A HISTORY OF FEDERAL FUNDING FOR

ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

EXECUTIVE SUMMARY

Government funding of abstinence-only-until-marriage programs is not new. In fact, the federal government has poured taxpayer money into such programs for over a quarter century. Beginning in 1981 under the Reagan administration, the federal government has consistently funded abstinence-only-until-marriage programs despite an overwhelming body of research proving they are ineffective and fail to achieve their stated goals. Funding for these unproven programs grew exponentially from 1996 until 2006, particularly during the years of the George W. Bush administration. The funding leveled out between 2006 and 2009 and then was reduced significantly in 2010. Between 1996 and federal Fiscal Year (FY) 2018, Congress has funneled over \$2.1 billion in taxpayer dollars into abstinence-only-until-marriage programs, and that funding continues today. (See the <u>Dedicated Federal Abstinence-Only-Until-Marriage Programs Funding by Fiscal Year</u> graph and chart for more information.)

Fiscal Year 2010 marked a significant shift in the federal government's funding for abstinence-only-until-marriage programs. After nearly thirty years of federal support for such programs, the Obama administration and Congress eliminated the two discretionary funding streams for abstinence-only-until-marriage programs—the Community-Based Abstinence Education (CBAE) grant program and the abstinence-only-until-marriage portion of the Adolescent Family Life Act (AFLA). In addition, Congress allowed a third funding stream, the Title V abstinence-only-until-marriage program, to expire on June 30, 2009. Unfortunately, in March 2010, that program was resurrected as part of passage of the *Patient Protection and Affordable Care Act*, which allocated \$50 million a year in mandatory funding for five years (2010–2014; a total of \$250 million).

Abstinence-only-until-marriage proponents in Congress once again gained traction in FY 2012 with the creation of the discretionary "Competitive Abstinence Education" (CAE) grant program, funded at \$5 million per year for FYs 2012–2015. This program was rebranded as the "Sexual Risk Avoidance Education" (SRAE) program in FY 2016, but the original abstinence-only-until-marriage intent remains: to focus on a limited aspect of prevention and deprive young people of their right to receive the information and education they need to lead healthy lives. As of FY 2018, this program was funded at \$25 million—a five-fold increase in funding since its inception.

In addition, in FY 2018, the Title V abstinence-only state-grant program was also renamed the "Sexual Risk Avoidance Education" program. It now mandates that grantees adhere to strict, new program requirements that often prohibit from teaching young people about the benefits of condoms and contraception. This program has been extended, and in FY 2016, it received an increase from \$50 million to \$75 million per year. The \$100 million in federal abstinence-only-until-marriage funding in FY 2018 continues and expands a harmful 37-year history of wasting taxpayer dollars on ineffective programs.

Detailed below is the extensive history of the federal government's funding for abstinence-only-until-marriage programs as well as the attempt to rebrand these programs as "sexual risk avoidance education." Despite the new name, this is a continuation of funding for the same stigmatizing and shame-based programs. Though so-called "sexual risk avoidance education" programs have co-opted the language of sex education proponents and public health programs, they continue to leave young people without the information they need to make decisions about their sexual health.

DEDICATED FEDERAL FUNDING STREAMS FOR ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

Since 1981, the federal government has provided funding for abstinence-only-until-marriage programs through five separate funding streams. The Adolescent Family Life Act (AFLA) was the first of these, created in 1981, followed by the Title V abstinence-only-until-marriage program, created in 1996 as part of welfare reform legislation. These were followed by the CBAE program, the most restrictive of the funding streams, created in 2000, and finally the newest funding stream, created first in 2011 as the CAE grant program and renamed as the SRAE program in 2015.

There are now two dedicated federal funding streams for abstinence-only-until-marriage programs—the Title V abstinence-only-until-marriage program and SRAE—and the Trump administration is attempting to create a third dedicated funding stream by contravening the congressional intent of the federal Teen Pregnancy Prevention Program (TPPP). Details on the history and content of each funding stream are below.

