being chided for encouraging censorship. The plain fact is that *Project Respect* has a highly moralistic, religious orientation which has no place in the public school.

There is nothing wrong with presenting the view that abstinence is the best way of dealing with sexually related problems, for example. But then one must add that others favor the view that if you decide to have sexual intercourse you should use contraception; there must be a discussion of safer

sex, as well, and the fact that, though condoms are not 100% safe, not using them poses a 100% risk.

## Conclusion

Where do we go from here? Certainly we have made progress in the area of attitudes. The overall views of family life educators are mainstream, and the influence of the women's movement on the mainstream has been tremendous. However, we have a long way to go, and none of us can be satisfied with the progress that has been made

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## **SOL GORDON'S NINE MAJOR MESSAGES FOR ADOLESCENTS**

- 1.** Girls become pregnant because they have sexual intercourse.
- 2.** It's not romantic to have sex without birth control. It's stupid.
- 3.** When someone says, "If you really love me, you'll have sex with me," it's always a lie.
- 4.** Sex is never a test or proof of love.
- 5.** Sex is never a test or proof of masculinity or femininity.
- 6.** More than 85% of all boys who impregnate teenage girls will eventually abandon them.
- 7.** Girls who feel they do not amount to anything unless some boy "loves" them, should realize that self-worth never comes from someone else.
- 8.** Of the ten most important things in a relationship, sex is number nine. Number one is "love and caring."
- 9.** The best test of a relationship is to see what happens when you postpone having sexual intercourse.

## **TEN IMPORTANT ELEMENTS IN A RELATIONSHIP**

- 1. Love:** caring for one another.
- 2. Talk:** being able to communicate with each other.
- 3. Laughter:** sharing a sense of humor; playfulness.
- 4. Involvement:** caring about groups or causes outside the home.
- 5. Friendships:** including some both partners may not share.
- 6. Integrity:** each partner being true to herself or himself, neither feeling inferior to the other.
- 7. Tolerance:** accepting differences, weaknesses, disagreements.
- 8. Adaptability:** breaking away from the stereotypes. A male can cook dinner, a female is not helpless about changing a tire.
- 9. Sex and sexual fulfillment:** only a part of the caring and intimacy that make a relationship rewarding and joyful.
- 10. Sharing responsibilities:** including household tasks.

## **CRITICAL LOVE AND SEXUALITY MESSAGES FOR OUR TIMES**

If you feel yourself in love, you are. Unfortunately, there are two kinds of love: mature and immature.

Here's how you can tell the difference. Mature love is energizing. You feel better about yourself in your lover's presence. You are nice to people.

Immature love is exhausting. You often feel diminished when you are with your lover. You tend to be mean to people who care about you.

Many people get hurt, but not because they don't know how to make love. They get hurt because they don't feel loved.

Violence has no place in a relationship. If someone hits you, it means he or she does not like you, and certainly doesn't respect you.

Many males feel their penis has a mind of its own. "Once you start, you can't stop" is what they think. But that's nothing but a male myth.

All of your dreams, thoughts, and fantasies are normal. Just because you think about something, no matter how immoral it seems, it does not mean you are going to, or have to, do it. Only behavior can be abnormal or illegal. Guilt is often what causes us to repeat unacceptable behavior.

Masturbation is a normal, healthy part of your sexual growing up. Even if you don't like the idea, masturbation is a far superior outlet to raping, exploiting people, spreading disease or causing unwanted pregnancy.

About 10% of the population is homosexual, whether you like it or not, and whether they like it or not. To abuse people whose sexual orientation is different from yours is evil.

Vows of chastity are more readily broken than condoms.

### **A 30-SECOND BIRTH CONTROL MESSAGE**

The only truly safe sex is not having sex at all. The second line of defense is making sure you and your partner do not have sex with anyone else.

But if you are going to have sex anyway, the safer way to have it is when the male uses a latex condom with nonoxynol-9 and the female uses a birth control method such as contraceptive foam. (Be sure to use it before you have sex.) While condoms are not 100% effective, not using them, and other forms of contraception, puts the sexual partners in a 100% risk situation! If a male says he does not get enough feeling when using a condom, the female can respond, "Without it, you won't get any feeling at all with me."

If the boy will not spend fifty cents for a condom, he is too cheap to be allowed in.

**NOTE:** These are the kinds of messages that make sense to young people. As long as boys are playing games, girls might as well get good at playing them too, at least until such time as boys and girls do not have to play games with each other.

to date. Sexuality educators need to examine why our messages are not getting through, especially to the more vulnerable urban segments of our population: young people, for example, who do not use contraception, among them males who rarely use condoms.

We need to consider the reasons why we have not made as much progress as we should have by now, in order to make way for more solid gains in the future. Sexuality educators need to search for the reasons why our messages are not getting through, specifically messages about condom use; we must find better ways of conveying them by mapping strategies that will be effective in reaching young people. The sad fact is that young people are having sexual intercourse earlier and irresponsibly, despite our efforts at education, despite community awareness of the dire nature of increasing teenage pregnancy and STDs.

There is an old Zen expression, *When the mind is ready, the teacher appears*. Of course, there are many teachers and competing messages, ranging from rock music's "Do It, Do It, Do It Now!" to "Just Say No." Our sound bytes have to be: "If you are going to have sex, plan for it" and "No sex without contraception and a condom." In addition, we must challenge all the myths about condom use. It's time to consider and reconsider why sexuality education has had little or no impact on the people who need it the most.

Time is not on our side.

### **RECOMMENDED READING**

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### **THE NUMBER ONE ISSUE: SELF-ESTEEM**

Self-esteem, the most important issue of all, is not just feeling good about yourself. I believe the best definition of self-esteem was developed by the California Legislative Task Force on Self-Esteem (1990): "Appreciating my own worth and importance, and having the character to be accountable for myself and to act responsibly toward others."

Have you noticed that people who feel insecure or inferior put other people down and are abusive, however much they appear to think of themselves as "hotshots"?

# CROSS-CULTURAL PERSPECTIVES ON SEXUALITY EDUCATION

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In 1991 I spent my summer vacation observing the messages European youth were given about sexuality. From this cross-cultural experience I hoped to be better able to answer the controversial question: what should be our message to American teenagers about sexual expression?

One year later, as we approach the 1992 elections, I smirk at an imagined European response to current electioneering hype about "family values." For, at one extreme, young Europeans in multi-generational families must often crowd into single-room apartments where sexual intimacy is virtually impossible; these young people are also often burdened with the economic challenge of helping their families feed themselves. Adding to these pressures is that condoms, particularly those with lubrication, are nearly impossible to obtain, even when money is available.

That's one picture of the family life and sexual realities of European youth. On the other hand, in the more sexually progressive countries, young people speak with pride about a monument for gay men and lesbians, or how their parents encourage them to bring a boyfriend or girl-friend home for the night, an increasingly popular practice in the United States that is prompting intense discussion about sexual morals and values. While the world I studied in 1991 has changed dramatically since my travels, the information I'll share remains relevant. I base these findings upon scholarly research, meetings with sexologists from each country, and discussions with young people, parents and others about their attitudes toward sexuality and sexuality education. I've attempted to paint a portrait of the European sexual youth culture, and to look at each country's political and social attitudes through the sexual expression of its teens. In briefly analyzing six European countries, I necessarily forfeit depth for breadth, choosing to highlight some of my findings, and applying them to a concluding view of sexuality education in the United States.

## The Netherlands

My travels began with an invitation to be part of the World Congress of Sexology in the Netherlands, a country hallmarked by its reputation for having the lowest teen pregnancy rate in the world, seven times lower than that of the United States. Hedy d'Ancona, the country's Minister of Welfare, Health and Culture, immediately demonstrated Dutch openness and frankness about sexuality in her opening remarks to the Congress:

In the Netherlands, prevailing attitudes allow people to speak and write very frankly about

sexuality in the broadest sense, and to make television programmes about it. This frankness is not confined to discussion of heterosexuality or sex within marriage. There is much discussion of sex and the elderly, prostitution, homosexuality and so on, and much is written and published on these subjects. Sex has come to be seen as a part of life like any other.

In response to worldwide arguments against sexuality education, Minister d'Ancona asserted that for years her country has believed that, "Prohibitions and taboos on sexuality and sex education are directly responsible for unwanted pregnancies, abortions and the spread of sexually transmitted diseases," suggesting a moral imperative to provide information and counseling campaigns. Frankness about sexual matters in the Netherlands originated in the 1960's with the sexual revolution; Minister d'Ancona quotes Dutch sociologist Paul Schnabel's account of these new ideas and attitudes:

Birth control came to be seen as being in the interests of women, the institution of marriage and the family, and also of society at large. Unwanted pregnancies were no longer regarded as a disgrace but rather as an unfortunate accident and, in any event, not a good reason to get married. Premarital sex, which had previously been assumed to undermine the foundations for a subsequent happy marriage, came to be seen as the very precondition for one. Masturbation, which had once been assumed to be a disease, was now regarded as innocent, or even healthy: if anyone had a problem, it was not the masturbators but those who were unable to masturbate. Homosexuality likewise ceased to be considered a medical condition: it was now a realistic and reasonable basis for a sexual relationship.

The openness and acceptance of these new ideas, according to d'Ancona, stemmed from a number of factors, including sociological research revealing the gulf between prevailing beliefs about sexuality and actual sexual behavior, and a psychological emphasis on the positive value of sexuality to the individual.

Evening after evening I was treated to insights by local residents, who exulted in their Dutch openness about sexuality. An actress described the ongoing debate in Amsterdam about decriminalizing prostitution, which, though illegal, was tolerated. She expanded the "procreation versus recreation" list of sexual options to include

"vocation," explaining that the vocation of prostitution in the Netherlands provides the benefits of a trade union, health care benefits, and job training, and that many of the women view themselves as human service professionals. A student and his partner introduced me to a government-funded organization that provides social services and activities for gay men and lesbians, and accompanied me to "The Homomonument," also government-supported, which commemorates gay life, past and present, with its message: "Toward Friendship, Such a Longing Desire." And a graphic designer I met explained that "People believe heavily in freedom and personal destiny, so religion and government should not dominate our lives." She anticipates that sexual freedom will grow even stronger with further women's liberation efforts, and commented about abortion that "We'll never return to the days of using the knitting needle."

Clearly, young people in the Netherlands grow up in a climate of sexual tolerance, though a formal sexuality education curriculum is lacking. Doortje Braeken, Head of Education for Rutgers Stichting, the country's family planning association, explained that enforcing something by making it obligatory is "just not a Dutch thing to do." Support for sexuality education is strong, although, as expected, it can wane in the more rural areas.

***"Formal and informal learning in the Netherlands promotes an openness about sexuality unlike that of many other countries."***

In the Netherlands, young people learn to utilize low-cost, accessible sexual health services; three-quarters of teenage women are on the pill, and condom availability has increased dramatically in response to the AIDS crisis. But, despite evidence of low teen pregnancy and abortion rates, Braeken laments that too much of the sexuality education agenda in the Netherlands deals with prevention issues. In addition, while she opposes the idea of a formal curriculum as a "waste of time and energy," she deplores the inadequate training available to and required of teachers in the field. Like other sexologists I met in the Netherlands, Braeken would like to see sexuality education focus more on pleasure. While sex is considered natural and sexual experimentation is accepted, she says her country is not ready to teach young people "how to do it better." Still, formal and informal learning in the Netherlands promotes an openness about sexuality unlike that of many other countries; Rutgers Stichting, for example, is able to publish and distribute, with government support, a magazine entitled *Making Love* that reaches most of the country's teens. It appears that while pregnancy prevention is the primary goal of sexuality education in the Netherlands, the Dutch are very accepting of teenage sexual expression.

### **Belgium**

Belgium is similar to its neighboring country, the Netherlands, in its lack of a standardized, government-endorsed sexuality education curriculum, partly due to

its more complex cultural context. The division of Church and government has resulted in Catholic and state school systems; in both systems, provision of sexuality education depends largely on teacher motivation and local politics.

Historically, the Roman Catholic Church has exerted great influence on the lives of all Belgians; today's family planning organizations saw their start in 1955, after Catholics and others boycotted an earlier movement. Despite the availability of modern contraceptives, most of the population relied upon abstinence and withdrawal until the seventies.<sup>1</sup> In March of 1990, abortion was legalized in Belgium, overturning an 1867 law which banned it, allowing a woman to terminate during the first trimester if two doctors judged her to be in a "state of distress." However, King Baudouin, a staunch anti-abortionist, protested the law by stepping down for a day, the first time in Belgian history a monarch exercised this right as a matter of conscience.<sup>2</sup>

In my meetings with members of Centra voor Geboortenregeling & Seksuele Opvoeding (CGSO), the family planning organization of Flanders (Dutch-speaking Belgium), I learned that Belgium is somewhat more progressive in its thinking about sexuality than all of the literature I surveyed indicates. Vicky Claeys, Executive Director of CGSO, explained that Belgium and the Netherlands are actually very similar in their policies and attitudes related to sexuality, though the Netherlands has received more attention for its success. She described the Netherlands as more sexually open, but boasted that, while Dutch women are entrenched in traditional gender roles, ("they're still in their homes"), Belgian women are more "liberated," with greater opportunities in their lives.

As in the Netherlands, awareness of alarming rates of Belgian teen pregnancies provided the impetus for increased sexuality education in the past two decades, but such education is not mandated by the government. While the recent legalization of abortion has increased the number of family life and sexuality programs in Belgian schools, a universal mandate remains unforeseeable. Despite religion-based resistance to sexuality education, the professionals I met claim that the Belgian teen pregnancy rate is now low enough to rival the much-publicized Dutch rate. While both church and state often preach abstinence, most people respect teen sexual autonomy, and Belgian youth strive to protect themselves from pregnancy and disease through pills and condoms that are readily-available from clinics and pharmacies.

When I inquired about the teaching of sex as positive and pleasurable to teenagers, I received mixed replies. The two Catholic educators I met were uncomfortable with this notion, seeing it as beyond the "duties" of their work. On the other hand, Freddy Deven, a prominent sexologist, saw the inclusion of teaching about sexual pleasure as a part of a future goal for sexuality education in Belgium. As in the Netherlands, he asserted, there is too much emphasis on fertility issues, and not enough on interpersonal issues; he believes that teenagers are more likely to hear prevention messages when they are placed in the context of broader social skills training.

In working with CGSO staff and other sexologists, I learned that the issues Belgian teens confront are strikingly similar to ours. For example, young people rarely talk

about sexual issues with their parents, who gladly turn to the schools for help. The media greatly influences attitudes about sexuality through programming and commercials, despite limited broadcast hours. The double standard ("stud" and "slut") of sexual behavior applies, to some degree, especially for adolescents.

