

Public Policy, Part I: Statewide and National Initiatives

The New Jersey Statewide Family Life Education Mandate:

The Ongoing Story of One State's Active Leadership Role in Developing and Implementing Public Policy

Susan Wilson

Leadership by state education policymakers, supported by a coalition of statewide advocates, is the reason that all children and adolescents who attend New Jersey public schools have the opportunity to learn about family life and sexuality matters.

Twenty years ago—in 1967—members of the State Board of Education began the efforts that would eventually lead to the provision of family life/sex education in the public schools of New Jersey.

In 1980, the initial efforts reached fruition when a new Board passed a mandate for family life education instruction for all students—except those excused by their parents—in all 600 public school districts.

In 1985, another new Board readopted the mandate and, from that point on, the state confined itself primarily to the technical role of monitoring districts for compliance.

Although state policymakers deserve the lion's share of credit for their willingness to stay with the controversial issue over time, the creation of a statewide advocacy coalition, the New Jersey Network for Family Life Education—formed in 1980 following the passage of the mandate and still in place today—has also been important. This coalition of statewide education, health, human service, religious, voluntary, child/youth advocacy, and civic organizations has supported the policymakers' actions and has worked for the mandate's smooth implementation. Since implementation, it also has worked to strengthen programs at the local level. Presently, the Coalition is campaigning to encourage education policymakers to adopt a new initiative, and to budget sizeable resources to strengthen and enrich the programs which have been developed under this bold policy.

First Efforts in Sex Education: 1967–1970

The New Jersey State Board of Education, which under state law is responsible for setting policy that guarantees a “thorough and efficient system of education to all children,”¹ in January, 1967, passed a resolution recommending that sex education become part of the school curriculum in grades kindergarten through 12. The policy statement defined the purpose of sex education as education “to promote more wholesome family and interpersonal relationships and, therefore, more complete lives.”

Interestingly, the policy even addressed the approach that educators should take in teaching the subject:

It is not a subject that lends itself readily to “lecturing” or “telling.” An approach which encourages open discussion and solicits the concerns of the individual is needed to help young people develop appropriate attitudes and understanding regarding their sex role. This approach is possible if parents, clergy, teachers, and health personnel, and others responsible for the education of children are informed and secure in their own feelings about sex.²

For about two years, program implementation in the school districts proceeded smoothly following the passage of this legally nonbinding resolution. Over 300 school districts—approximately half of those in the state—received technical assistance from the State Department of Education for inservice programs and curriculum development.³ Meetings were held with curriculum committees, superintendents, board members, teachers, students, and parents. Local PTAs also became involved; and state college professors of human sexuality helped with teacher training. Everyone appeared to be working towards the common goal of providing family life education programs for students.

However, two years into the process, opponents launched a counterattack on the national sex education effort, which had started in California and had spread eastward.⁴ New Jersey members of groups, such as PAUSE (People Against Constitutional Sex Education); MOMS (Mothers Organized for Moral Stability); and CEASE (Committee to Eliminate Amoral Sex Education) took aim at the fledgling programs and, in an effort to undermine them, harassed teachers and school administrators; brought lawsuits against school boards; and organized political campaigns to defeat the school board members who supported the programs.

Eventually, the local controversies attracted the attention of legislators, who created and passed a resolution that "requested the Commissioner of Education to advise local boards of education not to initiate new programs of sex education while a legislative inquiry into the subject was to be conducted."⁵ A joint committee of the legislature then held a hearing—originally scheduled for one day but extended to three to accommodate the 100 people that wanted to testify—and issued a report. One full year later, because the report of the joint investigative committee was generally positive, the Commissioner of Education informed the local school boards that the moratorium had been lifted.

While legislators recommended that school boards "not adopt any formal course of study on sex education for grades below the junior high school level,"⁶ they accepted the concept of sex education programs, and favored a statewide program of inservice training for teachers.

Nonetheless, *damage had been done*. Enthusiasm for the renewed development of programs waned, and the local boards, the State Board, and the Commissioner of Education moved on to other issues.

Renewed Efforts: 1979–1983

Almost a decade later, however, in January, 1979, the president of the State Board appointed a five-member committee to examine the existing sex education policy, and to recommend improvements. He was urged to evaluate the policy by both the State Commissioners of Human Services and of Health, who were concerned with the rising rates of pregnancies, births, and abortions among the state's teens. They believed that young people needed more comprehensive school programs. Some five months later, the committee completed their study and submitted their report to the State Board. The report recommended that the State Board adopt rules and regulations *requiring* that every local board of education "provide family life education programs as part of the school's curriculum."⁷

In April, 1980, the Board of Education overwhelmingly approved an administrative mandate requiring the local development of programs. The mandate's goal was: "... to develop an understanding of the physical, mental, emotional effects of interpersonal relationships, the physiological and psychological basis of human development, sexuality and reproduction," and to provide an "opportunity to develop attitudes and practices which will strengthen family life and will aid in establishing strong families."⁸

The mandate provided for strong community, clergy, and parental involvement in the design of the programs. Local districts were to decide which issues of sexuality were to be taught, particularly those considered most sensitive; when they were to be introduced; and how many hours were to be devoted to overall family/sex education instruction. Parents were given many rights—including the ultimate one of removing their children from parts of the program that were in conflict with their moral or religious beliefs. The state authorized holders of the following certificates to teach family life education: Biology, Comprehensive Science, Elementary Education, Health Education, Health and Physical Education, Home Economics, Nursery Education, School Nurse, Teachers of Psychology, and Special Education. And they further recommended that anyone designated to teach the courses should also receive inservice training, which was to be paid for by the local districts.

Several public hearings were held where many proponents, including the New Jersey Catholic Conference (representing the five Catholic bishops of New Jersey); many statewide organizations (representing the interests of health educators, human service personnel, child and youth advocates); and some opponents (the New Jersey Coalition of Concerned Parents, and professional education organizations which preferred local control to a state mandate) testified.

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

Janet Jamar
Manager of Publications
SIECUS
32 Washington Place
New York, New York 10003
(212) 673-3850

Editorial Consultants

Michael Carrera, EdD Robert Selverstone, PhD
Jane Quinn, ACSW Beth Winship

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In spite of some opposition, the State Board passed the mandate, with only one negative vote, and New Jersey became the second state in the nation to require family life education—with a sexuality component—for all children and adolescents attending its public schools. The only other state to take action, prior to New Jersey, was Maryland, where the State Board passed a mandate for Human Development instruction for all students in 1970.

Immediately after the mandate was passed, however, as had happened a decade before, opponents to the mandate turned to the state legislature for relief and, again, the legislature passed a resolution raising some of the opposition's concerns and questions.