Adolescent Family Life Act

The Adolescent Family Life Act (AFLA) was quietly signed into law in 1981 as Title XX of the Public Health Service Act without hearings or floor votes in the U.S. Congress. In addition to providing comprehensive support services to pregnant and parenting teens and their families, AFLA was established to promote "chastity" and "self-discipline."

The program always had a pregnancy-prevention component aimed at discouraging premarital sexual behavior among teens and "encouraging abstinence until marriage." Beginning in FY 1997, however, the prevention funds within AFLA were explicitly tied to the more stringent eight-point A–H definition of "abstinence education" found in the Title V abstinence-only-until-marriage program (see below). This change created a stricter interpretation of what must be taught. Faith-based organizations were eligible to receive AFLA funds; however, they were prohibited from using government money to teach or promote religion as the result of a 1988 court case that challenged AFLA for violating the First Amendment's prohibition of the government encouraging or promoting religion. While the Supreme Court upheld the constitutionality of AFLA, an eventual settlement, agreed upon by the involved parties, required that sexuality education provided by AFLA "...may not include religious references, may not be offered in a site used for religious worship services, or offered in sites with religious iconography."

Abstinence-only-until-marriage programs have received nearly \$210 million through AFLA since the law was enacted. From FYs 2005–2009, abstinence-only-until-marriage programs under AFLA received \$13 million per year. In December 2010, Congress passed the *Consolidated Appropriations Act of 2010*, which eliminated all existing discretionary funding for abstinence-only-until-marriage programs that were funded at the time, including the portion of AFLA that had been tied to the A–H definition of abstinence-only-until-marriage programs. This bill marked the first time since 1981 that abstinence-only-until-marriage programs did not receive dedicated federal funding through AFLA. The abstinence-only-until-marriage portion of AFLA continued to receive zero funding through FY 2018.

Title V Abstinence-Only-Until-Marriage Program

The Temporary Assistance for Needy Families Act (TANF), better known as "welfare reform," was signed into law in 1996. This welfare reform law enacted Title V, Section 510(b) of the Social Security Act, which established a new federal funding stream to provide grants to states for abstinence-only-until-marriage programs. The program was originally administered by the Maternal and Child Health Bureau (MCHB) at the U.S. Department of Health and Human Services (HHS). Similar to AFLA, this program was enacted quietly, without public or legislative debate.

The creation of the Title V abstinence-only-until-marriage program marked a significant shift in resources and ideology from pregnancy prevention to promoting abstinence from sexual activity outside of marriage, at any age. The intent of Congress in drafting the provision was made clear in comments by congressional staff members, Ron Haskins and Carol Statuto Bevan, who were instrumental in crafting the "abstinence education" language. They wrote that, while some might consider the standard required by the law to be

outdated, it "was intended to align Congress with the social tradition...that sex should be confined to married couples." 5

Under the Title V abstinence-only-until-marriage program, HHS originally allocated \$50 million in federal funds each year to the states based on a federal formula related to the number of low-income youth in each state. States that chose to accept these funds were required to match every four federal dollars with three state-raised dollars. These states were then responsible for using the funds or distributing them to subgrantees such as community-based organizations, schools, county and state health departments, faith-based organizations, media campaigns, or other entities. Every state except California has at one time accepted Title V abstinence-only-until-marriage funds.

With the passage of the Title V abstinence-only program came an eight-point federal statutory definition of "abstinence education." Until the federal definition was revised in 2017, all programs that received Title V abstinence-only-until-marriage funds were governed by this definition, which specified:

Section 510 (b) of Title V of the Social Security Act, P.L. 104–193 For the purposes of this section, the term "abstinence education" means an educational or motivational program which: has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity; teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children; teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems; teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity; teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects; teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society; teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and

Because the first element of the definition required that Title V-funded abstinence-only-until-marriage programs deem their "exclusive purpose" to be the promotion of abstinence outside of marriage, programs could not in any way advocate contraceptive use or discuss contraceptive methods except to emphasize their failure rates. Guidelines issued by MCHB in May 1997 stated that, "it is not necessary to place equal emphasis on each element of the definition;" however, according to the guidance, "a project may not be inconsistent with any aspect of the abstinence education definition." This language gave states flexibility in designing their abstinence-only-until-marriage programs and message; however, states were still unable to discuss any positive aspects of contraception. In these guidelines, MCHB also recommended that states apply the legal precedent that while faith-based organizations were eligible for funding, they were prohibited from using government money to teach or promote religion.

teaches the importance of attaining self-sufficiency before engaging in sexual activity.