As an example of Belgian parental attitudes, my host family in Ghent included three children huddled around a computer playing the popular "Leisure Suit Larry" game, where the goal is to go to a nightclub, win money at the casino, and, after enduring many obstacles, meet a woman and take her to bed. The mother of the house admitted that she feared this "adult" game from the United States would give her young children inappropriate messages about sexuality, but not because the children watched as the couple began to disrobe and become sexual. She felt that way because at a crucial point a large black box containing the word "Censored" appeared on the screen. When the box appeared, Anne said, "See, I told you, this gives children an inappropriate message that sex is negative, like a bad secret." Unable to understand why the software company portrays naked bodies and sexual behavior as abnormal, she told her children she did not agree.

### Czechoslovakia

It is impossible to discuss sexuality education in Czechoslovakia without some contextual discussion, especially since the country has recently divided. I arrived in Prague the day that the last Soviet soldier was leaving the country, marking the official end of communism in Czechoslovakia. While the people celebrated, I noticed that despair clouded their expressions of hope. The reality: shortages in the stores, especially of food. Ketchup bottles lined the storefront windows, while little more than bananas, green onions, eggs, bread and potatoes were sold inside.

Politics and national resources in many ways influence issues of sexuality in Czechoslovakia. Under communist rule, people held puritanical beliefs about sexuality, and sexuality education in the schools was practically non-existent, often limited to one or two biology classes that discussed anatomy without referring to the genitals. With the end of communism came the increased influence of the Catholic Church, now waging strong campaigns against sexuality education.

The Church also actively opposes family planning, which it sees as part of a "communist conspiracy," according to Jaroslav Zverina of the newly-formed Sexuologicky Ustav. Abortions, still available at no cost, were expected to reach the price of \$200 (the equivalent of about two months' salary) if proposed legislation were approved. This would create a serious economic hardship in a country where contraceptive choices appear to be limited. A growing anti-abortion sentiment thrives on financial support from the government and the perception that liberal abortion law is a relic of Communist rule.

Pill use is low in Czechoslovakia, because of misconceptions about side effects, while the IUD and sterilization are available only after a woman has borne a minimum number of children. Condoms are readily available, but most are the non-lubricated variety; lubrication is scarce

and requires a prescription to obtain. A recent study showed that 60% of married couples use withdrawal as their method of birth control. But Zverina was optimistic that positive changes were ahead for his country. He cited the beginnings of a women's movement, and, while frustrated with the lack of public involvement, he recognized that change takes time after many years of oppression. He took me to an "underground" sex shop—some shelves of erotic toys, magazines, and the like in the heart of a gutted building—as an example of the opening attitudes toward sexuality. Finally, Zverina predicted that most people will ultimately be supportive of sexuality education in the schools.

Ondrej Trojan, head of the Czechoslovak Independent Coordinating Agency, explained that his country's teachers traditionally emphasized the negative consequences of sexual behavior and instilled shame in their students. Despite a trend toward including positive elements of sexuality and health in their lessons, teachers today are often ill-prepared to teach this topic, and fearful of not receiving administrative and community support. Those who do provide sexuality education are accused of being immoral, of promoting premature sexual behavior and favoring abortion. Meanwhile, many health professionals frown upon adolescent sexual behavior, saying that such behavior is physically wrong, while silently believing that it is morally wrong as well.

Teenagers in Czechoslovakia have very little exposure to sexuality information. According to Zverina, this has caused problems for those who become coitally active, as only 2 to 3% (compared to 70% in the Netherlands) use birth control during their first coital experience. While this first experience, at an average age of seventeen, occurs later than in many other European countries, there are many early marriages in Czechoslovakia because of unintended pregnancies. Trojan and others hope the argument that sexual activity is an important part of a successful married life will lead more people to support sexuality education.

### Denmark

Most Danes view sexuality as a normal, natural part of life, as long as individuals assume enough personal responsibility to avoid negative consequences. Sexuality issues, therefore, tend to be discussed openly from the earliest of ages. Copenhagen's openness reminded me of Amsterdam. My rural experiences in both countries were also similar, so my days in Denmark were somewhat reminiscent of my time in the Netherlands. At Foreningen for Familieplanlaegning (FF), the Danish family planning association, Secretariat Manager Kirsten Kjoelby immediately compared her country to the Netherlands. She explained that Denmark has nearly matched the Netherlands' low abortion rate, but attributes Dutch success in lowering its abortion rate to the existence of a greater number of clinics and more stable pill use, about which misconceptions still linger in Denmark.

Kjoelby described the sexual openness in her country with great pride, saying it exceeds even that of Sweden, whose sexuality curriculum is "preoccupied with feelings of love." She believes that well-established equality between the sexes and a "very relaxed attitude to religion" led to her country's

openness, with one manifestation being the increased popularity of childbirth outside of matrimony, either by cohabiting partners or single mothers. But, despite a divorce rate of 50 to 60%, marriage is again becoming more popular in Denmark because "young people are becoming more romantic," according to Kjøelby.

Accessibility and affordability are two of the priorities of adolescent family planning services in Denmark, which, in 1966, became the first country to allow young people access to family planning services without parental consent. Danish minors become independent health insurance members at age 16, when they are free to choose a general practitioner of their choice, and many school classes from age 14 and up visit family planning clinics to learn about contraceptive methods. Abortion without charge is available to minors under the same conditions as it is for adult women.

***"Denmark is an illustration of the fact that, even with access to family planning services and quality sexuality education, teens experience their 'sexual debut' later than American teens."***

Denmark is an illustration of the fact that, even with access to family planning services and quality sexuality education, teens experience their "sexual debut" (coitus) later than American teens. Also, Danish teens, according to several surveys, have at least an 80% likelihood of using some method of contraception during their first act of coitus. While pregnancies are low compared to the United States, the government is concerned about what it considers to be a high teenage abortion rate, since most teenage pregnancies are terminated. Instead of trying to curtail sexual behavior in order to lower the figure, the government is stressing increased sexuality education efforts to improve contraceptive effectiveness.

As Danish teens spend more time in other countries as exchange students, they are surprised at the negative attitudes about sexuality they discover. In contrast, I found myself surprised at the extent of the openness reflected in the educational materials at the Danish family planning association. Kjøelby showed me a sample from the "Exact Knowledge" pamphlet series, providing information about puberty in a frank, explicit manner, which is used as part of the compulsory sexuality education curriculum in the schools, and is distributed in cooperation with pharmacists who are trained by FF to be important sexuality educators in their communities. Kjøelby described FF as having a "statutory obligation" to educate Danes about contraceptive information; the Ministry of Health delegated this responsibility to FF, and extended its mission to include HIV/AIDS prevention. FF developed a condom package that includes instructions for use, (the National Board of Health would not approve distribution *without* pictures of the penis in the instructions), and a cartoon book about Oda and Ole that shows the young couple undressing, naked, rolling the condom on the penis, and enjoying a "beautiful, wonderful, lovely night" that includes sexual intercourse.

Most remarkable, however, were the popular animated films financed by FF with support from pharmacists and the National Board of Health, that are commonly used in schools. *So That's How* teaches young children (5-7 years) about reproduction, and shows explicit sexual behaviors that are "enjoyable" for married or unmarried people. The video *Safe for Life* contains explicit depictions of sexual activities between same- and other-gender partners in its messages about safer sex. *Sex: A Guide for the Young*, targeted at middle school students, portrays a young couple preparing for their first sexual experience, complete with pictures and instructions about how to give pleasure to oneself and to a partner. Denmark's formal sexuality education curriculum, made compulsory in 1970 and grounded in the principles of openness, security and the sharing of knowledge, has been under recent attack. Last summer, strong representation from a conservative rural group during a curriculum review process influenced the inclusion of a value stating that sex before marriage is wrong. FF staff were unsure how this would affect sexuality education.

### **Sweden**

Like Denmark, Sweden enjoys a Nordic tradition of sexual openness. Swedes have long striven for an egalitarian lifestyle, with great respect for personal autonomy; cohabitation is generally as accepted as marriage, and Swedish policy is similar to Denmark's in affirming gay and lesbian lifestyles. Although some inequities remain, the Swedes have a comparatively long history of equality between men and women, which often extends to family roles and responsibilities.

Remarkably, Sweden maintains a legal age for intercourse, heterosexual and homosexual, of 15 years. Most Swedish teens abstain from intercourse until then, and their average age of first intercourse is about the same as for teens in the United States, about 16 years. This is basically where the similarity ends, however.

Sweden has had an exceptionally long history of sexuality education, with widespread support from the general public as well as professionals. The Board of Education first endorsed sexuality education in 1921, followed by formal government endorsement in 1942. The demand for sexuality education came from a desire to end the sexual ignorance that often resulted in abortions, STDs, and, perhaps most important, marital breakdown, and an acknowledgement of the importance of education to improve one's ability to relate to others. The early goal of Swedish sexuality education in schools was to remedy the ignorance of bodily functions, anatomy and physiology that led to physiological and psychosexual problems. Thus, students in the fifties and sixties were learning that sexuality is a positive force for pleasure and intimacy.

By 1977, a curriculum titled "Instruction Concerning Interpersonal Relations" was published, with schools directed to include messages about fundamental moral values. Teachers were equipped with a complete justification of the program, teaching techniques, tips on dealing with controversial issues, and a compendium of facts. The guidelines provided moral support for the teachers, who already had overwhelming approval from their communities.

Sexuality education in Swedish schools is far ahead of that in other countries in its almost celebratory outlook on sexual expression. The first component of the latest curriculum is "Promotion of the capacity for intimacy," stating that "Sexuality can take place without intimacy, but with intimacy, sexuality satisfies a profound human need." This positive tone balances accompanying messages about the possible negative consequences of sexual irresponsibility.

Many educational campaigns promote sexual responsibility, especially in this HIV/AIDS era. Most interesting was a passport holder given at one time to train travelers. Included inside are condoms, postcards of condoms arranged in a floral pattern, and the words "flower power" (this and other patterns appear on billboards all over the country), an AIDS referral sheet, travel tips, and a booklet about condoms and sexually transmitted diseases that includes a guide to the translation of phrases such as "I love you," "I want to sleep with you, I have condoms," and "A packet of condoms, please" into six different languages.

I met with Eva Olsson, a midwife at Ungdomsmottagning, a sexual health clinic for young people. The number of these clinics grew as the AIDS crisis escalated; there were 20 in Stockholm when I visited, with a total of 130 scattered throughout the entire country. The clinics, completely state-funded (the government believes young people should have complete information, as "it's not good to have fear of STDs") provide free and confidential care for anyone under 25, though most clients are teenagers. The Ungdomsmottagning is actively involved with community education and, during the ninth year of high school, all students make class visits to the clinic. Olsson mentioned that most students seem well-informed intellectually, but have many questions about the "intimate" aspects of sexuality. She believes that, despite its progressive image, the curriculum fails to address the "heart and soul" questions about relationships, and so is a disappointment to the students.

When asked about what accounts for the sexual openness of Swedish society, Olsson immediately responded that a lack of religious restrictiveness promotes healthy sexuality. She said that the people are spiritual and occasionally go to churches because they are "nice buildings with nice music," but that organized religion does not carry any political influence.

***"Sexuality education in Swedish schools is far ahead of that in other countries in its almost celebratory outlook on sexual expression."***

In addition, parents are beginning to accept the premise that perhaps they should *not* be the primary sexuality educators of their children; the government mandates school sexuality education because adolescence is seen as a time of developing sexual feelings, when it is easier to talk with someone other than parents about these issues.

Parents smiled with acknowledgment when asked about teenagers bringing home romantic partners for overnight stays. This is difficult for most parents, but

when their children become involved in relationships, they challenge themselves to consider what is best for their children's future. Olsson described a colleague who found her daughter and boyfriend kissing and fondling each other on the living room couch. The woman "absorbed her shock" and sat the couple down, explaining that what they were doing was natural and healthy. She advised them to go at their own pace, and if they decided to have sexual intercourse, to use protection and to be home rather than be hurried or hiding elsewhere.

A former American I visited in central Sweden reinforced this openness when he described sexual attitudes as "not as drastic as everyone thinks, but subtle, positive, and even natural." He could not imagine returning back to the restrictiveness of the United States, but refused to see Sweden as extreme. Referring to his ten year-old son, he said that "One day he'll be making decisions about who he wants to be with, and whether that's in five years or in ten years, I can only hope to show him what a relationship with love and respect is all about."

**Soviet Union**

The Soviet Union does not exist as it did last summer. And although I did not actually travel there, I include what is now the Commonwealth of Independent States in my European study because I was able to meet with a number of professionals from that region during my journey.

At the World Congress of Sexology, for instance, Russian sexologist Igor Kon spoke of a "sexless society," where both communism and the Church are opposed to sexual and sensual images, seeing them as unimportant, distracting, and opposed to the goal of "social liberation." He believes that the lack of research, eroticism, and education since the 1930's is having detrimental effects on a country now experiencing "sexual maturation." Kon outlined a number of sexual issues currently confronting the former Soviet society, including a lack of birth control methods, increased sexual violence, escalation of HIV/AIDS among other sexually transmitted diseases, and rampant homophobia.

Abortion is clearly a major issue in the former Soviet Union. *Komsomolskata Pravda*, the communist youth league newspaper, reported that 6.5 million abortions, with another 3 million unreported, were performed in the Soviet Union in 1988, one-fifth of them involving teenagers. The average Soviet woman will have about seven pregnancies in her lifetime, and three to five abortions, though many women have eight to ten abortions.<sup>3</sup> Use of abortion as birth control signals a dire problem in the Soviet Union: lack of methods of contraception and prophylaxis. In a 1987 survey of newly married couples, nearly 60% of men and 70% of women were unaware of the most effective birth control methods, and only 10 to 15% of the former Soviet population uses contraception.<sup>4</sup> Oral contraceptive use suffers from the fear of side effects, while other contraceptive methods are largely unavailable. (The lack of condoms is the result of the appropriation of available rubber by the military.) Prostitution is considered another sexual problem, but, as in other countries, its growing popularity is based in economics. A recent movie's attempt to deglorify prostitution backfired,

and many teenage girls see it as a very prestigious occupation that enables them to make money while exerting some control over their lives.

The status of sexuality in the former Soviet Union is directly related to the country's politics. Opponents of *perestroika* condemn the sexual revolution for its self-indulgence and its contemporary values, while liberals protest the state's inability to meet the actual needs of its people, citing that failure as the cause of sexual problems. Though sexual morality grows as a hotly contested issue in the former Soviet Union, perhaps the greatest problem in the region is that sexuality education continues to be essentially non-existent in the schools. According to the most recent surveys, 87% of former Soviet citizens never had discussions about sexuality with their parents, which may explain why the majority of people recognize a need and support the immediate introduction of school sexuality education. Despite this support, as Kon pointed out, while sexuality education in the United States was once seen as a "communist conspiracy," in the Soviet Union it is seen as a "Jewish conspiracy" that must be contained. In light of recent events in the former Soviet Union and Czechoslovakia, sexuality education in the new Commonwealth of Independent States may also be seen as a communist conspiracy before long.