Nonetheless, because the State Board was willing to make some changes in the rule itself—first, by removing the list of 31 topics to be covered in every program by the eighth and twelfth grades; and second, by substituting an elementary-to-secondary school program for a kindergarten-to-twelfth grade program—the legislators were mollified and the mandatory aspect of the policy was saved.

Between the time of the regulation's passage (1980) and its full implementation (1983), however, opponents were busily working to have several bills introduced in the state assembly—any one of which, if it had been passed, would have nullified the regulation. One bill did make it to the floor of the Assembly and failed to pass by a margin of only five votes!

The opponents to the mandate also attempted judicially to overturn it, but failed here as well. The New Jersey Supreme Court unanimously upheld the rule (*Smith v. Ricci*, 89 N.J.); and the U.S. Supreme Court refused to hear the case for want of a substantive federal question.

By implementation date, September 1983, most district programs were “up and running.” Because the debate on whether or not there should be a family life program had been played out on the state stage, most administrators encountered little controversy when they went to put the policy into action on a local level. And the provision of strong roles for local policymakers and parents—carefully crafted by state policymakers—helped to assure the mandate's implementation.

While local policymakers could “blame” the state for the mandate, they held the power to tailor the program to reflect the views of the community and the needs of their students. Thus, the only controversy that did exist was over program content. It was up to local districts to decide on whether, and when, to include teaching about contraception, masturbation, premarital sex, abortion, and homosexuality in their programs. And it was up to local board members and professionals to decide on the number of hours to allot to the program; the texts and audiovisual materials to use; and the amount of money to budget for resources and staff.

Implementation, however, went smoothly because the mandate offered parents full partnership in the process, and gave them opportunities to participate in program

development. The mandate required that parents receive an outline of the curriculum and a list of the instructional materials that would be used each year for their children. Parents could also excuse their children from any portions of the programs that conflicted with their conscience or their sincerely-held moral views. It was also important that, by implementation date, most school districts had already held meetings for parents at which the curriculum was explained, so that parents were comfortable with what their children were going to learn. The state's sensitivity to parents is, undoubtedly, one of the reasons why less than 1% of them, statewide, have excused their children from family life education programs.⁹

Progress and Needs Since Implementation in 1983

The interest of the State Board of Education and the State Department of Education in family life education peaked when the mandate was implemented in 1983. Soon thereafter, a different administration assumed power. The new Governor and the Commissioner of Education embarked on an agenda that did not have family life education as a priority; and the Department of Education began to confine itself simply to the task of monitoring the districts for compliance with the mandate.

It was fortunate that the Center for Community Education at Rutgers had created the New Jersey Network for Family Life Education in 1980 because, at this point, it was called upon to step in and fill the gap, to make sure that family life education stayed a priority concern, and to help in the implementation process.

Over the course of the next several years, 600 school districts were monitored by the Department of Education to ensure that family life education programs were in place and that the specifics of the regulation, concerning community participation and parental involvement, were followed. The Department concluded that almost all districts were in full compliance with the mandate; and staff from county offices were assigned to facilitate the development of programs in those few districts that had none. However, at this particular point, because the monitoring responsibility did not extend to the substance of any of the school programs, the quality of the content of these programs was not under review.

Administrative regulations in New Jersey must by state law be reviewed and readopted at the end of every five-year period. Therefore, in 1985, the family life education mandate came up for review by the State Board of Education. Although many of the members who had previously led the effort no longer held seats on the Board, the mandate, nevertheless, was unanimously readopted for an additional five years after a day-long public hearing.

At this time, the Board also asked the Department of Education to prepare a publication of some exemplary family life education programs that could be used by other districts who wished to strengthen their offerings. In response, the Department compiled a compendium of 17 “curriculum models,” which had been nominated by the districts and reviewed by the staff of the Department's

division of general academics, and made it available to all school districts.¹⁰

However, other than fulfilling this important watchdog role, the State Board of Education and the Department of Education have not accepted an active role in providing technical assistance to school districts for the improvement of programs. And, in addition, no significant funds have been budgeted for the programs by the Department. Moreover, the departmental staff person who oversees family life education has been spending only one quarter of her time on this activity.

Because of this, the New Jersey Network for Family Life Education (with 55 members on its roster) has moved to partially fill this technical assistance void. It has done so by holding conferences, mailing current materials, initiating a mini-grants awards program, and by developing a statewide newsletter for practitioners. These activities have been supported primarily by private grants and appropriations from the New Jersey State Department of Health.

Lately, there are indications that state level officials are planning to resume a leadership role in family life education. The State Department of Education has received a grant from the Centers for Disease Control to implement a statewide teacher training program for the prevention of AIDS. Because the Department has recommended that AIDS prevention education be taught within the context of family life education, teachers of this subject will be the object of the training program. As presently designed, the training will include not only instruction on the content and the skills necessary for teaching about AIDS, but also will include instruction on the content and the skills needed to teach about other issues of human sexuality.

At the same time that the New Jersey Network was pressing for more State Department of Education involvement, the Governor's Task Force on Adolescent Pregnancy was busy taking public testimony on suggestions for state programs to ameliorate the serious problem of adolescent pregnancy. One of the consistent themes of all three public hearings that were held on this topic was the *need to improve the content of family life education programs*. A few adults—and many teens—spoke eloquently to this need. The students asked that more information be provided by the schools—particularly about contraceptives—at much earlier ages than is presently done. One male teen witness from Newark went so far as to suggest that first graders should be taught a “small concept” of sexuality in school, in order to enhance the reporting of child sexual abuse.¹¹

The New Jersey Network members have asked the Governor's Task Force on Adolescent Pregnancy to “recommend a new state directed family life education initiative that will include some or all of the following suggestions”¹²:

- 1) Support a full-time family life education specialist in the State Department of Education.
- 2) Establish a program of scholarships for family life educators in poor school districts so they can take human sexuality training courses.

The Importance of Family Life Education As a Component in the Reduction and Prevention of Adolescent Pregnancy

Claire Scholz

- We must have comprehensive family life education as a critical component in the reduction and prevention of adolescent pregnancy.

- Family life and sexuality education begins at birth. Parents are the first sex educators of their children, even though they may never talk about it. It is imperative to have family life education in our schools now if we want the next generation of parents to be able to impart factual information, healthy attitudes, and responsible sexual behavior to their children. This generation of children and parents needs all the help they can get for responsible decision-making—from schools, churches, and community organizations.