In FY 2005, the Bush Administration moved control over the funding stream to the Administration for Children and Families (ACF) within HHS, which, at the time, was more conservative than MCHB. In FY 2007, ACF issued more restrictive program guidance which required states to "meaningfully represent each" element of the definition of abstinence-only-until-marriage programs. Historically, the program announcement did not specify the age of intended participants, thus allowing many states to choose to focus on the importance of delaying sexual initiation among younger youth ages 9–14. But the FY 2007 guidance stated that Title V-funded programs must focus on individuals ages 12–29, despite the fact that many of those individuals no longer fall

into the category of "youth" at all. This change also ignored the reality that, according to the National Center for Health Statistics, over 90% of people ages 20 to 29 had sexual intercourse. This was further evidence that this funding stream was based on a conservative ideology prohibiting sex outside of marriage.

In 2007, the same year that the new guidance was released, findings were published from a congressionally mandated study of the Title V abstinence-only-until-marriage program. The study found that federally funded Title V abstinence-only-until-marriage programs had no beneficial impact on young people's sexual behavior. The study, conducted by Mathematica Policy Research over nine years, at a cost of almost \$8 million and on behalf of HHS, closely examined four hand-picked programs considered by state officials and abstinence-only-until-marriage experts to be especially promising. Even so, after following more than 2,000 teens for as long as six years, the evaluation found that none of the four programs were able to demonstrate a statistically significant beneficial impact on young people's sexual behavior. Students in the abstinence-only programs had a similar number of sexual partners and a similar age of first sexual intercourse as their peers not in the programs. This report followed the findings from 13 states, including such states as Kansas, Texas, T

The Title V abstinence-only-until-marriage program was originally authorized for five years, 1998–2002. After years of continuing resolutions extending the program, it was officially reauthorized in July 2008 for a 12-month extension and received \$50 million in federal funds for FY 2009. The program was then allowed to expire by Congress on June 30, 2009. Due to the expiration of the grant, three months prior to the end of the federal fiscal year, the states that did accept the funding received three quarters of the total funding allocated for the full fiscal year.

There is a long history of states declining abstinence-only-until-marriage funding, led by California and Maine. California has never accepted Title V abstinence-only funding due in large part to its own state evaluations showing that abstinence-only-until-marriage programs are ineffective. Maine was the next to decline funding beginning in 2005 because the programs would put the state out of compliance with their own laws. New Jersey then declined funding in 2006. The New Jersey Governor's office cautioned that accepting the funding could cost the state money because students may require sexuality education to clarify the partial and misinformation taught within abstinence-only-until-marriage programs. As states completed their own evaluations of their abstinence-only-until-marriage programs, several decided to decline funding based on the findings. By FY 2007, 10 states had declined funding under the program. By the time the program expired in June 2009, nearly half of the states had chosen not to participate. Most states based the decision to decline funding on strong research and evaluations showing that abstinence-only-until-marriage programs are ineffective. These principled rejections came from geographically diverse parts of the country and were not unique to any one political party affiliation.

After the expiration of the Title V abstinence-only-until-marriage program in June 2009, there were several attempts by conservative lawmakers to continue the funding. They were ultimately successful in resurrecting the program by inserting funding for the Title V abstinence-only-until-marriage program into the Senate version of health care reform legislation (the *Patient Protection and Affordable Care Act*). The language remained in the final legislation, and this extension totaled \$250 million for abstinence-only-until-marriage programs for a five-year period (2010–2014).