Before the 1980's, most Soviet youth failed to receive any sexuality education in the schools. Experimental programs were piloted in the early 1980's until sexuality education was mandated for all Soviet eighth graders in 1983, following mounting concern about misinformation and early sexual involvement. But while the weekly 45-minute course, "The Ethics and Psychology of Family Life," purported to provide sexuality education, it failed to meet the students' actual needs and questions, keeping them ignorant and ultimately unsatisfied sexually. A Russian father I met in Germany told me that people believe sexuality education corrupts students' minds, and that he and his wife simply find it impossible to talk to their children about sex. Such conservative thinking has shaped a curriculum that promotes virginity until marriage, and life fulfillment solely in the context of marriage, often through the production of children. One newspaper article from an unknown source describes a sexuality education program that claims "A girl who loses her virginity before marriage is deprived of her charm, becomes less interesting and, most important, loses the belief in beautiful, profound feelings and in herself." Sexuality classes are often separated by gender, often promoting the classic double standard: boys will be boys, while girls should try to control them and avoid promiscuity. Teenagers engage in sexual activity that is primitive, rushed for lack of privacy, and dangerous because of a lack of supplies.

As in Czechoslovakia, the gay and lesbian community in the former Soviet Union has been responsible for advances in HIV/AIDS education and counseling. Homosexuality, however, is officially illegal in the Soviet Union, with government officials often claiming there is no such sexual behavior. Many Russians would extend such claims to include heterosexuals as well, as their society still lacks supplies, privacy, and even a full language for sexual expression. As far as teen sexuality is concerned, their educational needs are vastly unaddressed, and, while teens

may become sexually involved in hopes of establishing meaningful connections, society seems to disdain sexual expression outside of marriage.

### **Conclusions and Implications**

We can find much that is useful in this comparative look at sexuality education abroad. One element we see consistently is that teen sexuality has been viewed as having clear social implications during the evolution of sexuality education in these countries. For example, all of the countries seek to reduce the incidence of abortion, for varying levels of medical and moral reasons. Thus, an explicit goal of all programs has been to reduce teenage pregnancies. We also see that the most effective teenage pregnancy prevention programs consist of two components: provision of comprehensive sexuality education, and availability of family planning services. If a country's policy on teen sexuality is to prevent teen pregnancy, we can learn a great deal by examining its program. For ex-

*"The progressive approaches of Denmark and Sweden illustrate that sexuality can be viewed as a positive part of relationships throughout one's life. These are countries that empower young people to be in control of their sexual lives."*

ample, while Czechoslovakia and the Soviet Union may address contraception in its cursory sexuality education programs, such information is relatively meaningless in the face of limited contraceptive supplies. Furthermore, the climate of social despair provides a new twist to the meaning of sexuality, while decreased secularization means that religious groups will exert a greater influence on sexual learning in the future.

Such is the case in Belgium, which appears to be quagmired in great religious debate about sexual morals. As in the United States, sexuality education is seen as quite controversial, though Belgians seem more practical about the need to prevent teen pregnancy and appear to be achieving success. The Dutch have long controlled religious influence, and they display greater openness about sexual issues than the Belgians. This openness appears to create a climate which does not question teen sexuality, but takes a practical approach to preventing negative consequences for teens. The Netherlands has chosen to concentrate on availability of contraceptives rather than sexuality education, and its incredibly low teen pregnancy rate is a testimony to the country's success.

But why measure the success of sexuality education only in terms of pregnancy prevention? Is a low teenage pregnancy rate symbolic of the successful sexual upbringing of youth?

Why not measure numbers of cases of HIV/AIDS and other sexually transmitted diseases, or the incidences of sexual abuse and assault? To shift away from a focus on danger, why not mark success by increased intimacy, sexual competence, satisfaction, number of orgasms, or other measures of sexual pleasure?

The progressive approaches of Denmark and Sweden illustrate that sexuality can be viewed as a positive part of relationships throughout one's life. These are countries that empower young people to be in control of their sexual lives. Understanding both the pleasures and consequences of sexual expression, their policies indicate respect for self-autonomy and a trust in teenagers to make reasoned and responsible decisions about their own sexual lives.

What helps me is to envision a continuum of approaches to sexuality education for young people. At one end lies the former Soviet Union and Czechoslovakia. Although the Czechs I spoke with were dismayed at being grouped with the Soviets they worked so hard to expel, both of these countries fall at the "sex negative" end of the range, viewing the goal of sexuality education as a means of preventing teenage sexual expression. Both countries are burdened by political strife, economic difficulties, and the powerful influence of the Catholic Church. Czechoslovakia may be somewhat more progressive than the former Soviet Union, which appears to be in a dismal, desperate sexual state of affairs.

In the middle of the continuum are Belgium and the Netherlands. These two countries, friendly rivals to one another, can be characterized as viewing sexuality education for teenagers as a means of pregnancy prevention. Both countries, pragmatic in their approach, have had enormous success in this endeavor, and in a non-obligatory fashion, are making strides toward more positive sexuality education.

Denmark and Sweden appear to fall at the other end of the continuum, with what I would identify as a "sex positive" approach to sexuality education, one that affirms and seemingly assists teenage sexual expression. Young people in these countries talk most openly about sexual issues and have integrated sexuality as an important part of their lives. Both countries also employ public policy tactics that deliberately go beyond the parents, with the schools being the primary providers of sexuality education.

As I absorbed and reflected upon what I was learning during my journey, I continually asked myself where the United States falls on the continuum. In fact, I asked my European colleagues about their perspectives on sexuality education in my country. Almost everyone placed the United States between the "sex negative" and "neutral" positions on the continuum.

It is interesting to note that, while the eastern European countries would like us to share our expertise and resources with them, they fear our moralistic approach. The western Europeans are proud of their "advanced" standing on the continuum, but they, too, fear that "sex negativism," like everything else from the United States, would soon be exported to their countries.

During the summer of 1992, the International AIDS Conference took place in the Netherlands, whose government, incidentally, just announced the lowering of the age of consent to twelve years. Though the conference was originally scheduled for Boston, organizers moved it to Amsterdam as a way of protesting discriminatory American laws concerning visitors to this country who are persons with AIDS. Encouragingly, Surgeon

General Antonia Novella now speaks of being less moralistic, and more realistic, in dealing with HIV/AIDS.

But why such moralism in the United States? Many times during my travels, I was struck by the contrast in sexual expression between my country and those I visited. In explaining the difference, the two terms that my European colleagues mentioned repeatedly were "personal autonomy" and "religious freedom." I felt confused and angry that the United States, a leader in the world, a country that, in its early years, championed such values, could now be so disrespectful of them. How ironic that, as we recognize the 500th anniversary of the arrival of Columbus and the legions who followed him in flight from religious and political intolerance, we, ourselves, have become one of the world's most intolerant, moralistic societies.

Perhaps my greatest challenge met me when I returned to the United States and worked on adolescent sexuality with groups of teenagers, teachers, or other professionals. What should I say? Refreshed by a new sense of teen sexual expression I gained while in Europe, my vision now includes the openness of parent-child relationships, open affirmation of the diversity of sexual relationships, and the powerful practicality of educational materials such as *Sex: A Guide for the Young*, which I've integrated into my professional training to challenge others' visions.

While I found no magic answers to my original questions, I gained many new, unanswered questions from my explorations. My international colleagues were useful in reminding me that when I'm feeling frustrated, demoralized, and confused, I should remember the importance of my vision. They were optimistic about change in the United States, constantly remarking that a young country is prone to mistakes in its development. Finally, they instilled in me a reminder to keep the young people foremost in my mind, for, as Hedy d'Ancona noted in her concluding remarks, encouraging a positive sense of sexual expression can help them enjoy a healthy future in a healthy society:

Policy-makers must continue to devote specific attention to sex... We remain convinced that continuing sexual openness and attention to the subject are the habits best calculated to enable people to exploit their sexual potential and enjoy their sex lives, as well as avoiding frustration and trauma. It seems reasonable to assume that satisfying sexual contacts and relationships will have a beneficial effect on the mental and physical health of the people concerned and will consequently help them to function better both as individuals and as members of society.

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## **MY FAMILY VALUES**

**Debra W. Haffner**

I recently taped a national NBC television talk show on adolescent sexuality. After it was over, one of the other panelists came up to me and said, "I'm praying for you and your family." I said, as I usually do, "Thank you." She then continued, with a face contorted by hatred, "because you are all going to burn in hell." She proceeded to tell me that she prays nightly for the demise of organizations like SIECUS and Planned Parenthood. Trying to maintain a sense of respect, I answered that I hoped she would respect my values as I respected her own. She furiously responded "You have no values!"

I was stunned by her hatred and intolerance. I come from a religious tradition that teaches that every person has dignity and self worth, and that respects and accepts diversity in personal values. I struggle with how to maintain this respect in the face of such intolerance. In this situation, I simply excused myself. Only later did I think of the response, "I think Jesus would be very troubled by your hatred."

It may be naive, but it never ceases to surprise me when those who proclaim themselves as "Christian" and "pro-family" are so willing to express their hatred and intolerance. The far right agenda against sexuality education, reproductive rights, homosexuality, and women's rights, are often couched as "pro-family." Gary Bauer, the Director of the Family Research Council of Focus on the Family, wrote in a recent issue of *The Citizen*, "The fact is, some people out there are exploiting the fact that the words 'family values' by themselves, are just words. We, in the Focus on the Family community, know what we mean by them: the monogamous, permanent, two-parent family as God's choice for the upbringing of children and the building of society; and the values that undergird that institution, such as fidelity, self-giving, long horizons, hard work, and respect for life, especially as life is exemplified in God's most lovable and most vulnerable creatures—children."

We cannot allow the far right to define family values.

We must define and speak for family values. We are pro-family.

As many of you know, I am the mother of a seven-year-old daughter, and I have been married for over ten years. In my life, there is nothing more important than the well being of my family. I often reflect on the fact that our family is the model that the far right proclaims is the best model for all families. I am fortunate to be raising our child in a committed, loving home with two parents, and with grandparents, aunts, uncles, and cousins only minutes away. It is my family that sustains me, enriches me, and supports me so that I am able to do this work.

But I am acutely aware of how few families are like ours. In my daughter's multi-ethnic, multi-socioeconomic classroom, there are children from two-parent families, children with divorced parents, children living with grandparents, children living in foster homes, and children who seem to shuttle between non-related adults. Some children live with one adult; others live with several. Some

already have had several step parents; some have never known any.

At a recent Congressional briefing SIECUS held on the "Guidelines for Comprehensive Sexuality Education," a member of a Congressional staff asked me about the developmental message about families that teach early elementary school children, "A family consists of two or more people who care for each other in many ways" and "There are different kinds of families." I asked what he meant by the question, and he responded by asking, "Isn't it best to teach children that the best family has two parents?"

I responded that the best family is one that cares for and supports each other. We all know of so-called traditional families where there is domestic violence, physical or sexual abuse, and emotional poverty. We also know of one-parent families where there is great love and support and commitment. I pointed out to the staff members attending the briefing that part of our job in sexuality education is to increase young people's sense of self esteem and competency, and that it would be criminal to suggest to a seven-year-old that his or her family wasn't as good as mine.

I believe that being "pro-family" means supporting all types of families: married families with children, families without children, single parents, blended families, foster care families, gay and lesbian families, and other family environments.

That support must go beyond simple support for pluralism and diversity. We must demand governmental support for true pro-family policies. The United States and South Africa are the only two western cultures without an active government policy on families. People who are "pro-family" must support prenatal care, health coverage for all, parenting leave, quality education, preschool programs, job training programs, anti-poverty efforts, and laws protecting all types of families.

I have just completed reading Forrester Church's new book, *God and Other Famous Liberals*. He writes, "In a pluralistic society, it is impossible to establish security by imposing standards of uniformity. If our security lies in cultivating strong families, every family is involved, not only those that fit a sentimental stereotype. Our goal should be to cultivate an ethic based on maternal values such as self-giving, generosity, compassion, and tenderness. As we discover the nature of our interdependences—that when one suffers we all suffer, that we and our neighbor, even we and our enemy, are truly kin—a new family policy emerges, one that avoids moralistic rhetoric, honors differences, and meets existing needs."

We must not allow anti-abortion, anti-homosexuality, anti-sexuality education forces to define the dialogue on family values. Our country needs a strong family policy that supports all types of families. We need to lead the discussion about family values in our classrooms, offices, religious institutions, and homes. We need to speak out about our family values, and become the truly "pro-family" advocates.

# SIECUS Fact Sheet #3

## On Comprehensive Sexuality Education

### SEXUALITY EDUCATION AND THE SCHOOLS: ISSUES AND ANSWERS

#### **What is sexuality education?**

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from (1) the cognitive domain, (2) the affective domain, and (3) the behavioral domain, including the skills to communicate effectively and make responsible decisions.<sup>1</sup>

#### **Who teaches sexuality education?**

Parents are the primary sexuality educators of their children. Infants and toddlers receive this education when parents talk to them, dress them, show affection, play with them and teach them the names of the parts of their bodies. As children grow, they continue to receive messages about appropriate behaviors and values as they develop relationships within their family and the social environment. Children learn about sexuality through their observations and relationships with parents, friends, teachers, and neighbors; television, music, books, advertisements, and toys teach them about sexual issues.

It is important, however, that the process of sexual learning within the family be supplemented by planned learning opportunities in churches and synagogues, community and youth agencies, and schools.

#### **What about school-based sexuality education?**

School-based sexuality education programs conducted by specially trained educators can add an important dimension to children's ongoing sexual learning. These programs should be developmentally appropriate and include such issues as self-esteem, family relationships, parenting, friendships, values, communication techniques, dating, and decision-making skills. Programs must be carefully planned by each community in order to respect the diversity of values and beliefs present in a classroom.

Although studies indicate that at least six out of ten American teenagers now receive some instruction in school education during their teen years,<sup>2</sup> SIECUS estimates that less than 10% of American young people receive comprehensive sexuality education, kindergarten through twelfth grade.

#### **How do most people learn about sexuality?**

Recent polls indicate that most young people look to their parents as their most important source of information about sexuality. Friends are the second most important source, school courses rank third, and television is fourth. More than two-thirds of young people have talked to their parents about sexuality.<sup>3</sup> Among the adults polled, a much smaller number learned about sex from their own parents (21% from the mother, 5% from the father), yet two-thirds of these adults have talked with their own children about sexual issues.<sup>4</sup> In numerous studies, most parents report that

they are uncomfortable discussing such explicit sexual issues as intercourse, masturbation, homosexuality, and orgasm with their children, and welcome assistance from more formal programs.

#### **Why teach sexuality education in schools?**

The primary goal of sexuality education is the promotion of sexual health. Sexuality education seeks to assist young people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them acquire skills to make decisions now and in the future.