- Experts in the field estimate that less than 10% of all elementary and secondary students in the United States are currently receiving a comprehensive sexuality education program in their schools. The New Jersey Department of Education developed a *Suggested Curriculum Content Guide* for both elementary and secondary students. It is a model of what subjects should be included in such a program. They suggest that before the end of sixth grade, students should know about family relationships, human growth, and development; individual differences, emotions, decision-making; peer relationships; the nature of sexuality; reproductive anatomy; nocturnal emissions; teen pregnancy; sexually transmitted diseases; and more. It is most important to give children accurate information

- 3) Encourage programs to enhance parent-child communication about sex and sexuality.
- 4) Finance an expanded mini-grants award program.
- 5) Train district personnel to evaluate their own family life education programs.
- 6) Change teacher certification requirements so that prospective teachers at the elementary level take at least one graduate level course in human sexuality/family life issues.
- 7) Develop a set of proficiencies in family life education.
- 8) Convene a small working group to explore the

during these years, when the information has not yet become imbued with the emotional overtones of their adolescent conflicts, and school districts in New Jersey need to incorporate more of these crucial subjects in their elementary school programs.

In order for this program to be really effective in the eventual reduction and prevention of adolescent pregnancy, we must have more training of teachers. We need more state money to fund uniform statewide teacher training.

Family life education has a course of factual information which must be learned. No one would ask a teacher to teach chemistry without having taken any chemistry courses. We should remember that when some students are not learning to read or are not learning mathematics, we don't delete these subjects from the school curriculum. If we are having some failures after family life education courses, let us try to change some of our teaching methods and materials, as we do when try to teach reading, so that we will have a larger number of successes. We do not expect a child to be able to read *The New York Times* after one year of reading lessons.

We need to see family life education as an means for achieving the long term goal of fostering happy and healthy sexual attitudes, and the development of responsible decision-making adults, who are not pregnant as adolescents.

These excerpts were taken from testimony presented by Claire Scholz, psychologist-family life educator, before the Governor's Task Force on Adolescent Pregnancy Prevention. Ms. Scholz has worked closely with the oft-mentioned model program in the Irvington school district of New Jersey.

development of a series of Health and Wellness Tests to be given to school children at different levels of their schooling.

Although no specific dollar amount has been requested, Network members believe that the Task Force should recommend sufficient funds to strengthen family life education programs. (New York City budgeted \$670,000 for teacher training after the Board of Education required family living/sex education courses.) The Network has also assured the Task Force that the citizens of New Jersey support more state resources for sex education: a poll taken

in October, 1986, by Penn & Schoen Associates of New York City found that "60% of New Jerseyans believe that the state should put more resources in sex-education programs."¹³

Therefore, 1988 may mark the beginning of another phase in the state's long effort to provide public school students with family life and sexuality education. However, even if the Governor accepts the recommendations of the Task Force, and money is appropriated to strengthen local programs, more work for state policymakers and advocates looms over the horizon as they gear up for the readoption of the mandate in 1990.

State leadership by education policymakers—on the family life education issue—coupled with the strong support of a coalition of statewide advocates has certainly worked in New Jersey. Despite weaknesses within local curricula, and the failure of the state to budget adequate funds to ensure teacher training and offer technical assistance, young people are receiving some information about interpersonal relationships; human growth, development, and sexuality; responsible personal behavior; and how to develop strong families. They are receiving enough to know that they need better information, and much sooner, in order to benefit from it. That is more than can be said for many students in other states. However, in the last year, the state boards of Kansas, Rhode Island, and Nevada, following New Jersey's lead, and Maryland's precedent, have adopted statewide requirements for family life education. It is now also under consideration by the State Board of Education of Virginia.

Ensuring that all children and adolescents receive family life and sexuality education is a long and difficult process, but New Jersey's ongoing story of state leadership on this issue contains the seeds of hope and success.

Author's Notes (contact author for more information):

1. New Jersey Statutes Annotated: 18A:7A-1 et seq.
2. A Policy Statement on Sex Education (adopted by the State Board of Education on January 4, 1967).
3. The New Jersey Department of Education's First Efforts in Sex Education.
4. A Chronology of Dates and Events Depicting New Jersey's First Efforts in Sex Education.
5. Ibid.
6. Report to the Legislature by the Senate and Assembly Committees on Education Concerning Sex Education in the Public Schools.
7. Family Life Education—A Short History of Recent Events (1977-1980).
8. New Jersey Administrative Code, 6-29-7.1.
9. "Creating and Implementing Family Life Education in New Jersey," Lana D. Muraskin with Paul A. Jargowsky. National Association of State Boards of Education, 1985.
10. Family Life Education: Selected Programs and Practices in New Jersey Public Schools" by Mary Guess Flamer. The New Jersey State Department of Education.
11. "Sharing Tales of Pregnancy," The Times (Trenton), October 29, 1987.
12. Testimony submitted to the New Jersey Adolescent Pregnancy Task Force by Susan N. Wilson, Executive Coordinator, October 14, 1987.
13. Poll conducted for the Family Planning Association of New Jersey by Penn & Schoen Associates, October, 1986.

Susan Wilson, MSED, is the executive coordinator of the New Jersey Network and a former vice-president of the New Jersey State Board of Education.

National Intra-Organizational Policy: A Blueprint for Constructive Action in Program Development, Research, and Advocacy

Jane Quinn

Just as public policy at the federal, state, and local levels serves as a guide for future funding allocations and service delivery, so can intra-organizational policy direct the subsequent activity of national and local agencies. This article describes how one national organization, Girls Clubs of America, developed an internal policy statement, and then applied this statement through specific action in a number of arenas, including program development, research, and advocacy.

In the spring of 1981, the National Council of Girls Clubs of America—its highest governing body—unanimously approved the following policy statement:

Girls Clubs of America, as a national direct service and advocacy organization, affirms its belief in the right of girls and young women to age-appropriate, comprehensive, and accurate sexuality information.

Recognizing that the primary source of such information should be the family, GCA believes that social agencies and schools should provide girls and their families with assistance by offering sexuality education which will support the development of responsible personal values. Sensitive, responsive, age-appropriate programming, developed with girls and parents, and drawing upon appropriate community resources and services, can provide a solid framework for responsible, confident decision-making. We believe that such a positive approach to sexuality education, by schools and social agencies, will reinforce parental guidance and lead to responsible behavior.

Although the focus of this article is the ensuing organizational activity that resulted from this policy, it should be noted that building the necessary consensus for effective policy is itself a multi-step process. In GCA's case, a committee of the National Board of Directors recognized the need for such a policy, drafted its language, and presented the statement to the Board's Executive Committee. From there, the policy won full Board approval and was presented to the National Council (in which each member Club has three votes).

For many local Girls Clubs, the statement served only to support their existing programmatic efforts; while for others, the policy provided a firm basis for GCA's public policy work, and its programmatic and research activities as well. The following chronology describes GCA's major initiatives in these three important arenas.