ACF released the first Funding Opportunity Announcement (FOA) for the Title V abstinence-only program under the Obama administration in July 2010. Although the new Title V abstinence-only guidance issued in the FOA was more flexible than it had been in previous years, programs funded with Title V abstinence-only money were still required to teach abstinence to the exclusion of other topics. Programs had to ensure that abstinence from sexual activity was an expected outcome and no funds could be used in ways that contradicted the A–H federal abstinence-only-until-marriage definition. These restrictions meant that states still could not use Title V abstinence-only funds to provide comprehensive information about contraception or otherwise provide young people with the complete education they need and deserve. In addition, the Title V abstinence-only program continued to require states to provide a match of three state dollars for every four federal dollars received. Despite its increased flexibility in FY 2010, only 30 states and Puerto Rico applied for Title V abstinence-only funding.

Title V abstinence-only funding received level funding of \$50 million through FY 2015. However, in advance of FY 2016, the program was not only extended for two years but also received a 50 percent increase from \$50 million to \$75 million per year. Through FY 2017, the program continued to be tied to the A–H definition of "abstinence education." Then, in the *Consolidated Appropriations Act of 2018*, the program was renamed the "Title V Sexual Risk Avoidance Education" program and legislative language was significantly revised. The program redefined its purpose, now requiring that grantees "implement education exclusively on sexual risk avoidance (meaning voluntarily refraining from sexual activity)." They must also "ensure that the unambiguous and primary emphasis and context for each topic" included in a newly adopted A–F definition of abstinence-only "is a message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity." With this newly revised federal definition, all programs that receive Title V abstinence-only-until-marriage funds are governed by this new A–F definition, which specifies:

Section 510 (b) of Title V of the Social Security Act, P.L. 104–193

Education on sexual risk avoidance pursuant to an allotment under this section shall address each of the following topics:

- A the holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future;
- **B** the advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth;
- the increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity;
- **D** the foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families;
- E how other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex; and
- how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that, even with consent, teen sex remains a youth risk behavior.

Legislative language also specifies that, "Education on sexual risk avoidance pursuant to an allotment under this section shall ensure that—

- (A) any information provided on contraception is medically accurate and complete and ensures that students understand that contraception offers physical risk reduction, but not risk elimination; and
- (B) the education does not include demonstrations, simulations, or distribution of contraceptive devices."

While all states and US territories are eligible for funding, the Title V abstinence-only program currently funds only 37 states and two territories. Historically, the unused funds from those that chose not to apply would have reverted back to the Treasury. However, beginning in FY 2018, if a state does not apply for the funds, HHS may now allot funds to one or more entities in that state the amount that would be allotted to the state through a competitive grant process. In addition, the state-match provision is no longer required and funding was extended through FY 2019.

Community-Based Abstinence Education

In October 2000, the federal government created yet another funding stream to support abstinence-only-until-marriage programs. Under this third funding stream, originally known as Special Projects of Regional and National Significance—Community-Based Abstinence Education (SPRANS—CBAE), the federal government awarded grants directly to state and local organizations. Until FY 2005, SPRANS—CBAE was administered within HHS by the MCHB. Beginning in FY 2005, however, this funding stream was also moved to ACF, which at the time was more conservative. At that time SPRANS-CBAE began to be known simply as the Community-Based Abstinence Education (CBAE) program.

Funding for CBAE began in FY 2001 at \$20 million. By FY 2006, CBAE increased over 450% to a total of \$113 million, and that funding stayed level for two more years. For FY 2009, the program was cut by \$14.2 million, bringing its funding down to \$99 million. The following year, Congress passed the *Consolidated Appropriations Act of 2010*, which eliminated all existing discretionary funding for abstinence-only- until-marriage programs, including all funding for the CBAE grant program. CBAE continued to receive zero funding through FY 2011.

Under Title V abstinence-only-until-marriage funding, states ultimately decided which programs received funding. However, for CBAE funding, all decisions bypassed the state approval process entirely. Instead, HHS awarded grants directly to community-based organizations. From its inception, programs funded under CBAE were required to teach all eight points in the federal statutory definition of "abstinence education" that was enshrined in law at the time. These more restrictive standards were clearly an attempt by conservative lawmakers to gain greater control over federal abstinence-only-until-marriage funding. In fact, certain lawmakers sought to prevent money from supporting media campaigns, youth development, and after-school programs, arguing that such programs diluted the abstinence message, did not sufficiently focus on marriage, and violated the intent of Title V's eight-point "abstinence education" definition.