Comprehensive sexuality education programs have four primary goals: 1) to provide accurate information about human sexuality; 2) to provide an opportunity for young people to develop their values, attitudes, and beliefs about sexuality; 3) to help young people develop relationships and interpersonal skills, and 4) to help young people exercise responsibility regarding sexual relationships, including addressing abstinence and encouraging the use of contraception and other sexual health measures.<sup>1</sup>

#### **What should be included in school-based sexuality education?**

The National Guidelines Task Force, composed of representatives from 15 national organizations, schools and universities, has identified six key concepts that should be part of any comprehensive sexuality education program. These are human development, relationships, personal skills, sexual behavior, sexual health, and society and culture. The National Guidelines Task Force issued *Guidelines for Comprehensive Sexuality Education* in October 1991, which include information on teaching 36 sexuality-related topics at age-appropriate levels.<sup>1</sup>

#### **Can school-based programs teach about abstinence and contraception and safer sex?**

A comprehensive sexuality education program for adolescents includes information and exercises about abstinence, decision-making about sexual relationships, and skills useful in resisting pressure to become prematurely involved in sexual behaviors. It also includes information and exercises to help young people avoid unintended pregnancy and sexually transmitted diseases, as well as material on contraception and safer sex practices. This information is vital for those young people who are involved with sexual relationships; it offers, as well, a base of information for young people reaching adulthood.

#### **Does school-based sexuality education work?**

The effectiveness of sexuality education can be measured by increases in knowledge, attitudinal changes, and self-reported behavioral changes. School-based programs increase knowledge about sexual issues, help teens clarify their values, improve communication with parents and friends, and, when combined with a clinic program, facilitate contraceptive use.<sup>5</sup>

Research indicates that young people who have had sexuality education are not more likely to have sexual intercourse than those who have never taken a course.<sup>6,7</sup> Among those teenagers who are having sexual intercourse, students who have taken sexuality education classes are significantly more likely to use contraception.<sup>6,7,8</sup>

The most effective sexuality education programs are comprehensive, skill-based, and linked with community efforts. Innovative programs that combine sexuality education with clinic services and community support may help reduce teenage pregnancy rates. In Baltimore, a school-based education and clinic program led to increased use of contraception by both males and females, delay in first intercourse, and increased use of family planning clinics.<sup>9</sup> A community-based education program with a strong school sexuality education component in South Carolina reduced the community's teen pregnancy rates.<sup>10</sup> A model program in New York that couples sexuality education with health services, self-esteem enhancement, a sports program, tutoring, and job training, decreased pregnancy rates and increased employment and college enrollment.<sup>11</sup>

In San Francisco, a coordinated HIV prevention effort by the schools, media, pharmacies, and local health department led to an increase in condom use by male high school students.<sup>12</sup> In Atlanta, a program for middle school students led to a decrease in the number of teens initiating sexual intercourse and comparatively fewer pregnancies than non-program students.<sup>13</sup> A California program led to significant decreases in unprotected intercourse among students who took the course before they were sexually active, either by delaying the onset of sexual intercourse or by increasing the use of contraceptives.<sup>14</sup> A sequential program taught at Girls, Inc. chapters found that young teens who participated in an assertiveness training program were half as likely to have intercourse as nonparticipants, and that older teen women who participated in a comprehensive sexuality education program were much more likely to use contraception when they did have intercourse.<sup>15</sup> Research studies have clearly indicated that programs that provide young people with information about abstinence *and* contraception and safer sex are most effective in reaching all the young people in a program.

From another perspective, the impact of sexuality education may not be quantifiable. Programs can assist children to be more responsible, knowledgeable, and confident. Comprehensive sexuality education can help enhance physical and mental health and promote greater communication and caring within our society; it can help the individual understand the consequences of one's actions, make appropriate decisions, and develop nonexploitative sexual choices.

### **Who supports sexuality education?**

The vast majority of Americans support sexuality education. In every public opinion poll, more than 8 in 10 parents want sexuality education taught in high schools. Support for HIV/AIDS education is even higher. Ninety four percent of parents think public schools should have an HIV/AIDS education program. More than eight out of ten parents want their children to be taught about safe sex as a way of preventing AIDS.<sup>16</sup>

Many youth and community groups as well as national organizations have adopted policies supportive of sexuality education. More than sixty national organizations have

joined together as the National Coalition to Support Sexuality Education, a coalition of national organizations committed to assuring that all children and youth will receive comprehensive sexuality education by the year 2000. These organizations include the American Library Association, American Medical Association, the American Nursing Association, the American Public Health Association, the American Psychological Association, the National School Boards Association, the U.S. Conference of Mayors, and the National Council of Churches. (A fact sheet on the Coalition is available from SIECUS.)

### **What about government?**

There is no national law or policy on sexuality education. At the present time, 47 states either require or encourage teaching about human sexuality and 48 states either require or encourage teaching about HIV/AIDS. However, in many states these mandates or policies preclude teaching about such subjects as intercourse, abortion, masturbation, homosexuality, condoms and safer sex. Only a few communities have implemented comprehensive sexuality education programs at all grade levels that offer young people the opportunity to discuss their feelings, attitudes, and beliefs about sexual issues and develop the skills to become sexually healthy adults.

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*SIECUS, the Sex Information and Education Council of the U.S., is a private, nonprofit education organization established in 1964 to advocate for comprehensive sexuality education. This fact sheet updates the fact sheet dated September 1988. This fact sheet may be reproduced in its entirety without permission as long as credit is given to SIECUS. For more information about the Guidelines for Comprehensive Sexuality Education and the National Coalition to Support Sexuality Education or to receive a free publications catalog, write to SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036.*

# SEXUALITY AND DISABILITY

## A SIECUS Annotated Bibliography of Available Print Materials

**A**cknowledging the existence and development of sexuality in a person with a disability is difficult for society. There is a tendency to infantilize individuals, regardless of their age, denying their need to learn about themselves, their sexuality and their psychosocial development. Therefore, many individuals with physical or developmental disabilities find themselves in a position where no one in their environment is willing to deal with or even recognize their developing sexuality.

SIECUS advocates that persons with physical and/or mental disabilities receive sexuality education, sexual health care, and opportunities for socializing and sexual expression. Social agencies and health care delivery systems should develop policies and procedures that will ensure that their services and benefits are provided on an equal basis to all persons without discrimination because of disability. Educational and training programs for health care workers and family members are

suggested to enable them to understand and support the normal sexual development and behavior of persons with disabilities.

Please note that SIECUS does not sell or distribute any of the listed publications, other than SIECUS publications. However, almost all of these resources are available for use at SIECUS' Mary S. Calderone Library.

Copies of this bibliography can be purchased from SIECUS' publications department at the following costs: 1-4 copies/\$2.50 each; 5-49 copies/\$2.00 each; 50+ copies/\$1.50 each; plus 15% postage and handling (p/h). SIECUS is located at 130 W. 42nd St., Suite 2500, New York, NY 10036; 212/819-9770.

This annotated listing of sexuality and disability materials was prepared by James Shortridge, Director of Library Services; Laura Steele-Clapp, library assistant, and Jennifer Lamin, volunteer assistant.

### BOOKS

#### An Easy Guide to Loving Carefully for Men and Women

Lynn McKee, Winifred Kempton, Lynne Stiggall, rev. ed.

Basic information on sexual anatomy, reproduction and contraception, suitable for higher functioning mentally handicapped people to read on their own or with a parent. 1987, \$7.25, bulk prices available.

Planned Parenthood: Shasta-Diablo, 1291 Oakland Blvd., Walnut Creek, CA 94596; 510/935-4066.

#### The Baby Challenge: A Handbook on Pregnancy for Women with a Physical Disability

Mukti Jain Campion

An enlightening book on the impact, effect, and outcome of a range of disabilities on pregnancy and childbirth, and of pregnancy and childbirth on physical disabilities. Case histories are cited, followed by outlines of how fertility is affected, the role of genetics, implications of medication, and remission of symptoms. Precautions during pregnancy and labor, interventions during delivery, and what to expect in a postnatal ward. Contact lists are at the end of each chapter, and a chapter for health care professionals is included. 1990, \$14.95.

Routledge, Chapman & Hall, 29 W. 35th St., New York, NY 10001; 212/244-3336.

#### Being Sexual: An Illustrated Sex Education Series for Developmentally Handicapped People SIECCAN

This series includes sixteen books with clear text, engaging drawings, and sex positive information designed for young adults and adults who have difficulty with reading, learning, or communication. Innovative illustrations make this text unique. Audio cassette tapes accompany each book. Available on computer disk. Available fall 1992.

Sex Information & Education Council of Canada, 850 Coxwell Ave., East York, Ontario M4C 5R1 Canada 416/466-5304.

#### Changes in You: A Clearly Illustrated, Simply Worded Explanation of the Changes of Puberty for Boys/Girls Peggy C. Siegel

These books, one for boys and one for girls, are written with a straightforward and sensitive approach to explain changes of puberty in a simple, positive manner. The books emphasize the normal and healthy aspects of puberty, including breast and genital development, menstruation, erections, masturbation, and sexual abuse prevention. A parent guide accompanies each book. 1991, 41pp, \$8.95.

Family Life Education Associates, P.O. Box 7466, Richmond, VA 23221; 804-264-5929.

#### Enabling Romance: A Guide to Love, Sex, and Relationships for the Disabled (And People Who Care About Them)

Ken Kroll & Erica Levy Klein

Explores sexual variations and alternatives to romantic and sexual relationships. Contains specific information on the sexual abilities and limitations of those with spinal cord injuries, multiple sclerosis, blindness, hearing impairments, neuromuscular disorders, amputation, and guidelines on overcoming sexual stereotypes. Offers advice on family planning, safer sex, and establishing intimacy while being sensitive to the needs and conditions of varying disabilities. 1992, 209pp, \$22.50.

Harmony Books/Crown Publishers, Inc., 201 East 50th St., New York, NY 10022; 212/254-1600.

#### Fact Sheet: HIV/AIDS Prevention for People with Disabilities

Sharon Wachsler

This comprehensive fact sheet provides people with disabilities with information about how to prevent AIDS, covering what HIV and AIDS are, explaining the AIDS test, and how to prevent infection. A listing of resources and agencies is included. 1991, 20pp., single copies free.

**Information Center for Individuals with Disabilities, Fort Point Place, 27-43 Wormwood St., Boston, MA 02210-1616; 617/727-5540.**

**Growing Up: A Social and Sexual Education Picture Book for Young People with Mental Retardation**

*Victor Shea and Betty Gordon*

Designed to be read to moderately through severely mentally handicapped students aged 12 and up, although many parts may be suitable for younger students with mild learning problems. Basic information and illustrations are on right of page, and ideas for discussion and further learning activities are on left. Material is in a looseleaf format to allow for tailoring the program to individual needs. 1991, 147pp, \$22.00 +\$3.00 p/h.

*Clinical Center for the Study of Development & Learning Library, UNC-CH, BSRC, CB#7255, Chapel Hill, NC 27599; 919/966-5171.*

**The Illustrated Guide to Better Sex for People with Chronic Pain**

*Robert W. Rothrock & Gabriella D'Amore*

This self-help booklet provides information about frequent problems which interfere with sexual enjoyment and suggests simple, basic solutions. Includes six illustrations exhibiting comfortable sexual positions for various pain disorders, and stresses the importance of communication between partners. 1991, 37pp, \$8.95 +\$3.00 p/h, bulk prices available.

*Director of Sales, 201 Woolston Dr., P.O. Box 1355, Morrisville, PA 19067-0325; 215/736-1266.*

**Intimacy and Disability**

*Barbara F. Waxman, Judi Levin, & June Isaacson Kailes*

Written by individuals who are themselves disabled, this guide assists people with disabilities in overcoming barriers to developing intimate relationships. Topics include: self-image, body image, sexuality, dating, intimacy, contraception, sexual abuse, and a resource list. 1982, \$5.00

*National Rehabilitation Information Center, 8455 Colesville Rd., Suite 935, Silver Spring, MD 20910-3319; 800/346-2742.*

**Learning to Love: A Set of Simple Booklets on Sexuality**

*Brook Advisory Centres*

This series of five new publications are written for young people with learning disabilities. The books provide full and accurate information about sexuality and reproductive health. Titles in the series are: **Contraception, From Child to Adult, How a Baby is Born, Sex**

**and Making Love, and Health & Infections.** 1991, each 23 pp, \$4.95 single copies, \$22.95 for set of five, bulk rates available.

*Brook Advisory Centres, Education & Publications Unit, 24 Albert St., Birmingham B4 7UD England; Tel 021 643 1554.*

**Past Due: A Story of Disability, Pregnancy, & Birth**

*Anne Finger*

A writer, disabled by polio in childhood, explores the complexities of disability and reproductive rights through a personal account of her pregnancy and home birth experience. Disability rights, motherhood, and reproductive freedom are important issues shared in this insightful story. 1990, 200pp, \$10.95.

*The Seal Press, 3131 Western Ave., Suite 410, Seattle, WA 98121-1028; 206/283-7844.*

**The Right to Control What Happens to Your Body: A Straightforward Guide to Issues of Sexuality & Sexual Abuse**

*The G. Allan Roeber Institute*

This guide provides facts and discusses the risk to and incidence of sexual abuse among people with a mental handicap. The language is basic and typed in large print, includes definitions of abuse and assault, and suggests ways of recognizing, treating, and preventing sexual abuse. The book also offers a dictionary, referral sources, and legal resources. 1991, 29pp, \$7.00 Canadian +15% p/h.

*The G. Allan Roeber Institute, Kinsmen Bldg, York University, 4700 Keele St., North York, Ontario M3J 1P3 Canada; 416/661-9611.*

**The Sensuous Heart: Sex after a Heart Attack or Heart Surgery**

*Suzanne Cambre*

A cartoon-style booklet explains emotional and physical needs after multiple injuries or heart surgery, as well as the four phases of sexual activity. The book also answers questions about frequency of sexual activity and suggests comfortable positions. Readers are told what to do about alcohol and the effects on the heart of prescribed drugs, stimulants or illegal drugs. 1990, 21pp, \$3.60 +\$2.00 p/h.

*Pritchett and Hull Associates, Inc., 3440 Oakcliff Rd, NE, Suite 110, Atlanta, GA 30340-3079; 800/241-4925.*

**Sex and the Spinal Cord Injured: Some Questions and Answers**

*M. G. Eisenberg & L. C. Rustad*

Areas discussed include physical attractiveness, aging, drugs, catheters, divorce, adoption, and alternative meth-

ods of sexual expression. 1988, \$2.00.

*Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954; 202/783-3238.*

**Sexual Abuse Prevention Programs and Mental Handicap: A Report Prepared by the G. Allan Roeber Institute**

This Canadian study analyzes several prevention programs in terms of their suitability or adaptability for use with people who have a mental handicap. Examines what information is appropriate and required in a prevention program that deals with the reality of the lives of people with a handicap, and identifies summary findings and general trends among programs studied. Recommendations for future development are also addressed. 1989, 70pp, \$6.00 Canadian +15% p/h.