Initial Program Efforts, the Family Life Education for Adolescent Program

In 1981, GCA received federal funding to support its Family Life Education for Adolescents Program. This program was designed to provide local Girls Clubs with the training and technical assistance that would enable them to initiate or expand programming in family life and sexuality education. During each of the program's two years of operation, national staff offered three-day training workshops in each of GCA's seven regions, reaching a total of more than 350 Girls Clubs' professionals with comprehensive program training. As a result, the number of clubs offering sexuality education rose from 68% in 1981 to 83% in 1984.

For over 10 years, GCA has pioneered the area of adolescent pregnancy prevention. A study, by the National Academy of Science's National Research Council on Teenage Pregnancy, entitled *Risking the Future*, cited GCA's Preventing Adolescent Pregnancy project as a model which "is expected to significantly increase knowledge of the effects and effectiveness of life planning approaches." The project's goal "is to refine, document, and evaluate a comprehensive prevention approach which will enable teenage members of the 240 local Girls Clubs across the country to take control of their bodies and futures." Previous teenage programs have not addressed "motivation," and motivation needs to be addressed, says GCA's national director, Margaret Gates, as "current research indicates that strong career motivation is linked to pregnancy prevention among teen women."

Related Research Activities

While the Family Life Education for Adolescents Program was being conducted under the auspices of GCA's Department of Program Services, staff at its National Resource Center, GCA's research arm, continued to review and assess pertinent research, and make the results available to clubs on an ongoing basis. In 1982, GCA published *Facts and Reflections on Female Adolescent Sexuality*, a major research compendium designed to help practitioners assess the program implications of current research findings on all aspects of female adolescent sexuality, including sexuality education and pregnancy prevention.

GCA's Second National Program, Preventing Adolescent Pregnancy

In March of 1985, GCA launched a second national adolescent sexuality program, the Preventing Adolescent Pregnancy project—this one targeted specifically at pregnancy prevention. This four-year project—applying the findings of the research study and building on already established member Clubs' program activities in family life and sexuality education—combined four program models into a comprehensive approach to pregnancy prevention:

Growing Together, the first model component, is a series of parent-daughter workshops designed to increase positive communication within families about sexual information and values.

Will Power, Won't Power, the second model component, for girls ages 12–14, is designed to increase skills in avoiding early sexual involvement.

Choices, the third model component, for young women ages 15–17, is a course designed to assist young women in developing and realizing their education and career aspirations.

Health Bridge, the fourth model component, is designed to build a link between educational services in the Girls Club and clinical services in the community.

GCA is working with four Girls Clubs as experimental sites, and with four others as control groups, in conducting a thorough evaluation of the effects of this comprehensive program on the 1,200 adolescent girls participating in the project. The evaluation will be completed in early 1989.

Advocacy and Public Policy

Throughout this several-year period, GCA has also been an active participant in various national coalitions which have been organized to promote sexuality education, prevent adolescent pregnancy, assist adolescent parents, and maintain adolescent access to clinical services. This participation, carried out largely by GCA's Washington office, is consistent with the organization's mission of service and advocacy.

In my view, one of the real highlights of our emphasis on advocacy was the set of events, which occurred in 1982 and 1983 around the proposed federal Title X regulations, that would have required parental notification for adolescents to receive contraceptive services in government-supported clinics. Early in 1983, GCA's National Executive Director, Margaret Gates, took a leadership role at a national press conference by reading a statement, on behalf of GCA and 95 other national organizations, that disagreed with the government's above proposal. It should be understood that this internal decision of the GCA to oppose the regulations had not been made lightly: GCA's National Board had discussed the issue at great length and had decided that such a position was thoroughly consistent with the past and the current policies of the organization.

Today, GCA continues to be an active member of the Title X Coalition, and has consistently supported reauthorization of federal family planning legislation, and of the National Coalition for Women and Girls in Education, which includes sexuality education as one of its interests.

Looking to the Future

Using its intra-organizational policy as a base, GCA plans to continue its work in program delivery, research, and advocacy. An agencywide task force recently recommended that sexuality education and pregnancy prevention be included as part of GCA's new Core Program, a step meant to ensure an ongoing commitment to service delivery in these areas.

"At GCA, we believe that parents should be the primary sex educators of their daughters and sons. Yet since an estimated 85 to 95 percent of American parents have never discussed intercourse or birth control methods with their children, we feel that the Growing Together approach should form a key part of any pregnancy prevention strategy. . . .

Following a rigorous evaluation process and nationwide dissemination of all research findings, we will consolidate the most successful features of Preventing Adolescent Pregnancy and replicate the GCA multi-approach model throughout our network of local affiliates. By building this prevention-reinforcement initiative into our Core Program of services to girls—as well as sharing our results with other interested agencies—we hope eventually to reach millions of American teens and help them develop with the capacity and the motivation to pursue life-enhancing alternatives to pregnancy in their adolescent years."

—from *Preventing Adolescent Pregnancy Takes More Than One Approach*, a pamphlet published by GCA

In addition, current programs are being expanded to incorporate AIDS education as part of GCA's ongoing health and sexuality education programs. The AIDS crisis presents a useful example of how sound policy can both guide and enhance organizational action. Although the development of GCA's policy statement preceded the AIDS crisis, its careful wording allows for immediate action. In referring to "the right of girls and young women to age-appropriate, comprehensive, and accurate sexuality information," GCA's current policy both allows and mandates the provision of AIDS education to our members.

While the time will no doubt arise when this policy statement no longer serves our organization's needs, its six-year history has born out its value as an effective guide to constructive action.

Jane Quinn, ACSW, is director of program services for Girls Clubs of America.

Empowering Teens: The National YWCA's PACT Program

Jill Tabbutt

The Young Women's Christian Association (YWCA) of the U.S.A. has a long history of being concerned about and taking action on reproductive health and sexuality education.

In 1906, the concept of positive health, which included sex education, was introduced within the YWCA programs. In the late 1930s, the National Convention, the policymaking body of the YWCA, voted to support the establishment of public and private clinics for the provision of birth control information under medical supervision, and to equalize health coverage among the various ethnic and racial groups of the population.

In 1970, the National Convention formally endorsed the inclusion of sexuality education as an integral part of the public school curriculum. Three years later, the triennial gathering elaborated on that position by voting to support the availability of adequate services in sex education and family planning in a nonsexist, nonracist environment.

In 1976, the National Teen Assembly cited sex education as a priority need for teens in the YWCA. Also that year, the National Convention formally approved the YWCA's involvement (with other groups) in the development and implementation of program models concerned with teenage pregnancy. The YWCAs were directed to take an advocacy role in promoting the provision of pregnancy prevention services, and in promoting the provision of support services for pregnant and parenting teens.

By 1979, the prevention of teenage pregnancy had become a public policy priority for the YWCA of the U.S.A. This "priority" was again reiterated in 1982. Also in 1982, the National Board of the YWCA (which implements convention action by providing guidelines for local YWCA programming and technical assistance for program development) designated two local YWCA programs as national models: Choices or Chances? A Life Options Board Game, developed by the Los Angeles YWCA; and Peer Approach Counseling by Teens (PACT), developed and successfully operated by the YWCA of Cleveland since mid-1970. It then began to search for foundation support to implement pilot programs nationwide.