By far the most restrictive of the three funding streams that were simultaneously supported by the federal government, CBAE became even more ideologically driven in early 2006 when ACF released a new funding announcement and identified its new vision for CBAE programs. This guidance viewed sexual abstinence prior to marriage as an approach that would lead to a happier life, including having a healthier marriage and children, earning more money, being more "honorable" and "responsible" parents, having integrity, attaining a better education, having fewer psychological disorders, avoiding drug, alcohol, and tobacco use, committing fewer crimes and staying out of prison, and having a longer life span. 14 The guidelines stated that grantees could not provide program participants with positive information about contraception or safer-sex practices, even in other settings and with non-CBAE funds. Specifically, the 2006 guidance noted that, "Material must not encourage the use of any type of contraceptive outside of marriage or refer to abstinence as a form of contraception." In the event that there was any confusion, the grant announcement further warned that, "Sex education programs that promote the use of contraceptives are not eligible for funding." The guidelines also broadened the definition of abstinence from avoiding sexual intercourse to abstaining from all "sexual activity," which "refers to any type of genital contact or sexual stimulation between two persons, including, but not limited to sexual intercourse." Thus, educators were even further restricted in what they could teach.

In December 2004, Representative Henry Waxman (D-CA) released a report in his role as minority leader of the House Committee on Government Reform. The report documented that 11 of the 13 abstinence-only-until-marriage programs most widely used by CBAE grantees contained false, misleading, or distorted information about reproductive health and misrepresentations about the effectiveness of condoms in preventing STIs and pregnancy, as well as gender stereotypes, moral judgments, religious concepts, and factual errors. The A report released by the non-partisan Government Accountability Office (GAO) in November 2006 found that ACF was providing very little oversight of abstinence-only-until-marriage programs and noted that the federal agency did not review its grantees' materials for scientific accuracy or even require grantees to review their own materials for scientific accuracy. The second seco

In response to this criticism, ACF's FY 2007 grant announcement specified that "medical information presented in all curricula funded under this program announcement [must be] accurate," and that "mass produced materials" regarding sexually transmitted diseases (STDs) must contain medically accurate information regarding the "effectiveness or lack of effectiveness of condoms in preventing the sexually transmitted disease the materials are designed to address." Unfortunately, this requirement was largely ineffective, as grantees were required only to sign an assurance saying the materials in their programs were medically accurate. In reality, many of the grantees continued to use curricula and materials that contained serious medical inaccuracies.

In April 2008, after decades of funding these ineffective, shaming programs, Congress held the first-ever hearing on abstinence-only-until-marriage programs. Witnesses included leading medical and sexual health experts from across the country who testified on the ineffectiveness of the programs, youth who spoke about

the program's effects on their lives, and several government officials and Members of Congress. The vast majority of researchers testified that abstinence-only-until-marriage programs were ineffective at getting young people to delay sexual initiation and had not been effective at reducing teen pregnancies or HIV and other STIs. They called for an end to federal funding for the programs and called for funds to instead be spent on comprehensive sexuality education that had been proven to be effective. This hearing marked the beginning of the end for the CBAE program; the following year, the program received its first-ever cut and the program was finally ended in FY 2010.

Competitive Abstinence Education

After two years without federal discretionary funding for abstinence-only-until-marriage programs, Congress revived an annually appropriated competitive grant program. The Competitive Abstinence Education (CAE) program carved out dollars from teen pregnancy prevention funding that supported more comprehensive approaches to sex education. This new grant program was established within the *Consolidated Appropriations Act of FY 2012* and was administered by ACF. Program requirements were tied to the Social Security Act Title V, Section 510(b), A–H definition that was on the books at the time. Grantees were required to adhere to the exclusive purpose of "abstinence education" as defined by the A–H statute and provide mentoring, counseling, and adult supervision toward the promotion of abstaining from sex outside of marriage. As implemented by ACF, the programs had to be medically accurate. CAE provided two-year grants to community and faith-based organizations and was funded at roughly \$5 million per year for FYs 2012–2015.