*The G. Allan Roeber Institute, Kinsmen Bldg, York University, 4700 Keele St., North York, Ontario M3J 1P3 Canada; 416/661-9611.*

**Sexual Concern When Illness or Disability Strikes**

*Carol Sandowski*

Addresses issues such as how medical conditions (arthritis, diabetes, spinal cord injury, alcoholism) may impact sexual functioning or sexual relationships, self-esteem and communication, and treatment for physical and emotional sexual dysfunction. 1989, \$51.50 +\$3.00 p/h.

*Charles C. Thomas Publisher, 2600 South First St., Springfield, IL 62794-9265; 217/789-8980.*

**Sexual Rehabilitation of the Spinal Cord-Injured Patient**

*J. F. J. Leyson, editor*

This book covers issues related to sexual activity and dysfunction in spinal-cord-injured patients. Chapters by over twenty five leading experts in the fields of human sexuality, sexual dysfunction and spinal cord injury cover the nonphysical and nonsurgical aspects of care, as well as the medical and surgical treatment of spinal cord injury. 1991, 560pp, \$89.50.

*Humana Press, Inc., 999 Riverview Dr., Suite 208, Totowa, NJ 07512; 201/256-1699.*

**Sexuality and Multiple Sclerosis, 3rd Ed.**

*Michael Barrett*

Incorporates up-to-date research findings, communication skills for sexual enhancement, new information resources, and positive approaches to sexual adjustment with MS; an excellent

book. Includes sections on single, gay/lesbian, and married relationships, along with discussion concerning medication and its effects on sexual function. Also available in French. 1991, 80pp, single copy free; additional copies subject to price of p/h.

*Multiple Sclerosis Society of Canada, 250 Bloor St., East, Suite 820, Toronto, Ontario M4W 3P9 Canada; 416/922-6065.*

**Survivor: For People with Developmental Disabilities, Who Have Been Sexually Assaulted**  
*Los Angeles Commission on Assaults Against Women.*

Two spiral bound pamphlets, Booklet I, intended for persons with a minimal reading level and intended to be read with the assistance of a teacher or parent and Booklet III, designed for parents, teachers, advocates and others. Booklet II, written for fourth grade reading level, may be available in the future. 1986, single copies free, \$1.50 p/h.

*Los Angeles Commission on Assaults Against Women, 543 North Fairfax Ave., Los Angeles, CA 90036; 213/655-4235.*

**Understanding and Expressing Sexuality: Responsible Choices for Individuals with Developmental Disabilities**

*Rosalyn Kramer Monat-Haller*

Through the use of over fifty case studies, this text discusses sex-positive issues of the person with a developmental disability. Examples of education, counseling, and interaction with individuals with varying degrees of mental retardation and physical limitations are included. Contemporary topics such as AIDS, STDs, sexual exploitation, and sexual abuse are addressed in addition to anatomy and physiology, physical maturation, birth control, marriage and parenthood. The author's own experience in counseling is highlighted, along with a bibliography, resource list, and therapeutic intervention tools. 1992, 250pp, \$25.00.

*Paul H. Brookes Publishing Co., Inc., P.O. Box 10624, Baltimore, MD 21285-0624, 410/337-9580.*

**Vulnerable: Sexual Abuse and People with an Intellectual Handicap**

*The G. Allan Roeber Institute*

A study of sexual abuse among people with intellectual handicaps. This book addresses the denial of sexual feelings among the disabled, the denial of sexual abuse among the disabled, prevalence of sexual abuse, risk factors of developmental disability as related to sexual abuse, treatment and effects of abuse, accessibility of services, preven-

tion, legal issues, and sex offenders who have an intellectual handicap. 1989, 115pp, \$14.00 Canadian +15% p/h

*The G. Allan Roeber Institute, Kinsmen Bldg, York University, 4700 Keele St., North York, Ontario M3J 1P3 Canada; 416/661-9611.*

## **FOR PARENTS**

**An Easy Guide for Caring Parents: Sexuality and Socialization – A Book for Parents of People with Mental Handicaps**

*Lynn McKee & Virginia Blackridge*

Addresses the social needs of children with mental handicaps and other developmental disabilities, and how parents play a crucial role in the education of their children concerning sexuality. This book contains a comprehensive discussion of a child's emerging sexuality, discussing topics such as growing up, responsible sexual behavior, masturbation, social life, sexual orientation, fertility and birth control, sexual abuse, and marriage. 1986, 56 pp., \$7.25 +\$1.50 p/h. Bulk rates available.

*Planned Parenthood: Shasta-Diablo, 1291 Oakland Blvd., Walnut Creek, CA 94596; 510/935-4066.*

**HIV & AIDS Prevention Guide for Parents**

*The ARC*

This guide was developed for parents or care givers to assist in talking about HIV/AIDS with their children who are mentally retarded. Educates the parents, provides illustration and demonstration, lists resources, and includes position statements of the organization. 1991, 14pp, single copy free.

*Publications, National Headquarters of the ARC, P.O. Box 300649, Arlington, TX, 76010; 817/261-6003.*

**How to Thrive, Not Just Survive: A Guide to Developing Independent Life Skills for Blind and Visually Impaired Children and Youth.**

*Rose-Marie Swallow & Kathleen Mary Huebner, editors.*

A practical, hands-on guide for parents, teachers, and everyone involved in helping children develop the skills necessary for daily living, such as orientation and mobility, leisure and recreational activities. Topics include sexuality education, motor development, personal hygiene and grooming, clothing selection, self-esteem, social behavior, communication, and low-vision devices. 1987, 93pp, \$12.95 +\$3.00 p/h.

*American Foundation for The Blind, 15 W. 16th St., New York, NY 10011; 212/620-2000.*

**Love, Sex and Birth Control for Mentally Handicapped People : A Guide for Parents**

*Winifred Kempston, Medora S. Bass and Sol Gordon, eds. 7th rev. ed.*

A parent's guide covering socialization, puberty, abuse, contraception and sexual responsibility. 1985, 36pp., \$2.95, bulk rates available.

*Planned Parenthood of Southeastern Pennsylvania, 1144 Locust St. Philadelphia, PA 19107-5740; 215/351-5590.*

**Shared Feelings: A Parent's Guide to Sexuality Education for Children, Adolescents, and Adults Who Have a Mental Handicap**

*Diane Maksym*

This guide is to help parents of children with mental handicaps learn how to teach their sons and daughters about relationships and sexuality. Chapters include topics about communication, social skills, the human body, decision-making, sexual behavior, sexual abuse, and STDs. A discussion guide for parents accompanies the guide to facilitate support networks with other parents, and includes goal-setting, tips for working in groups, and session outlines for seven 2 to 3 hour meetings. 1990, 181pp, \$16.00 parent guide, \$14.00 discussion guide, Canadian dollars +15% p/h.

*The G. Allan Roeber Institute, Kinsmen Bldg, York University, 4700 Keele St., North York, Ontario M3J 1P3 Canada; 416/661-9611.*

## **PROFESSIONALS**

**Behavioral Intervention in the Sexual Problems of Mentally Handicapped Individuals**

*Lynda K. Mitchell*

This resource book for health professionals presents a wide range of problems and intervention methods for dealing with individuals with a mental handicap. 1985, 116pp, \$26.50.

*Charles C. Thomas, 2600 South First St., Springfield, IL 62794-9265; 217/789-8980.*

**Choices: A Guide to Sex Counseling with Physically Disabled Adults**

*Maureen E. Neistadt & Maureen Freda*

Written for rehabilitation professionals who provide essential, supportive sexuality counseling. Contains guidelines for limited sexuality counseling and examines issues of intimacy and communication; information about functional and sexual difficulties caused by disabilities and the impact of disability on social issues such as privacy, dating, marriage, and childbearing. Also includes summaries of the sexual response cycle, and

literature and organizational resources. 1987, 132pp, \$14.50.

*Robert E. Krieger Publishing Company, P.O. Box 9542, Melbourne, FL 32902-9542; 407/724-9542.*

#### **Courage Above All: Sexual Assault Against Women with Disabilities**

*Liz Stimpson & Margaret C. Best*

This report is a compilation of a Canadian survey of information collected from the Disabled Women's Network. The report includes definitions of terms, descriptions of social and political conditions in which women with disabilities find themselves, comparisons of findings with other studies, recommendations for professionals, a chapter on sexuality education and a reproduction of the questionnaire used, statistical analysis of data, and research findings from the Developmental Disabilities Centre at the University of Alberta. 1991, \$8.90 Canadian.

*DAWN, 180 Dundas St. West, Suite 1700, Toronto, M5G 128 Ontario, Canada; 416/598-2438.*

#### **Disability, Sexuality, & Abuse: An Annotated Bibliography**

*Dick Sobsey et al.*

This comprehensive reference book of over 1,100 entries brings together literature from a wide range of disciplines relevant to sexual abuse, sexual assault, and exploitation of persons with disabilities. Includes research studies, position papers, program descriptions, clinical reports, and media accounts. All entries are listed in alphabetical order and are cross-referenced by subject and author. 1991, 185pp, \$24.00.

*Paul H. Brookes Publishing Co., Inc., P.O. Box 10624, Baltimore, MD 21285-0624; 410/337-9580.*

#### **The HIV Guide: Resources for Board Members and Administrators**

*The ARC*

A practical guide to help local and state chapter executives develop and adopt policies and procedures necessary to address AIDS and HIV infection with staff, consumers, and volunteers. Includes reprints from "Mental Retardation" and the American Assoc. of Univ. Affiliated Programs. 1991, 48 pp, \$6.00.

*Publications, National Headquarters of The ARC, P.O. Box 300649, Arlington, TX 76010; 817/261-6003.*

#### **HIV Infection and Developmental Disabilities: A Resource for Service Providers**

*Allen C. Crocker et al., editors*

Written for health professionals, this text looks at the medical, social, legal,

and educational issues involved in the effort to provide appropriate HIV-related services to people with developmental disabilities. Includes discussion of the developmental needs of children and youth with congenital and acquired HIV infection; special staff concerns, and policy considerations. 1992, 292pp, \$47.00.

*Paul H. Brookes Publishing Co., Inc., P.O. Box 10624, Baltimore, MD 21285-0624; 410/337-9580.*

#### **Sexuality and Chronic Illness: A Comprehensive Approach**

*Leslie R. Schover & Soren Buus Jensen*

A practical guidebook that takes an integrative biopsychosocial approach to treating sexual problems in chronically ill patients. The volume reviews basic skills needed to comfortably discuss sexuality with patients, assess sexual problems using both psychological and medical approaches, and create a systematic treatment plan. 1988, 347pp, \$45.95.

*Guilford Publications, Inc., 72 Spring St., New York, NY 10012; 800/365-7006.*

#### **Sexuality & the Mentally Retarded: A Clinical & Therapeutic Guidebook**

*Rosalyn Kramer Monat*

This book provides a professional, pragmatic, clinical and therapeutic guide on sexuality counseling and sex education for mentally disabled individuals functioning at all levels of performance. Provides ethical challenges, suggestions, and ideas for debate, with chapters on the role of sex counseling, developing healthy psychosocial and sexual attitudes, and public relations for sexuality education/counseling. 1982, 150pp \$21.50 + \$2.00 p/h.

*College-Hill Press, 4284 41st St., San Diego, CA 92105; 800/343-9204.*

#### **Summary of the National Forum on HIV/AIDS Prevention Education for Children and Youth with Special Needs**

This report is the result of an assessment of HIV/AIDS prevention education for special education students by representatives from more than 25 national organizations and government agencies. Findings are described, conclusions and recommendations are made, and an essential reading list is enclosed. 1989, 38pp., single copies free.

*Association for the Advancement of Health Education (AAHE), 1900 Assoc. Dr., Reston, VA 22091; 703/476-3439.*

## **CURRICULA**

#### **Changes in You: An Introduction to Sexual Education Through an Understanding of Puberty**

*Peggy Siegel*

A comprehensive family life education program which helps students from grades 4-9 develop strong, positive feelings about themselves as they make the transition into puberty. Helps girls and boys feel confident and comfortable with the physical and emotional changes of the adolescent years. The complete program includes 73 laminated teaching pictures; illustrated books for student or parental use ("Changes in You" books); parents' guides and a curriculum guide with teaching activities, objectives, lesson plans, and tests. Recommended for use with people with developmental disabilities. 1991, \$199.00.

*James Stanfield Publishing Company, P.O. Box 41058, Santa Barbara, CA 93140; 800/421-6534.*

#### **Circles: A Multi-media Package to Aid in the Development of Appropriate Social/Sexual Behavior in the Developmentally Disabled Individual**

*Marilyn Champagne & Leslie Walker - Hirsch*

Mixed media kit includes curriculum, slides, sound cassettes, photos, wall chart, and discussion guide. A three-part series: Circles I deals with intimacy and relationships; Circles II with sexual abuse prevention; Circle III with STDs, including AIDS. 1987, \$399.00 each, discounts available if purchased in sets.

*James Stanfield Publishing Company, P.O. Box 41058, Santa Barbara, CA 93140; 800/421-6534.*

#### **An Easy Guide for Caring Parents: Sexuality and Socialization**

*Katherine Simpson, editor*

This manual includes curricula for teaching sexuality, self-esteem, and abuse prevention to developmentally and learning disabled students. The curricula contains training outlines and resources, a section on audiovisual instruction, and reproducible teaching pictures. Pre- and post-tests for both curricula are included. 1986, 56pp, \$7.25.

*Planned Parenthood: Shasta Diablo, 1291 Oakland Blvd., Walnut Creek, CA 94596; 510/935-4066.*

#### **The Family Education Program Manual**

*Katherine Simpson, editor*

This manual includes complete curricula for teaching sexuality, self-esteem, and abuse prevention to developmentally and learning disabled students. How

to work with schools, setting up the educational plan, teacher concerns, and working with parents are discussed. It also contains training outlines and resources, a complete section on audiovisual instruction, reproducible teaching graphics, and pre- and post-evaluation tests. 1990, 300pp, \$35.00.

*Planned Parenthood: Shasta-Diablo, 1291 Oakland Blvd., Walnut Creek, CA 94596; 510/935-4066.*

#### **The GYN Exam Handbook: An Illustrated Guide to the Gynecological Examination for Women with Special Needs**

*Maria Olivia Taylor*

This curriculum takes students through the process of a routine pelvic/gynecologic exam and provides the opportunity to approach the exam with comfort and confidence, easing the anxiety often felt during this procedure and promoting responsible female health care. Includes both a handbook with illustrations, and a two-part video; part one is an uninterrupted sequence of the exam, while the second identifies and discusses three major sections of the exam: scheduling an appointment, the breast exam, and the pelvic exam. 1991, 103pgs, two videos, \$199.00.