In 1985, the National Convention expanded on the YWCA's commitment to preventing teen pregnancy by voting to extend and institutionalize programs in teenage sexuality education, adolescent pregnancy prevention, parenting, and parent education.

The PACT Model

Based on research done on teenage sexual learning which has consistently indicated that peers (friends, boyfriends and girlfriends, brothers and sisters) are the most commonly cited source of information on sex and reproductive health (Gebhard, 1977; Spanier, 1977), the PACT model has incorporated a peer approach to teenage pregnancy prevention. This approach is based on the assumption that, with training, teenagers can be effective peer-educators/counselors: they can help other teens to make sound decisions about their sexual behavior and thereby can help them to avoid or reduce the risks of unintended pregnancy and sexually transmitted diseases.

Since its designation as a national model, PACT has been piloted in thirteen different YWCAs nationwide, in a variety of geographic, socioeconomic, and ethnic settings. With the assistance of the National Board, staff at the YWCA pilot sites have developed local support networks, and have adapted the Cleveland PACT model to fit their situations and the needs of their communities.

PACT's goal has been to empower teens, both male and female, to make informed decisions regarding their sexual behavior and thus, ultimately, reduce the incidence of unwanted teenage pregnancies and sexually transmitted diseases. This goal has been addressed in two ways: by training teen participants in sexuality information, decision-making, and communication skills; and by providing supervised and structured opportunities for these teens to share their information and skills with their peers, parents, and other adults.

Training for teens has utilized local YWCA staff, volunteers, and community resources, such as hospitals, schools, public health departments, family planning, and adoption agencies. Also schedules and formats have remained flexible in order to accommodate local resources. For example, in Memphis, PACT training followed a teen theater format, already developed by the local YWCA. In Raleigh, teens worked with a local cable television station to develop their own education video about teenage pregnancy and other sexuality issues. In El Paso and Great Falls, Junior League members provided valuable human and financial resources to support the YWCA's PACT efforts. Local YWCAs have involved young women — and young men — and have addressed ethnic, racial, and socioeconomic differences in their implementation of the PACT model.

Teens who "graduate" from PACT training are then involved, as peer-educators/counselors, in a variety of educational settings. They may offer workshops on parent-teen communication to civic groups; conduct presentations on teenage pregnancy in school classes; represent teens and their issues at workshops for health and education professionals; or talk to their fellow students and friends in "PACT Information Rooms" which are usually located in YWCAs, schools, or community centers. Some PACT teens have appeared as guests on radio and television programs. Teens work in pairs, or in small groups, and are always supervised by a YWCA staff person or an adult PACT volunteer.

In 1988, the YWCA of the U.S.A will complete the demonstration phase of the PACT program and will begin to assess how effectively it has addressed the concerns of parents, teens, and community groups on issues of adolescent sexual development. However, three features of the peer approach model have already emerged as keys to its success:

1. Teen participants *do* talk to their peers and are eager to share the greater awareness and understanding of sexuality issues that they have gained during their training.
2. By asking teens to learn information and to acquire skills in order to help others, PACT has been able to circumvent the initial, embarrassed resistance that teens usually have to sexuality education, such as: "I don't need to know this stuff; I'm not in trouble." Moreover, teens in training are able to show curiosity and interest without appearing needy, vulnerable, or naive. The material covered is also perceived as less "loaded" and is, therefore, more easily learned.
3. By enabling teens to develop communication skills and to practice leadership roles among adults and other teens, PACT addresses one of the critical contributing factors to teenage pregnancy and parenthood in our society—low self-esteem. PACT doesn't just talk to teens about self-esteem. It says to them: "You are an important resource for your friends, your community, and yourself. You have something to offer." It then gives them the opportunity to do something—as a resource. In presenting PACT, the YWCAs recognize that teens have a unique and valuable role to play in the prevention of a major social problem.

Empowerment of teens is an important element of adolescent development. The PACT model provides a framework in which teens and adults can work together to find solutions to community problems. Through this approach, teens can develop their own niches in their communities, a process which contributes to the developmental transition between childhood and adulthood. The enhancement of self-esteem that comes from increased knowledge and skills, and recognition by adults, is augmented by the bonds and friendships that form within the training group itself. Through PACT, a teen is accepted as a total person and is valued not solely for academic or athletic prowess, but also for the capacity to care for, and to share with, others. For some teens, this may be the first time they experience such affirmation.

Teens, YWCA Staff, volunteers, parents, and community groups have enthusiastically welcomed the philosophy and

method of the PACT program. While it may be difficult to determine the long-term impact of the peer approach's "ripple effect" on teenage sexual behavior, communities already have at hand a new resource for promoting self-esteem for adolescents and for improving communication between young people and adults. For some communities, these results, alone, may be worth the effort.

Comments on the PACT Program

(Comments by Teenagers)

"I have better respect for myself. . . . The whole key to things—with teenage sexuality—is that we need to have respect for ourselves. You don't need to prove anything. You don't need to live up to someone else's standards. . . . Being a teenager is hard enough, and there are a lot of pressures that you can't explain. It's important to be able to express yourself and to have someone you can talk to. PACT gives you time to think about what you're going through and how you should react to situations."

—Donna, 15, Raleigh, North Carolina

"I learned to be more cautious and became aware of the teenage pregnancy problem [in my own community]. . . . I learned a lot about what human sexuality is. I feel I need to reach as many teens as possible with this information."

—Danika, 17, Great Falls, Montana

"Being in PACT has given me clear sight into things about pregnancy, suicide, and drugs. . . . [it] has given me a stronger base for my opinions. [The best part] is being able to help people. . . to inform people, to let them know what can happen if they do certain things."

—Joy, 17, Raleigh, North Carolina

Comments by Teenagers and Parents of the Salt Lake City PACT Program

(Teenagers)

"I'm more assertive and open-minded. . . . The training helped me to evaluate my own beliefs. . . . Many myths were cleared up for me. . . . I learned that I will always have an alternative if I ever have a problem. . . . I'm not going to be sexually active!"

(Parents)

"[Our 17-year-old son] has more and better information. He has questioned his own values and those of others. He is less judgmental now and less macho about boy-girl relationships. . . . The training has opened up discussions around sexuality with the whole family."

Footnote

1. PACT sites are: San Diego CA, Great Falls MT, Oklahoma City OK, Memphis TN, El Paso and Houston TX (piloted in 1987); Schenectady NY, Raleigh NC, Charleston SC, Salt Lake City UT (piloted in 1986); Hartford CT, McKeesport PA, and Fort Worth TX (piloted in 1985).