Sexual Risk Avoidance Education

The discretionary SRAE competitive grant program replaced the CAE grant program in FY 2016 appropriations. Administered by FYSB within ACF under HHS, the SRAE program was an attempt by abstinence-only advocates to rebrand their harmful, failed programs as "Sexual Risk Avoidance," or "SRA." This rebranding reflects language that the abstinence-only-until-marriage organization Ascend (previously called the National Abstinence Education Association) started using to overcome the negative characterization they felt abstinence-only programs had developed due to overwhelming evidence that the programs are, at their best, ineffective, and, at their worst, harmful. In this rebranding effort, Ascend co-opted risk reduction language used by proponents of sex education and the public health community in order to make their programs seem more in line with experts in this field. But the substance of these programs remained the same. Shortly after Ascend's rebranding effort, its former CEO Valerie Huber was interviewed for Focus on the Family's magazine and explained, "When we're talking about any potential risk behavior, the messaging and the skills around that should be designed to help that individual avoid all the risks." Shortly after this interview, Ms. Huber became the Senior Policy Advisor for the Office of the Assistant Secretary for Health at HHS, with oversight of federal abstinence-only-until-marriage funding. Through the language of SRAE, Ms. Huber has made clear that "avoid all the risks" translates to "abstinence" and "avoiding sex."

SRA curricula attempt to frame delaying sex and childbearing as the solution to society's problems. One such key strategy being used to convince people of the alleged success of SRA is called "success sequencing." The approach posits that if teens achieve three specific goals, they will greatly reduce their chances of ending up in poverty. The sequence states teens should: 1) at least finish high school; then 2) get a full-time job; and, 3) wait until age 21 to get married and have children. Instructors advise teens to formulate concrete steps on how to achieve each of those goals and to keep their eyes focused on their dreams. However, "success sequencing" is another flawed concept promoted by the abstinence-only-until-marriage industry—refuted by researchers at the Brooking Institute, the very institution that created it.²¹

While no longer tied to the eight-point definition, SRAE is still an abstinence-only-until-marriage program, now defined as "voluntarily refraining from non-marital sexual activity." Further, programs must include the "benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity." SRA grantees must use "an evidenced based approach and/or effective strategies to educate youth on how to avoid risks that could lead to non-marital sexual activity." Since its creation in FY 2016, funding for the SRAE grant program has more

Additional Federal Funding for Abstinence-Only-Until-Marriage Programs

The above funding streams constitute the majority of federal funding for abstinence-only-until-marriage programs; however, the government has also funded these programs through other mechanisms. Other federal funding vehicles have included the Healthy Marriage Initiative and the Compassion Capitol Fund and traditional HIV and other STI prevention accounts such as those administered by HHS and the Centers for Disease Control and Prevention.

Dedicated federal funding was also provided through earmarks, congressional provisions that directed approved funds to be spent on a specific project. Senator Arlen Specter (R-PA until 2009; D-PA thereafter) was the first of his colleagues to secure earmarks specifically for abstinence-only-until-marriage programs. In FYs 2004 and 2005, Senator Specter earmarked over \$3.75 million each year in federal funds for abstinence-only-until-marriage programs in his home state of Pennsylvania. Senator Specter's earmarks totaled more than three-quarters of a million dollars in FY 2008 and just over half a million dollars for FY 2009. Conservative organizations such as the Abstinence Clearinghouse and the Medical Institute (formerly known as the Medical Institute for Sexual Health), have also received earmarked funds from Congress. Congress ultimately banned earmarks in February 2011.