*James Stanfield Publishing Company, P.O. Box 41058, Santa Barbara, CA 93140; 800/421-6534.*

#### **Human Sexuality: A Portfolio for Persons with Developmental Disabilities, 2nd ed.**

*Victoria Livingston & Mary E. Knapp*

This portfolio, for use by any group in need of basic knowledge about human sexuality, consists of ten separate drawings with large color illustrations of anatomy and sexual functions. Discussion suggestions and script for the teacher printed on the back of each plate. 1991, \$24.95 +15% p/h.

*Bookstore, Planned Parenthood of Seattle-King County, 2211 East Madison, Seattle, WA 98112-5397; 206/328-7716.*

#### **Life Horizons**

*Winifred Kempton*

An updated edition of "Sexuality and the Mentally Handicapped," this two-part curricula includes information on HIV/AIDS, anatomy, puberty, aging, reproduction and contraception, along with over 500 slides. Part II deals with the psychosocial aspects of sexuality, including self-esteem, moral, legal, and social issues, dating, marriage, parenting, and sexual abuse. Contains over 600 slides. 1988, \$399.00 each, \$599.00 both sets.

*James Stanfield Publishing Company, P.O. Box 41058, Santa Barbara, CA 93140; 800/421-6534.*

#### **LIFEFACTS: Essential Information About Life for Persons with Special Needs**

*James Stanfield Company*

This set of seven programs is designed to provide the health education professional with essential materials and information to teach adolescents and adults with developmental and learning disabilities. Three programs specifically address sexuality: AIDS(1991), Sexuality(1990), and Sexual Abuse Prevention (1990). Each curriculum is designed to enable the educator to choose the appropriate level of presentation, depending on students' needs and community attitudes. Each kit includes a curriculum guide, laminated pictures and 35mm slides, student worksheets, and evaluation material. 1991, \$199.00 each, \$993.00 as a package. Discount rates available for combinations of sets.

*James Stanfield Publishing Company, P.O. Box 41058, Santa Barbara, CA 93140; 800/421-6534.*

#### **Not a Child Anymore**

*Brooke Advisory Centers*

Designed for use with young adults with developmental disabilities, this twelve-part module training program covers topics such as: range of human relationships, anatomy, physiological development, reproduction, pregnancy and childbirth, child care, sexual relationships, contraception and STDs. Each module is self-contained, enabling presenters to follow the interest and needs of the group. A teacher's manual, evaluation kit, illustrations, flipfolder of the human body, and fabric kits to make anatomically correct 3D models are included. 1991, \$350.00 for complete program.

*Brook Advisory Centres, Education and Publications Unit, 24 Albert St., Birmingham B4 7UD England; Tel 021 643 1554.*

#### **Positive Approaches: A Sexuality Guide for Teaching Developmentally Disabled Persons**

*Lisa Maurer*

This guide provides a format for teachers, parents, and caregivers to assist persons with developmental disabilities in acquiring knowledge and skills in understanding and expressing their individual sexuality in a safe and appropriate manner, while illustrating the history of this subject. Background information is coupled with a variety of exercises, fact sheets and programs concerning anatomy, physiology, birth control, contraception, relationships, pregnancy, and parenting. 1991, 91pp, \$40.00.

*Education Dept., Planned Parenthood of Delaware, 625 Shipley St., Wilmington, DE 19801; 302/655-7293.*

#### **Safe and Okay: Elementary Level. A No-Go-Tell Curriculum for Disabled Children (Grades 3-6)**

*Shella Brenner & Elizabeth J. Krents*

Building on the No-Go-Tell curriculum, this manual deals with child abuse prevention for disabled children. The curriculum is made up of sixty-five lesson plans divided into three sections: interpersonal relationships, appropriate touch, and inappropriate touch. Personal safety issues are discussed through black and white drawings to demonstrate concepts; and activities such as role-play exercises are included, avoiding "stranger-danger" types of confusing messages. \$125.00 New York State, \$325.00 outside NY.

*Child Abuse and Disabled Children Program, The Lexington Center, Inc., 30th Ave. & 75th St., Jackson Heights, NY 11370; 718/899-8800, 718/899-3030 ITY only.*

#### **SAFE: Stopping AIDS through Functional Education**

*Judith Hylton*

This is a comprehensive instructional package for adolescents and adults who have developmental disabilities or other serious learning problem. The package contains guidelines for developing a comprehensive HIV/AIDS prevention program; eighteen lessons on AIDS, such as how people get AIDS, saying "no" to unwanted sex, and safer sex; six video segments showing how adolescents and adults can deal with challenges of AIDS prevention; four illustrated brochures; twenty-eight slides and illustrations, and activities for promoting discussion. 1990, 200pp, \$60.00.

*Child Development and Rehabilitation Center, CDRC/OHSU, P.O. Box 574, Portland OR 97207-0574; 503/494-7522.*

#### **Sex Education for Persons with Disabilities that Hinder Learning: A Teacher's Guide**

*Winifred Kempton & Frank Caparulo*

An invaluable resource for educators, revised and expanded. Covers effective teaching techniques and strategies and defines the major components of a comprehensive sexuality program. Includes a bibliography. 1989, 200pp, \$24.95 +15% p/h.

*James Stanfield Publishing Company, P.O. Box 41058, Santa Barbara, CA 93140; 800/421-6534.*

#### **Sexuality: A Curriculum for Individuals Who Have Difficulty with Traditional Learning Methods**

*Susan Ludwig*

Developed by a teacher of individuals with developmental handicaps, this manual includes topics on feelings, self-

esteem, anatomy, puberty, reproduction, social behavior, birth control, and STDs. Each section contains information presented in a wide range of ways, from the most simple and concrete to the more difficult and abstract; provides open-ended activities, which can be adapted to the student's prior knowledge and individual needs of the group. Sessions for parents or care givers are suggested throughout to enhance the spirit of cooperation. 1989, 145pp, \$38.00 Canadian.

*The Regional Municipality of York Public Health, Community Health Nursing, 22 Prospect St., Newmarket, Ontario L3Y 3S9 Canada.*

**Signs for Sexuality: A Resource Manual for Deaf and Hard of Hearing Individuals, Their Families, and Professionals, 2nd ed.**

*Marilyn Minkin & Laurie Rosen-Ritt*

Contains updated information on sexual abuse, STDs, and reproductive health with more than 600 photographs illustrating 250 vocabulary terms associated with human sexuality, a birth control appendix, and female and male anatomy drawings. 1991, \$24.95 +15% p/h.

*Bookstore, Planned Parenthood of Seattle-King County, 2211 East Madison, Seattle, WA 98112-5397; 206/328-7716.*

**Smooth Sailing into the Next Generation: The Causes and Prevention of Mental Retardation**

*Diane Plumridge and Judith Hylton*

A training manual for professionals which provides specific information about the preventable causes of mental retardation. Defines mental retardation, discusses its known causes, and outlines several decision points and possible choices one might make which would increase or decrease the risk of producing children with a mental disability. Personal responsibility is emphasized, along with the importance of planned pregnancy and parenthood within a lifestyle of mature behavior. 1989, 139pp, 19.95 +\$2.00 p/h. Bulk rates available.

*R & E Publishers, Robert D. Deed, Publisher, P.O. Box 2008, Saratoga, CA 95070; 408/866-6303.*

**Special Education: Secondary F.L.A.S.H. (Family Life and Sexual Health: A Curricula for 5th through 10th Grades)**

*Jane Stangle*

Part of a complete set of curricula, this comprehensive program is designed to provide practical teaching experiences and functional tools to adolescents in special education programs. Objectives address the physical, emotional, and safety aspects of sexuality education, and encourage parent and family involve-

ment. Includes a section on preparing sexuality programs in your community and lesson plans on relationships, communication, exploitation, anatomy, reproduction, STDs and AIDS, and lists further resources. The program contains guidelines for answering students' questions, recommended audiovisuals, preparation suggestions, and masters for all transparencies and student handouts. 1991, 301pp, \$35.00 +15% p/h.

*Seattle-King County Dept. of Public Health, Family Planning Publications, 110 Prefontaine Ave. South, Suite 300, Seattle, WA 98104; 206/296-4672.*

**Training of Trainers for Utilizing the Team Approach to Teaching HIV and AIDS Prevention to Children with Special Needs**

*Council for Exceptional Children & Center for Disease Control*

This manual, divided into seven sections, includes topics providing participants with an overview of comprehensive school health education and special education, information about HIV/AIDS, human diversity, cooperative teaching, HIV/AIDS prevention and education curricula and evaluation strategies, policies related to special education students and HIV/AIDS prevention education, and resources for teaching HIV/AIDS education. 1991, 300+pp, single copy free.

*Professional Health Education Network, Association for the Advancement of Health Education, 1900 Association Dr., Reston, VA 22091; 703/476-3437.*

**JOURNALS/NEWSLETTERS**

**Connections: The Newsletter of the National Center for Youth with Disabilities**

This newsletter covers a variety of issues pertaining to youths with disabilities and is devoted to improving the health and social functioning of youth with disabilities through providing technical assistance and consultation, disseminating information, and increasing coordination of services between the health care system and others. Sexuality issues are often addressed. Free.

*National Center for Youth with Disabilities (NCYD), Box 721, University of Minnesota Hospital & Clinic, Harvard St. at East River Rd., Minneapolis, MN 55455; 800/333-6293.*

**Exceptional Parents: Guide for Active Adults with Disabilities**

This magazine, published quarterly, provides a forum for the exchange of ideas by parents, people with disabilities and professionals. Covers topics

such as education and work, fitness and health, recreation and leisure, sexuality and relationships, financial planning, technology, and law and public policy. \$18.00/yr.

*Psy-Ed Corporation, 1170 Commonwealth Ave., 3rd Fl., Boston, MA 02134-9942; 800/852-2884.*

**Information Plus: A Practical Guide for Nurses Dealing with Health and Psycho-Sexual Issues in the Field of Developmental Disabilities**

This quarterly newsletter, published for nurses and other professionals, provides services to persons with developmental disabilities and/or mental health concerns. Articles include case studies followed by discussions of some of the issues involved in nursing intervention with special population clients. Occasional case studies address sexuality issues, and provide references for further reading. Single copy subscriptions free.

*Information Plus, 6121 Nevada Ave., NW, Washington, DC 20015.*

**Journal of Sexuality and Disability**

A quarterly journal devoted to the psychological and medical aspects of sexuality in rehabilitation and community settings. The journal publishes clinical reports, case studies, research and survey reports, guidelines for clinical practice, consumer articles, and papers on contemporary developments in special programs on sexuality education and counseling for people with disabilities. \$102.00/yr institutional, \$38.00/yr personal, outside U.S. \$45.00.

*Human Sciences Press, Inc., 233 Spring St., New York, NY 10013-1578; 212/620-8466.*

**NICHCY: News Digest**

*National Information Center for Children & Youth with Disabilities*

Published three times a year, this newsletter has a special publication on sexuality education for children and youth with disabilities. A variety of articles are covered which will assist parents and professionals meet the challenge of preparing young people with disabilities to make responsible decisions, form relationships with others, and experience the full dimension of life. 1992 Vol 1(3), 27pp., single copies free.

*NICHCY, P.O. Box 1492, Washington, DC 20013; 800/999-5599, 703/893-8614 TDD.*

**People Net: A Persons & Networking Newsletter by & for Disabled Persons**

This international newsletter is published three times a year as a service to assist single men and women with dis-

abilities to meet new friends. \$24.00/yr.  
*People Net, P.O. Box 897, Levittown,  
NY 11756; 516/579-4043.*

#### **Spinal Network Extra**

Resource magazine for the wheelchair community. Information on science, sports, regeneration, computers, travel, employment, sexuality, resources, and news. \$5.00 single copies, \$15.00/year, \$25.00/two years.

*Spinal Associates, Ltd., P.O. Box 4162,  
Boulder, CO 80306; 303/449-5412.*

#### **Women in Spinal Cord Evolution (WISE)**

This independent group was formed to address the specific needs of women survivors of traumatic spinal cord injury. WISE offers a mailing list, support groups, speakers, workshops, and outreach.

*Mary L. Bernard, 1798 Valley Side  
Dr., Frederick, MD 21702; 301/694-7519.*

#### **DATABASES**

#### **Exceptional Child Education Resources**

##### *Council for Exceptional Children*

The ECER database contains more than 70,000 abstracts of published literature in special education covering the education and development of disabled and gifted individuals. The quarterly journal, "Exceptional Child Education Resources," provides abstracts and indexes of the most recent additions to the ECER database. Also includes books, dissertations, and selected journal articles not included in the ERIC collection. Available online through the BRS and DIALOG services.

*Council for Exceptional Children,  
1920 Association Drive, Arlington, VA  
22091; 703/620-3660.*

#### **CYDLINE**

##### *National Center for Youth With Disabilities.*

Contains a bibliographic file of articles, and program file of institutions and agencies that provide educational or other services. Available in menu driven or command mode, the database provides searching on several fields, including state and affiliation in the program database.

*National Center for Youth with Disabilities, Adolescent Health Program, Box 721, University of Minnesota Hospital and Clinic, Minneapolis, MN 55455; 800/333-6293.*

#### **ORGANIZATIONS**

The ARC: National Organization on Mental Retardation  
500 E. Border St., Suite 300  
Arlington, TX 76010  
817/261-6003  
817/277-0553 TDD

AIDS Education for the Deaf  
8350 Santa Monica Blvd., Suite 103  
West Hollywood, CA 90069  
213/654-5822

American Foundation for the Blind, Inc.  
15 W. 16th St.  
New York, NY 10011  
212/620-2000  
800/ABLIND

Arthritis Foundation  
P.O. Box 19000  
Atlanta, GA 30326  
800/283-7800

Association for Sexual Adjustment in Disability  
P.O. Box 3579  
Downey, CA 90292

Beyond Sound  
9770 Via Nola  
Burbank, CA 91504

The B. C. Coalition of People with Disabilities  
AIDS & Disability Action Project  
#204-456 W. Broadway  
Vancouver, BC V5Y 1R3 Canada  
604/875-0188

Coalition on Sexuality & Disability, Inc. (CSD)  
122 E. 23rd St.  
New York, NY 10010  
212/242-3900

National AIDS Hotline for Deaf & Hearing-Impaired People  
800/243-7889 TDD/TTY

Gallaudet University Library  
800 Florida Ave., NE  
Washington, DC 20003  
202/651-5236

Health Library  
Stanford University  
Palo Alto, CA  
415/725-8400

Information Center for Individuals with Disabilities  
20 Park Plaza, Rm 330  
Boston, MA 02116  
617/727-5540

National Center for Youth with Disabilities  
Univ. of Minnesota, Box 721-UMHC  
Harvard St. at East River Rd.  
Minneapolis, MN 55455  
800/333-6293  
612/624-3939 TDD

National Chronic Pain Outreach Association  
7979 Old Georgetown Rd., Suite 100  
Bethesda, MD 20814  
301/652-4948

New York Young Adult Institute  
460 W. 34th St.  
New York, NY 10001  
212/563-7474

Planned Parenthood of SE Pennsylvania  
1144 Locust St.  
Philadelphia, PA 19107-5740  
215/351-5590

Sex and Disability Information & Referral Service  
814 Mission St., 2nd Floor  
San Francisco, CA 94103

Sex Information & Education Council of the U.S. (SIECUS)  
130 W. 42nd St., Suite 2500  
New York, NY 10036  
212/819-9770

Sexuality and Developmental Disability Network  
SIECCAN  
850 Coxwell Ave.  
East York, Ontario M4C 5R1 Canada  
416/466-5304

Sexuality and Disability Training Center  
University Hospital  
75 E. Newton St.  
Boston, MA 02118  
617/638-7358

Task Force on Sexuality of the American Congress of Rehabilitation Medicine  
30 N. Michigan Ave.  
Chicago, IL 60602

Xandria Collection Special Education for Disabled People  
Lawrence Research Group  
874 Dubuque Ave.  
San Francisco, CA 94080

Women's Educational Equity Act Publishing Center  
Education Development Center  
55 Chapel St, Suite 200  
Newton, MA 02160  
800/225-3088

# •BOOKS•BOOKS•BOOKS•BOOKS•BOOKS•

## CONSTRUCTING THE SEXUAL CRUCIBLE: An Integration of Sexual and Marital Therapy

David M. Schnarch  
New York: W.W. Norton, 1991, 636 pp., \$39.95 hc.