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Jill Tabbutt, MPH, is project consultant for Teenage Pregnancy Prevention Programs, Program Services Division, National Board, YWCA of the U.S.A.

News . . .

Grant Awarded to Assess Current Status of Sex Education

The Alan Guttmacher Institute (AGI) has been awarded a \$303,200 grant by the Carnegie Corporation of New York to assess the current status of sex education in the United States.

"While national surveys conducted in the early 1980s have shown that some 80% of all school districts offer some instruction under the heading of 'sex education,'" said the Institute, "specific information on the actual content and quality of the instruction, the training level of the teachers involved, and the curriculum materials is lacking nationwide. Also unknown are the teachers' attitudes towards sexuality education, their personal biases and conflicts, and the institutional obstacles they confront."

The project, scheduled for completion in the summer of 1989, will consist of two major surveys. In the first, 9800 public school teachers in junior and senior high schools nationwide will be surveyed. In the second, all state education commissioners, and the school superintendents of the 200 largest school districts in the country, will be queried.

Together, it is hoped that they will provide information on how, and under what constraints, sex education teachers are operating; how well-prepared and comfortable they are with their assigned tasks; what they actually teach; and how closely their efforts correspond to, and are supported by, state or school district education policies, guidelines, and activities.

"While sex education has traditionally been under local control," according to AGI, "in recent years there has been increased pressure on the state and federal government to become more actively involved in the systematic development of sex education

programs, pressure intensified by the threat of AIDS. The information generated by this project," AGI said, "should prove invaluable in the development of state and national policy guidelines for the provision of sex education and provide the basis for targeted efforts to prevent teenage pregnancy and the transmission of sexually transmitted diseases— notably the Human Immunodeficiency Virus."

WNET's Semester Two of "Degrassi Junior High"

Semester Two—thirteen more programs of *Degrassi Junior High*—are slated to begin on PBS stations, January 9, 1988. The show ("an attempt to do for adolescents what *Sesame Street* did for children"—*The New York Times*) will open with the students returning to school: "Stephanie's near impeachment has made her realize that maturity is more than popularity and 'grown-up clothes'; she decides to be herself this term. Joey is still convinced his band with Wheels and Snake—the Zit Remedy—will make them superstars. Spike's advancing pregnancy has become more noticeable, much to her embarrassment. Most of their classmates are concerned and sympathetic, but some, like Kathleen, think she should no longer be allowed to attend *Degrassi*. Lucie's parents continue to let their careers dominate their family life, and Lucie continues to hide her loneliness behind a flip attitude—especially after Voula moves away. . . ."

The themes covered by these episodes are teen pregnancy, family relationships, facing responsibility, appearances, sexual abuse, trust, academic pressure, saying "no," disabilities, shyness, jealousy, courage, peer relationships, stereotyping, self-image, puberty, embarrassment, bullying, peer pressure, facing mistakes, alcoholism, smoking, confronting problems, sibling relationships, sexuality, maturity, honesty, and ethics.

Associated outreach activities have been an ongoing part of the series, with local communities taking part in promoting the shows; distributing related materials (buttons, posters, guides, flyers, and a newspaper supplement); arranging public and

school events and workshops; and coordinating the airing of the shows with school in-class activities. WNET distributed community alerts and posters to 1800 middle schools and community organizations and made preview cassettes available to those groups. A *Discussion and Activity Guide* was sent in August to 25,000 principals and school librarians/media centers. WBGH also published a student newspaper on *Degrassi Junior High* that reviews its first season, goes behind the scenes, and features a teen-advice column by nationally syndicated columnist, Beth Winship, who is also an advisor for the program. (She is also a member of the Board of Directors of SIECUS and of the Editorial Advisory Board of the *SIECUS Report*.)

Jackie Stromfeld, educational outreach manager for Learning Link, and Toby Levine, *Degrassi Junior High* community outreach director, hosted a utilization workshop for teachers dealing with specific ways to use the show in the classroom, and Stromfeld prepared, in addition, a forum for Learning Link, WNET's computer system that links teachers and schools to programming information and program-related resources.

In addition, Scholastic has published *Degrassi Junior High, Exit State Left*, a teen novel written by William Pasnak and based on the show's characters, but with a new original story.

Conference of Mayors Funds Eight Communities to Provide AIDS Education to Minorities

Eight community programs in eight different cities, chosen from among 105 submitted proposals in the Conferences' fourth round of funding AIDS prevention efforts in the cities, have been selected to share \$156,800 in grant funds in the year ahead. Winners were selected by an independent advisory board comprised of representatives of the American Public Health Association; the National Institute of Drug Abuse; the National Coalition of Hispanic Health and Human Services Organizations, the National AIDS Network Minority Affairs Office, and the National Institute on Mental Health.

News . . .

In Cambridge, the *Cambridge Haitian American Association* will use Creole, French, and English to reach those with multiple sex partners, needle-sharers, and prostitutes. Culturally sensitive safer-sex information will be presented through posters, flyers, and other media.

In Chicago, the *Pilsen Catholic Youth Center* will develop a cartoon series and a poster using "Spanglish," ("a form of English popular among first generation Hispanic immigrants"). Culturally-specific language will also be used in safer-sex talks and forums for teenagers and their parents.

In Los Angeles, *El Centro Human Services Corporation* will provide AIDS education to approximately 500 women whose children attend either Head Start programs or local elementary schools in predominantly-Hispanic East Los Angeles.

In New York, *Health Watch of Brooklyn* will develop culturally-sensitive materials on AIDS, based on evaluations of preexisting attitudes and beliefs in black and minority communities. Rap and focus groups for both youth and adults will cover high-risk behavior and AIDS-risk reduction.

In Philadelphia, *Blacks Educating Blacks About Sexual Health Issues* will work with older teenagers living in inner-city neighborhoods. Brochures and public service announcements on AIDS transmission and risk reduction will be produced, and efforts will be made to foster positive attitudes about the use of condoms.

In San Francisco, *KPOO FM Radio* will provide AIDS education to black and Hispanic communities through English and Spanish public service announcements on safer sex and intravenous drug abuse. The station will distribute AIDS information at churches, conduct on-air interviews with AIDS experts, and present on-air dramas on AIDS in both English and Spanish.

In Santa Cruz, the *Santa Cruz AIDS Project* will initiate an "Alarma Sida" campaign, aimed at increasing use of low-risk, protective sexual practices among Latino men and women in the agriculture production sector. A Spanish-language slide-tape show, illustrating high risk behavior and protective practices, will be used in group talks held in farm workers' camps.

In Seattle, the *People of Color Against AIDS Network*, an affiliate of the American Friends Service Committee, will target AIDS education for Latino, black, Asian/Pacific Islander, and Native American audiences. The group will produce a "black community forum," and other tools to address the AIDS threat in minority populations.