Since 1981, the federal government has spent over \$2.1 billion on ineffective and shaming abstinence-only-until-marriage programs. These programs often prohibit teaching young people about the benefits of condoms and contraception and fail to address the needs of young people who are already sexually active, may one day be sexually active, survivors of sexual abuse, and LGBTQ youth. It is past time to end funding for these programs. Decades of research prove that they are ineffective at achieving their intended goal of getting young people to remain abstinent until marriage, and, too often, fail to address or shame young people's lived experiences.²³

¹ 42 USC § 300z-300z-10 (1982 & Supp. III 1985).

² Title XX of the Public Health Service Act.

³ Bowen v. Kendrick, 487 U.S. 589 (1988).

⁴ Valle-Peters, Mariangela (13 October 2011). "Adolescent Family Life Act". American Civil Liberties. Archived from the original on 2014-07-05. Retrieved 25 March 2015.

⁵ Ron Haskins and Carol Statuto Bevan, "Abstinence education under welfare reform," *Children and Youth Services Review*, 1997, 19(5/6):465-484.

⁶ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, "Application Guidance for the Abstinence Education Provision of the 1996 Welfare Law, P.L. 104-193, New Section 510 of Title V of the Social Security Act," (Rockville, MD: MCHB), May 1997, p. 9.

⁷ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, "Abstinence Advisory #1," May 12, 1997.

⁸ Lawrence B. Finer, "Trends in Premarital Sex in the United States, 1954-2003," Public Health Reports, 2007; 23: 73.

⁹ Chris Trenholm, et al., "Impacts of Abstinence Education on Teen Sexual Activity, Risk of Pregnancy, and Risk of Sexually Transmitted Diseases," Journal of Policy Analysis and Management, 2008, 27(2): 255–276.

¹⁰ Ted Carter, Evaluation Report for The Kansas Abstinence Education Program (Topeka, KS: Kansas Department of Health and Environment, November 2004), 19.

¹¹ Patricia Goodson, et al. Abstinence Education Evaluation Phase 5: Technical Report (College Station, TX: Department of Health & Kinesiology – Texas A&M University, 2004).

¹² Edward Smith, Jacinda Dariotis, Susan Potter, Evaluation of the Pennsylvania Abstinence Education and Related Services Initiative: 1998-2002, (Philadelphia, PA: Maternal and Child Health Bureau of Family Health, Pennsylvania Department of Health, January 2003).

¹³ Professional Data Analysts, Inc. and Professional Evaluation Services, Minnesota Education Now and Babies Later Evaluation Report 1998-2002. (Minneapolis: Minnesota Department of Health, January 2004).

¹⁴ Department of Health and Human Services, Administration for Children and Families, "Community-Based Abstinence Education Program (HHS-2006-ACF-ACYF-AE-0099)," 25 January 2006.

¹⁵ Department of Health and Human Services, Administration for Children and Families, "Guidance Regarding Curriculum Content (Required for CBAE grantees as of FY 2006.)," January 2006.
¹⁶ Ibid.

¹⁷ Special Investigations Division, The Content of Federally Funded Abstinence-Only Education Programs, U.S. House of Representatives Committee on Government Reform, Minority Staff, December 2004.

¹⁸ United States Government Accountability Office, "Abstinence Education: Efforts to Assess the Accuracy and Effectiveness of Federally Funded Programs," October 2006.

¹⁹ Department of Health and Human Services, Administration for Children and Families, "Community-Based Abstinence Education Program (HHS-2007-ACF-ACYF-AE-0099)," 1 March 2007, p. 3.

²⁰ Kupper, C. "Changing the Conversation." Citizen. Focus on the Family. Accessed 13 June 2018. https://www.focusonthefamily.com/socialissues/citizen-magazine/changing-the-conversation.

²¹ Reeves, R., Rodrigue, E., and Gold, A. "Following the success sequence? Success is more likely if you're white." Washington, DC: Brookings Institute. 6 August 2015.

²² 42 USC § 710.

²³ Chin, H, et al. Community Preventive Services Task Force. The Effectiveness of Group-based Comprehensive Risk-reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services. American Journal of Preventive Medicine. 2012;42(3):272-94; Trenholm, C, et al. Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report. Mathematica Policy Research Inc. April 2007.