In his book, *Constructing the Sexual Crucible*, David M. Schnarch is as unsparing of his readers as he is of his patients. The reader enters a literary crucible, much as the author's patients enter a sexual crucible, "a resilient vessel in which metamorphic processes occur; a secondary meaning refers to Christ's crucifixion" (pp. xv). As this dramatic frame suggests, this is a highly personal book, a lengthy essay that risks presumptuousness in its unapologetic declarations of the author's philosophy of life. We are told that life is pain, that therapy is a "gut-wrenching" encounter, that "loving is not for the weak," that we fear loving as we fear death, and that we are threatened by change. This sermonizing makes one wonder what audience Schnarch has in mind. It would also be easier to accept these pronouncements if alternative existential positions were granted.

Although Schnarch's ideology is presented as being beyond question, and although he makes no effort to conceal his contempt for less ambitious and aggressive approaches ("treatment is not completed until patients can have eyes-open orgasms"), he also offers a prodigious work of scholarship, painstakingly summarizing the literature of sex therapy, marital and family therapy, and object relations theory, as well as the more academic fields of self-development, intimacy, and spirituality. This encyclopedic coverage makes the book a valuable reference, since few of us are familiar with such a broad range of issues.

Perhaps, given Schnarch's existential position, he can be pardoned for omitting any mention of hypnosis. However, he also has almost nothing to say about sexual abuse, harassment, and the potential for coercion in intimate sexual relationships.

Schnarch does, however, deal with major theoretical and therapeutic controversies that have been ignored until now, since there is as yet no tradition of scholarly debate in the sexuality field, which is often considered a monolithic one in introductory texts. Schnarch is the first to identify opposing conceptions (e.g., Masters and Johnson versus Helen Singer Kaplan) and, further, to systematize the lines of debate. For this alone, the book is a valuable contribution. This is also the

first professional publication to be highly explicit: "Motionless silence and noisy pile-driving can both be devastatingly erotic when conducted in the right ambience; it is hot, soothing, and highly intimate. Unfortunately, pile-driving often results from avoidance of eroticism, shallow levels of partner engagement, and lack of comfort with one's body." (p. 84). Although Schnarch decries a focus on technique, he is unusually directive in this regard: "It's your penis and it's up to you how you move it, but you might try moving slower and shorter strokes" (p. 447).

Schnarch's clinical approach may be too idiosyncratic for most readers to find helpful. His emphasis on the ubiquity of resistance, game playing, and power struggles identifies him most closely as a systemic therapist, but his judgmental and value-laden interventions are entirely his own. He is highly active and confrontational, playing devil's advocate, lecturing, sparring, openly admiring of "courage." Schnarch is as provocative with his patients as he is with his readers. He can be openly scornful, as in this intervention: "If you are willing to kill yourself, or at least your sexual pleasure, trying to live up to your expectation of what a real man is, and you are still feeling inadequate, then I guess you have already made it to being a 'real man'" (p. 497).

I unreservedly recommend this book for its review and deconstruction of the literature, as well as for the author's bold and explicit discussions of sexual practices. If Schnarch's personal philosophizing, his preference for obscure and abstract language, and his clinical posturing do not daunt his readership, this book should be a milestone in the field.

*Reviewed by Bernard Apfelbaum, PhD,  
Director, Berkeley Sex Therapy Group,  
Berkeley, California.*

## THE A-Z OF WOMEN'S SPIRITUALITY

Ada P. Kahn and Linda Hughey Holt, MD  
New York: Facts on File, 1990, 362 pp., \$14.95 hc.

*The A-Z of Women's Sexuality*, co-written by a medical writer and doctor specializing in obstetrics and gynecology, provides comprehensive information about virtually every aspect of women's sexuality. The guide is organized in a dictionary format, which provides easy access to any subject. Topics include the social, historical, physical and psychological components of sexuality, and range from contraception and AIDS, to sexual abuse and harassment, to breast

cancer and hysterectomies. The guide is appropriate for use by health educators as well as a personal reference for women of all ages.

This book assists women in separating the myths from the realities of sexual health, and contains objective, concise and thorough information on all included topics. Although much of the content related to issues of sexuality can be volatile, the authors refrain from including values-laden terms in the definitions. The entries are non-sexist, non-homophobic, and non-racist. The definition of sexuality reads, in part, "Sexuality encompasses being comfortable with sexual fantasies and the erotic zones of the body as well as with one's own gender identity, although no specific set of behaviors or sexual preference is necessary to have a sense of one's own sexuality." Topics covered in depth include menstruation, orgasm, the sexual response cycle, and sexually-transmitted diseases.

One particularly effective aspect of the guide is the use of extensive cross-referencing; for instance, a listing for body image is followed by "See also anorexia nervosa; bulimia; sex appeal; eating disorders". This allows readers to research similar issues and gain more extensive information from a broader perspective. Referrals, which include addresses and phone numbers, to organizations that explore specific topics in greater depth—such as Planned Parenthood, SIECUS, and the National Gay and Lesbian Task Force—also provide readers with additional sources of information.

One limitation of *The A-Z of Women's Sexuality* is that on some issues the included information is already outdated; as development progresses in current topics, such as HIV/AIDS, contraception and breast cancer, this book will fail to provide the latest information. Already, in this 1990 edition, there is no mention of AZT, an experimental drug sometimes used to delay the onset of AIDS symptoms. Occasionally *The A-Z of Women's Sexuality* gives somewhat incomplete definitions. Although substantial detail about each method of contraception is included, for example, specific information about the effectiveness of these methods is omitted. The book incorrectly states that the IUD was taken off the market, without mentioning why; refers only to the negative side effects of the birth control pill, and describes the practice of genetic counseling without discussing its potential uses and abuses. Precise information on high and low risk behavior in terms of

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HIV/AIDS transmission and the use of condoms during anal and oral sex is omitted.

*The A-Z Guide to Women's Sexuality* is an excellent reference tool for both health educators and women—and their partners—of all ages. This guide provides thorough and accurate information on any and all issues related to women's sexuality.

*Reviewed by Catherine Sanderson, a National Science Foundation Fellow who is in the doctoral program in Social Psychology at Princeton University.*

## THE WHITNEY COUSINS: AMELIA

Jean Thesman  
New York: Avon Books, 1990, 139 pp., \$2.95 pb.

The *Whitney Cousins: Amelia* is a novel for young adolescents on the issue of date rape. Amelia, a high school sophomore, is the narrator of the story. She begins by providing general details on her family, friends, and high school experience, then leads up to her date with Warren. Although Amelia escapes from the situation, (she succeeds only in opening her blouse), she is angry and embarrassed. Amelia does not immediately confide in her friends and family, but then learns that Warren has told people at school that she calls him frequently and wants to date him. She eventually reveals the attempted rape to her parents and close friends. The remainder of the book discusses Amelia's reaction to the experience, as well as the reactions of her family, friends, and school peers.

Although Amelia's story is believable and basically enlightening, the novel does create unrealistic expectations about avoiding date rape. Warren is consistently portrayed as a "wrong boy." Even prior to their date, Amelia describes him as "different from the other boys...there was something about him that bothered me, something I couldn't explain to myself." Yet boys who use physical or emotional coercion on dates may not always be so obvious. The reader is left with the idealistic and incorrect impression that "nice boys" do not commit date rape.

Despite this one weakness, the novel provides insight into the timely topic of date rape. Through Amelia's process of understanding what has happened to her, the author touches on a range of typical responses to date rape. Amelia initially denies that the experi-

ence was an attempted rape, has nightmares about the incident, withdraws from her family and friends, and is wary of dating other boys. As she gradually confides in others, however, Amelia regains some self-confidence, assertiveness, and awareness that her experience may not be so unique. In the first chapter, Amelia describes another girl, Valerie, who dates Warren: "She wore too much makeup, dated the wrong boys, stayed out too late, and did all the other things that the rest of us wouldn't have been caught dead doing." But after Amelia's experience, she realizes that perhaps Valerie is less different from herself and her friend than they have assumed. Amelia recognizes that if Valerie were a victim of date rape, most would believe she had "brought it on herself." Yet Valerie, too, may be a victim of vicious rumors and possibly date rape.

In addition to providing information about how the survivor may react, the novel also describes a variety of perspectives on date rape. A boy who asked Amelia to a school dance suddenly cancels the date once he learns about her experience with Warren. He asks, "What did you do to make him think that he could..." and clearly blames Amelia for the incident. Warren continues to claim that Amelia is lying, and some students and even teachers hint that she has created the story. Others, however, support Amelia. One friend has a sister who was raped, and tells Amelia "What Warren did to you is against the law." A secretary at school implies that she, too, has been a survivor of attempted rape, and the school nurse lets Amelia know that other girls have had similar experiences and reactions.

The *Whitney Cousins: Amelia* portrays a vivid and primarily realistic account of a teenager's experience with attempted date rape. The novel provides information about avoiding coercive dating situations, discusses several reactions to date rape, and describes the emotional stages that a person may encounter. Amelia's voice remains believable throughout the story, and will certainly be one with which young teenagers can relate. The *Whitney Cousins: Amelia* is one of few fiction books for adolescents on the subject of date rape, and will certainly increase awareness and understanding of this complex issue. This knowledge is essential for teenagers.

*Reviewed by Catherine Sanderson. See biography above.*

## DOES ANYONE STILL REMEMBER WHEN SEX WAS FUN?

### *Positive Sexuality in the Age of AIDS (2nd Ed.)*

Peter B. Anderson, Diane de Mauro, & Raymond J. Noonan, Editors  
Dubuque, Iowa: Kendall/Hunt Publishing Co., 1992, 224 pp., \$11.95 pb.

What a refreshing book to emerge from the "AIDies"! An anthology that delivers more than its title promises, this is a scientific, thoughtful, thorough, and optimistic look at everything from the evolution of human sexuality to the logic, effectiveness, and international politics of HIV/AIDS prevention campaigns. *Does Anyone Still Remember When Sex Was Fun?* is also a well-documented examination of the language used to promote safer sex in the '90s. This collection, compiled by a group of educators and doctoral students associated with the human sexuality program at New York University — all of whom were spawned in the "free sex" '60s and "me sex" '70s, who once despaired that the onset of AIDS would lead us into an era of "no sex" — is an ambitious undertaking. The book tackles an impressive spectrum of issues related to AIDS: biological, medical, sociological, political, educational, and spiritual, dealing with them all from a purposely sex-positive perspective.

Raymond J. Noonan's "Survival Strategies for Lovers" reminds those who gained their sexual experience in the '80s of some common-sense suggestions many may have forgotten. Peter B. Anderson's "Expanding our Sexual Horizons," and Michael Shernoff's "The Changing Face of Gay Men's Sexuality" combine well, leaving little to the imagination, offering both a rationale and "how to" for a repertoire of sensual and sexual activities that can both protect us from risk of HIV and enrich us interpersonally.

Joan Lambert's admittedly brief synthesis of evolutionary theory succinctly explains the roles of both reproductive sexual behavior and sexual pleasure in the development of the human species. With a new paradigm, she draws us into an appreciation of the role of touching — formerly known as grooming — in humans, as the most highly evolved mammals, and submits a particularly fascinating analysis of the role of sexuality in diffusing male aggression and violence based on Prescott's anthropological studies. This is a most welcome addition to

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lecture material for a college or higher-level human sexuality class.

In a moving, poignant chapter, Mark O. Bigler, a Mormon elder and HIV coordinator for Phoenix House in New York City, challenges churches and their members to put into practice the most basic of their beliefs — unconditional love and caring — in the face of the HIV/AIDS epidemic. Making a clear distinction between organized religion and spirituality, he lists many opportunities for all of us to overcome negative themes of the past, and, instead, to promote positive sexuality during this time of crisis.

One of the few questions I might put to the authors of this very well-researched volume concerns the logic and necessity of their assessment of the levels of risk in specific sexual behaviors, as Anderson did in "Some Comments about HIV Transmission," and Noonan did in "The Politics of Sexuality and AIDS." I would also question Noonan's analysis of HIV/AIDS in comparison to other preventable dangers, such as smoking, alcohol, and motor vehicle accidents. Also, further discussion might have been included on the many variables that make sexual decision-making more often than not, far from logical, including relationship issues, self-esteem, dependencies, and use of mood-altering substances.

Noonan's article on the politics of sexuality and AIDS is a biting assessment of the sex-negativity of many HIV/AIDS prevention campaigns, offering instead a "Sane Sex" approach which emphasizes reducing the risk of HIV exposure in a way that is appropriate to individual sexual lifestyles. He deals directly and positively with AIDS-related fears and anxieties (ARFA) as well as with the dramatized danger of multiple partners.

Many a sexuality educator, SIECUS readers included, may be taken aback to see one of the AIDS prevention movement's sacred cows seriously questioned in Noonan's analysis of the politics of sexuality and AIDS: "By having sex with someone, you are *not* having sex with every other partner your lover has had in the last ten or eleven years, contrary to that catchy slogan that continues to be promulgated. Using such a slogan implies to many a view of sexuality that denigrates *all* sexual experience, no matter how valid or valuable it is or has been."