Funds for the grants are provided by the Federal Centers for Disease Control through the Conference of Mayors.

Decline in Circumcision Rate Reported

According to the National Organization of Circumcision Information Resource Centers, recent National Center for Health Statistics' figures indicate that more boys are now left uncircumcised than circumcised in 13 western states. Of 466,000 boys born in the west, 57% came home from the hospital uncircumcised, 43% were circumcised.

However, the rest of the country, they say, lags behind the West. Nationally, of the 1,954,000 boys born in 1986, 59.4% were circumcised while 40.6% were left uncircumcised. In 1985, 59.5% were circumcised, a drop from 62.3% in 1984 and 63.2% in 1983.

Marilyn F. Milos, director of the national organization said that "when it comes to health consciousness, the West sets the trends," and feels that these figures are a "clear sign that the U.S. is catching up to the rest of the world in ending this painful unnecessary surgery."

The group states that "surgery is no longer recommended by any respected medical group," and that "the U.S. is the only country left in which this practice continues without any medical or religious reason," emphasizing that over 80% of the world's males are not circumcised.

Milos attributed the declining rate of circumcision to the recognition of the pain involved in the surgery; more studies which have demonstrated the importance of the foreskin in protecting the glans of the penis; and a growing number of health insurers who refuse to pay for medically unnecessary circumcision.

	Uncircumcised	Circumcised
	Males	
Western States	266,000 (57.1%)	200,000 (42.9%)
Southern	279,000 (42.5%)	377,000 (57.6%)
Northeastern	115,000 (31.9%)	245,000 (68.1%)
Midwestern	133,000 (28.2%)	339,000 (71.8%)
USA (total)	793,000 (40.6%)	1,161,000 (59.4%)

Women and AIDS Project to Reach Out Through Women's Centers

The Women's Action Alliance has received partial funding from the Ms. Foundation and the Fund for the City of New York to launch a new project on women and AIDS. The *Women and AIDS Project* will provide information and support for 250 independent and campus-based women's centers throughout New York State so that they can create (or enhance) AIDS-related services for their clients.

The Alliance believes that, with their "national network of women's centers," they are in a "unique position" to provide leadership in regard to the AIDS situation because the "grassroot centers are natural conduits for reaching a wide variety of women." They also "provide easily accessed, nonjudgmental, empathetic assistance," and are "fertile" sites for AIDS support, education and prevention work. Services presently provided by these centers include battered women's shelters and counseling; rape crisis hotlines and support services; job training and placement; childcare and parenting programs, information and referral services, health education, and support groups of various kinds.

The project, which will last only eight months, will involve a two-pronged effort to reach women-at-risk: first, the creation of an AIDS information packet, with materials selected for the special needs of the communities served; and second, the provision of training for service deliverers in the centers.

News . . .

First Certification Program in Professional Sexology and AIDS Prevention Established

The Institute for the Advanced Study of Human Sexuality has created an "intensive" seven-day program to train and certify qualified applicants in the "sexology of AIDS." This is "the first certificate program in professional sexology and AIDS prevention in the nation," said the Institute. Upon completion of the program, participants will be awarded a California state-approved certificate as an Instructor/Advisor of Safe Sex.

Among the responses that some of the first participants in this program had when asked which parts of the program were most helpful to them were the following: processes to use with groups; sexual restoration and love techniques; emotional support and sharing; dealing with sex, death, anger and grieving; sensate therapy; the visual materials; how to run a playshop; communication skills; and the safe sex party experience. In addition, some expressed that going through the program gave them new motivation and helped them get over AIDS burnout.

One must complete at-home preparation (reading materials and basic sexological exercises) and the seven-day, 60-hour course at the Institute to obtain the certificate. The Institute's next program will take place March 19-25, 1988. They can be contacted at 1523 Franklin Street, San Francisco, California 94109, (415) 928-1133.

Kids Fund Offers Grants

The Kids Fund was established in 1981 by author Judy Blume (member of

SIECUS' Board of Directors) in response to the many letters she receives from her young readers, who say they wish they could talk more openly and honestly with their parents and have better access to information on serious issues. "They have urgent questions, but do not know how to ask them or how to share their feelings and concerns about themselves, their families, and their friends." The Fund offers grants to nonprofit organizations for the development of programs that address these needs.

Revenues come from two books by Judy Blume: *Letters to Judy: What Kids Wish They Could Tell You* and the *Judy Blume Diary*. The subjects targeted each year are those emphasized in recent letters to Judy. Sixteen grants were awarded in 1987 which focused on young people who have been sexually abused, the family in stressful situations, and peer counseling on issues ranging from teen pregnancy to suicide prevention. The goal of the projects has been to help young people develop self-respect, prevent problems which grow out of feelings of isolation and despair, and provide the information needed to make wise decisions about critical issues. Since 1981, the Fund has distributed more than \$240,000 in support of these objectives.

Applicants must be tax-exempt organizations and may not be private foundations. Grants range from \$1000-5000 and are awarded once a year (June, 1988). Write, after January 1, 1988, to request an application packet: Liv Myhre, Associate Director, Kids Fund, P.O. 1267, Weston, Connecticut 06883, (203) 226-1642.

SIECUS Joins College Satellite Network's Outreach To 550 Member Colleges Nationwide

The Dallas-based College Satellite Network (CSN) broadcast, in September, a live face-to-face (panelists and students) interactive show—"Sex on Campus"—to more than 550 nationwide member campuses. This was the first show of

CSN's 1987-88 Exploration Series season, which will include other topics of interest to students. Jack Calmes—well-known for his work with Paul McCartney, The WHO, Michael Jackson, and others—founded CSN in 1983. Calmes said: "We feel that satellite programming is the future for education and entertainment around the world, and on college campuses."

"Sex on Campus," hosted by Hodding Carter, former State Department spokesperson for the Carter administration, was designed to look at the effect the AIDS epidemic has had on college students. The first half of the show focused on an informal discussion about the changing attitudes of students in the 80's. The purpose of this part of the show was to hear about varying attitudes toward sex, and to discuss how sexual attitudes and behavior are changing. The second half of the show took a more clinical look at AIDS and other transmittable diseases.

Guests included SIECUS executive director, Dr. Ann Welbourne-Moglia; actress Alexandra Paul; Dr. Richard Keeling, chairman of the Task Force on AIDS for the American College Health Association; Dr. Robert E. Windom, assistant secretary for health, Department of Health and Human Services; Terry Weisser, a person with AIDS and a member of the American College Health Association's Task Force on AIDS; and actor Pat Peterson.