In both this article and Kutchinsky's "The Roles of Safer Sex and HIV Testing in AIDS Prevention," mathematically sound empirical arguments are proposed that attempt to debilitate the myth that

sex with multiple partners alone puts one at high risk of contracting HIV/AIDS. In fact, most of the heterosexual women with HIV/AIDS are monogamous partners of infected persons. Repeated doses of the infected semen, this argument goes, are more likely to increase the likelihood of infection. "While increasing the number of sexual partners — each of whom *theoretically* has an equal chance of being HIV-infected or not infected — will *not* increase your risk of HIV infection appreciably, if at all, *what you do*, in terms of what precautions you do or do not take, increases your chances of [acquiring] *any* kind of infection even more," says Noonan. Recent findings announced at the International AIDS Conference in Amsterdam about the increasing worldwide prevalence of AIDS in women, especially among those involved in prostitution in Asia and Africa, raise considerable doubt about the authors' testimony regarding multiple partners and heterosexual transmission.

Berl Kutchinsky of the University of Copenhagen, Denmark, evaluates HIV/AIDS prevention campaigns, and concludes that neither empirical data nor theoretical considerations justify the exclusive use of safer sex campaigns as a means of controlling HIV infection. He espouses the concept of voluntary and comprehensive HIV testing as an equally important HIV/AIDS prevention method, and a complement to safer sex. After a review of behavior-change evidence which is familiar to most of us, but which we would like to deny, and comparing behavior change in gay groups with the general population, he leads us to a conclusion that comes close to home: our perceived risk acts as the central variable in changing behaviors as complex as those that transmit HIV. Presenting the pros and cons to ten major objections to mass testing for HIV, he incisively argues every aspect of this issue that any trainer, ethicist, or professional debater would ever confront.

And finally, leaving no population group untouched, this anthology provides concrete material to those charged with educating youth about sexuality in this age, so fraught with dangers. Linda Hendrixson opens "Helping Youth Make Healthy Choices" with a straightforward call for sexuality educators to answer questions concerning their own beliefs and behaviors before they project them onto their impressionable young audiences. She gives the reader an outline of guidelines for sexuality and HIV/AIDS prevention education set in the context

of comprehensive health promotion that moves from pre-school to young children, pre-teens, and adolescents. Two SIECUS bibliographies on HIV/AIDS-related resources complete this volume with a useful listing of professional organizations and materials.

*Does Anyone Still Remember When Sex Was Fun?* is dedicated to "those who are struggling with the issues of when, whether, and how to have sexual relationships within a positive framework." This reviewer feels the content of this anthology goes well beyond this personal focus and could reach a much broader market than both its title and dedication imply. It would be a welcome addition to current texts used in college sexuality classes and is a "must read" for the new cadre of HIV/AIDS educators and trainers springing up at a variety of community-based sites around the country. Backed up with recent research and projections, this book could be a valuable resource, answering, as it does, nearly every question that could be posed by the uninformed, the conservative, or the merely curious.

*Reviewed by Pat Hanson, PhD, health promotion consultant, California State University at Chico.*

## SEXUAL DEVELOPMENT OF YOUNG CHILDREN

Virginia Lively and Edwin Lively  
Albany, NY: Delmar Publishers, 1991,  
198 pp.

From its clever cover (pink and blue merging in to purple at the Greek symbols for male and female) to its overriding holistic definition of sexuality ("something we *are* rather than something we *do*"), this work thoughtfully and skillfully addresses an area long neglected in sexuality and child development literature. As the authors rightly lament in explaining the origins of this book, the overwhelming majority of research and scholarly writing on pre-adult sexuality has been, in fact, about adolescent sexuality. Few, if any, attempts have been made to organize a comprehensive overview of sexuality issues in infancy and early childhood.....until now.

Although there are abundant suggestions for parents, the authors present their work as a text for human/child development courses, and /or teachers and others who work with young children. However, the tone is neither dry nor pedantic. With its numerous anecdotal pre-

sentations, case studies, and children's drawings, all of which solidly reify the theoretical concept presented, the content is very approachable and "reader-friendly." The primary author is a kindergarten teacher, and her experience and understanding of young children gives consistent philosophical structure to the work. Her compassion and insight are perhaps most evidenced in a statement which could stand on its own as the overriding premise of the book: "When a young person feels unloved or unwanted, whether at home or in the preschool system, it affects the interpretation of all that happens to him or her...."

Authors Lively and Lively reference SIECUS' co-founder Dr. Mary Calderone regarding prenatal sexuality; discuss issues of adult body image and sexual trust as they relate to bonding in infancy, and repeatedly stress the significance of adult modeling, especially in the mother/father relationship. The differences between genetic gender (female/male), gender roles (feminine/masculine), and sexual orientation are emphasized in a thorough presentation of gender identity formation, in which Green and others are prominently and properly referenced. The authors give adequate attention to sexuality-related problems and difficulties in childhood, including a chapter on sexual abuse. However, the book's overall tone is refreshingly upbeat and sex-positive—what a rare treat!

The authors conclude with two unique and well-done final chapters on contemporary cultural issues which have affected child sexuality, shedding an interdisciplinary light on major topics addressed. Excellent "Questions for Discussion" sections at the end of each chapter and a thorough index contribute to the work's value as a textbook, although editing slip-ups mar the bibliography, with numerous typos, including three in one reference. All in all, however, *Sexual Development of Young Children* is an important, and long-overdue, treatment of a critical issue in sexuality. Highly recommended to therapists, child developmentalists, educators, and parents.

*Reviewed by Mary M. Krueger, PhD, director of health education, Emory University, Atlanta, Georgia.*

## •A/V Review•

### WHOSE CHOICE?

1990, 28-minute video documentary produced by Video Dialog Inc. VHS (\$22) and 3/4 inch formats with viewer's guide available from Communications Resources Foundation, PO Box 148, Chapel Hill, NC 27514; 919/4280.

Roe v. Wade attorney Sarah Weddington hosts this documentary on reproductive rights. The fundamental question—whose choice?—is used to focus to controversy which rages in this country. Will it be the woman herself who decides, in all good conscience, whether to terminate an unwanted pregnancy? Or will it be some branch of government? In this case, the point of view is clear as diverse voices—physicians, theologians, researchers, attorneys, mothers and daughters, and women who have made the choice—converge to build a strong case for the woman's right to choose.

*Whose Choice?* opens with rousing scenes of the 1989 March on Washington, and features Sarah Weddington in the role of teacher leading a seminar with a group of young men and women. Unfortunately there is a contrived quality to these seminar sequences which are interspersed throughout the videotape, and it detracts from the potential impact of one of the movement's most articulate spokespersons. But the interviews which follow more than make up for this flaw.

Through a family physician and his assistant in Montana, we see a medical perspective on abortion and are reminded that, because there are substantially fewer abortion providers, access to abortion has decreased in recent years. With deep compassion, this physician speaks to the tragedy we would face were we to turn the clock back twenty years and return to illegal, unsafe abortions and criminal prosecutions of the physicians who performed them.

At the same time that we contemplate this scenario of regression in human health and civil rights, we are confronted with the virtual lack of advances in research on contraceptive technology. As a premier researcher in the field points out, at the beginning of the 90's decade we are forced to rely on the technology developed in the 60s and 70s. Although it is not explicit, viewers should not miss the irony inherent in the fact that the same groups who would prohibit abortion also impede the development of new and more effective ways to prevent the need for it.

*Whose Choice?* dispels the notion, which right wing fundamentalists have worked diligently to create, that to be religious is to be against choice. And, with its emphasis on freedom of belief, this documentary reinforces the need to uphold the doctrine of separation of church and state established to protect American citizens from the infringements, abuse and political turmoil which can result from religious bias. The executive director of the Religious Coalition for Abor-

tion Rights, consisting of representatives from 35 faiths, affirms the coalition's commitment to religious freedom, and to a view of women as "moral, thinking human beings who make wise decisions." The voices of a Hispanic Methodist minister, a reform Jewish rabbi, an Episcopalian priest, and a Catholic theologian provide strong and thoughtful validation for the position that, while abortion is not an easy choice, the decision must ultimately rest with the woman.

Perhaps most compelling are the voices of women who have experienced abortion, personally or through the experiences of their peers. Here the issue of choice is profoundly personal and moving as women articulate their beliefs and their commitment to the protection of their daughters' right to privacy and self-determination.

*Whose Choice?* was released in 1990 shortly after the Supreme Court's Webster decision opened the door to the enactment of state laws restricting abortion. The fact that the debate—and the gradual erosion of rights—continues in our courts, in Congress, and in our communities is disturbing, and reinforces the need to guard against complacency in the arena of reproductive rights.

Two years later, the arguments which make this a powerful educational and advocacy tool continue to be relevant and persuasive: that ready access to safe and legal abortion for every woman must be preserved as a first line of defense against growing anti-choice attacks on contraceptive services and research (and sexuality education); that strong religious support for abortion rights exists in the United States, and has enormous potential political value; and that intensive, sustained action in the decade of the 90s is essential to support pro-choice candidates, policies, and programs.

Sexuality educators, especially those who work in the field of family planning, will find *Whose Choice?* an excellent resource in organizing communities to support full access to sexual and reproductive health information and services. At a time when these issues have become so highly politicized, it is especially important for young people as well as adults to be informed, active participants in the fight for the right to make critical life decisions free from bigotry, censorship, and government interference.

*Reviewed by Trish Moylan Torruella, Director of Education, Planned Parenthood Federation of America, Inc.*

**THIS YEAR  
VOTE AS IF YOUR LIFE  
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# Conference and Seminar Calendar

**1992 NATIONAL SKILLS BUILDING CONFERENCE, "RESULTS," October 8-11, 1992.** Sponsored by the AIDS National Interfaith Network, National Association of People with AIDS, and National Minority AIDS Council. For volunteers, staff and board members from CBOs, with over 120 workshops/seminars in communications, development and fundraising, financial management, general management, program planning and evaluation. Preconference one-day institutes will address AIDS and the Black Church, housing, women, public policy, nutrition. Contact: 1992 National Skills Building Conference, 300 Eye Street NE, Suite 400, Washington, DC 20003-4389, 202/544-1076, fax 202/544-0378.

**AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY'S (AAMFT) 50TH ANNIVERSARY CONFERENCE, October 15-18, 1992.** Fontainebleau Hilton Resort & Spa, Miami Beach, Florida. Contact: AAMFT Conference, Department 5107, Washington, DC 20061-5107, 202/452-0109, fax 202/223-2329.

**THE MENNINGER CLINIC'S THIRD ANNUAL CONFERENCE, "SEXUAL RELATIONSHIPS: ISSUES OF THE 90s," October 16-18, 1992.** Sponsored by the Division of Continuing Education and The Center for Sexual Health, Menninger Clinic, in cooperation with the American Association of Sex Educators, Counselors, and Therapists (AASECT). Lectures will include: Sexual Abuse: Relationship Ramifications; Affairs and Triangulation; Coming Out in the Marriage, and Sexuality and Menopause. Menninger Clinic Seeley Conference Center, Topeka, Kansas. Contact: Division of Continuing Education, The Menninger Clinic, Box 829, Topeka, KS 66601-0829, 800/288-7377, fax 913/273-9941.

**NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN'S 15TH NATIONAL CONFERENCE, "USING THE LAW FOR CHILDREN: NEW HORIZONS FOR ATTORNEYS AND EXPERT WITNESSES," October 18-20, 1992.** Will provide interdisciplinary training for attorneys and expert witnesses on new developments in pediatric law and practice, including special challenges in representing and advocating for children. Session topics will include How To Get Resources for Child Abuse Prevention, Promoting Family Preservation and Permanency, and Meeting Defense Arguments in Child Abuse Cases, and Cultural Barriers to Medical Care of Children. Philadelphia Hilton & Towers, Philadelphia, Pennsylvania. Contact: National Association of Counsel for Children, 1205 Oneida Street, Denver, CO 80220, 303/322-2260.

**AMERICAN HUMANE ASSOCIATION'S 116TH ANNUAL MEETING AND CONFERENCE, "FRAMEWORK FOR CHANGE: BUILDING AN AWARE AND CARING SOCIETY," October 21-23, 1992.** Will focus on key issues within the field of child abuse and neglect for social workers, administrators, judges,

health professionals, teachers, volunteers and concerned individuals, to build communities that address the needs of abused and neglected children and their families. San Diego Princess Resort, San Diego, California. Contact: Nancy Coburn, Conference Coordinator, The American Humane Association, 63 Inverness Drive East, Englewood, CO 80112-5117, 303/792-9900.

**PLANNED PARENTHOOD FEDERATION OF AMERICA'S (PPFA) 1992 ANNUAL CONFERENCE, "FACES OF PRO-CHOICE AMERICA," October 21-25, 1992.** Professionals in health care and human rights will meet to exchange ideas and to preserve and improve reproductive healthcare services for all women and men. Hyatt Regency Chicago, Chicago, Illinois. Contact: PPFA, 810 Seventh Avenue, New York, NY 10019, 212/261-4603, fax 212/765-4711.

**NATIONAL COUNCIL OF FAMILY RELATIONS' (NCFR) 54TH ANNUAL CONFERENCE, "FAMILIES AND WORK," November 5-10, 1992.** Will feature focus groups, workshops, speakers, posters, symposia, exhibits, and a video festival. Will offer an online publications database, Inventory of Marriage and Family Literature (IMFL), with topics that include: Reproductive Issues; Marriage/Family Counseling and Therapy; Family Sexuality; Marriage, Divorce, and Remarriage; and The Family and Human Development. Clarion Plaza Hotel, Orlando, Florida. Contact: Cynthia Winter, Conference Coordinator, NCFR, 3989 Central Avenue NE, Suite 550, Minneapolis, MN 55421, 612/781-9331, fax 612/781-9348.

**NATIONAL GAY AND LESBIAN TASK FORCE (NGLTF) POLICY INSTITUTE'S 5TH ANNUAL NATIONAL ORGANIZING AND SKILLS BUILDING CONFERENCE, "CREATING CHANGE," November 13-15, 1992.** Will also include three pre-conference intensives for lesbian and gay activists and organizers: "Campus Organizing Institute" (November 11), "People of Color Organizing Institute" and "Diversity Training Institute" (November 12). Los Angeles Airport Hilton, Los Angeles, California. Contact: Creating Change 1992, NGLTF Policy Institute, 1734 14th Street NW, Washington, DC 20009-4309, 202/332-6483, TTY 202/332-6219.

**NATIONAL ORGANIZATION ON ADOLESCENT PREGNANCY AND PARENTING, INC'S 1992 ANNUAL CONFERENCE, "MEETING THE CHALLENGE: DIVERSE STRATEGIES TO ACHIEVE COMMON GOALS," November 18-21, 1992.** Nationally known leaders and representative of adolescent pregnancy care and/or prevention programs or projects will share the secrets of their success in addressing hard-to-reach youth, including rural youth, males, culturally diverse youth, dropouts, homeless and the chemically dependent. The Holiday Inn Crowne Plaza, Rockville, MD. Contact: NOAPP Annual Conference, 442-A East West Highway, Bethesda, MD 20814, 301/913-0378.

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