A viewer's guide, *Sex on Campus: Sexually Transmitted Disease, Surviving the Epidemic of the 1980s* (14 pp.) was distributed on campuses before the show, which included topics such as surviving the STD epidemic of the 1980s; an STD primer; AIDS, how it is transmitted and who's at risk; prescription for safer sex, straight talk about safer sex; and the public controversy. It also included a list of resources. Copies are still available (\$1.50 each/under 100 copies or \$1 each/100-1000 copies, plus p/h); and copies of the "Sex on Campus" program are also available in VHS, Beta, and ¾" formats for \$150 each (CSN, The Studios at Las Colinas, #2 Communications Complex, Suite 215, Dallas, Texas 75039, (214) 869-1102). CSN is also currently negotiating with national PBS stations for rebroadcast of its Exploration Series.

Comments by CSN Focus Group Leaders Prior to the Show "Sex on Campus"

According to the Centers for Disease Control (CDC) in Atlanta, AIDS will replace automobile accidents as the number one killer of college students by 1991. Since 1981, about 700 AIDS cases involving 18-22 year olds have been reported, including 3 at Stanford and 5 at Berkeley and New York University.

The AIDS epidemic and efforts to combat it have spurred a heated debate over moral and ethical questions.

The heterosexual community, while greatly sympathetic to the AIDS problem, also has expressed tremendous animosity toward the gay community. As the victim of the public's frustration over AIDS, gays have been subject to violence in almost every part of this country. On college campuses such as the University of Kansas, where "Fagbuster" T-shirts made an enormous hit, anti-gay feelings have been aroused. At Dartmouth last year following Rock Hudson's AIDS-related death, a national sorority threw a theme party titled, "Live AIDS: A Tribute to Rock Hudson." Many gay students who protested at the party were kicked and doused with beer. . . . According to one survey, 91% of the insurance companies in the US denied policies to those who tested positively for AIDS in 1985.

According to a recent survey of college students around the country, only 19 percent approve of one-nighters compared to 48 percent in a poll taken in 1968.

Oregon Colleges

Despite their growing awareness of the AIDS issue, college students have not radically changed their sexual practices, according to students from five Oregon colleges. Recent claims that celibacy is "in" on college campuses are mere hype and exaggerate the relatively calm reaction to the AIDS epidemic among most college students. The outbreak of AIDS, moreover, has only further alienated homosexual students and made the practice of homosexuality even less acceptable.

Female students seemed to be more sensitive to the issue. They say they choose their bedpartners more carefully and engage in fewer "one-nighters." Male students, on the other hand, tend to take an invincible attitude toward AIDS, feeling distanced and often joking about it. While many more male students are using contraception, they still seem to put their sexual needs above any fears of contracting AIDS.

Although they have been bombarded with pamphlets, lectures, and sex kits, many students understand very little about the disease, the group said. Others may be very aware of the issue, but are not moved enough to change their sexual practices or seek greater awareness.

A female student from Reed College in Portland says she has lots of gay friends who were experimenting with bisexuality at school, but have since refrained, because of their AIDS fears. She says one-nighters and bisexuality are "out."

A male student at Lewis and Clark College in Portland said that AIDS is not a major issue on his ultra-liberal campus. Recently installed condom machines in lavatories and a proliferation of safe sex advertising by the administration have not decreased promiscuity among students. Many non-gay students support very active gay students association at Lewis and Clark, he said.

A male student from Pacific University in Forest Grove and a former student at Arizona State University said that sexual practices are similar at both schools. Although students engage in less casual sex, they still "get drunk a lot and forget about the necessary precautions," he said.

Texas Christian University

"Safe sex" at TCU means contraception, not prevention of sexually transmitted diseases. On this campus, at least among the students surveyed, sex is not a "hot" topic. Sexual behavior is not discussed among most female students, however, the male students discuss "one nighters" with each another. "Group dates" are the norm, and most of the students do not date any one person steadily. Casual sex among students is usually with a friend or acquaintance after group outings. The male students are the ones who normally use contraception, and are more sexually active. Female students say that they are less sexually active, and do not seem concerned about contraception. The pill is available through the campus health clinic, but since health care bills go to Mom and Dad, most female students forego that option. Male and female students both admitted that getting drunk on group dates is most often the prelude to casual sex, and that contraception is usually forgotten in those cases.

TCU students feel that sexual behavior is a personal concern, something not usually

discussed. Most of the students make the decision to become sexually active or not during their freshman year, but say that peer pressure had a relatively small effect on their decision. Male students say they experience more peer pressure (especially in a fraternity) about becoming sexually active than female students. One frat member joked that sometimes sex becomes a "pledge project" for sexually inexperienced fraternity pledges.

AIDS is not an "issue" on this campus. It is the general consensus that they are not at risk except, perhaps, through a blood transfusion. These students feel that homosexuals and drug addicts contract AIDS, not people like them who do not associate with high risk groups. They all feel that the AIDS problem has not hit home yet, since no cases of AIDS have been reported on their campus. None of them were certain how they would react if a case of AIDS was reported on campus or if a friend contracted the virus.

They believe that they don't know enough about all of the ways that AIDS can be contracted. Although there have been lectures on campus about AIDS, they feel that they don't have the whole picture and that much of the information they have received is contradictory. One student compared trying to prevent AIDS to trying to prevent cancer, saying that there are high risk groups in both categories, and that options for prevention are limited.

In general, TCU students are more worried about getting pregnant than getting AIDS. Topics such as contraception and respect of the sexual lifestyles of other students are of more interest than discussions about AIDS or other sexually transmitted diseases.

New York University

They also emphasized the responsibility of the female to carry condoms and were quite disheartened that males were not taking more responsibility about the condom issue themselves. They felt awkward about buying condoms in stores. They didn't know what kind of condoms men liked or didn't like. They felt that since condoms are a male apparatus, the men should be responsible and they wanted to emphasize that on the program. However, many of the females themselves admitted that they are now carrying condoms in their purses, but really (with looks of discouragement) they are frightened.

Legislative and Legal Notes . . .

An Important Precedent-Setting Victory

The New York State Division of Human Rights has found probable cause that the Westchester County Medical Center discriminated against a pharmacist by refusing to honor its commitment to hire him when it learned he had tested positive to antibodies for HIV, the virus believed to cause AIDS, according to the Lambda Legal Defense and Education Fund, Inc. This represents the first instance in which a New York state agency has ruled against an employer on the ground that discrimination based on seropositivity violates the state's Human Rights Law.

In its opinion, the State Human Rights Division relied on expert testimony from Dr. Harold Jaffe, chief of epidemiology for the AIDS program at the Federal Centers for Disease Control in Atlanta. Dr. Jaffe, according to Lambda, asserted that there was virtually no risk of HIV transmission from an HIV-positive pharmacist to any individual as a result of on-the-job duties. The Human Rights Division then found that the hospital's "unsubstantiated theories about risks of HIV transmission cannot shelter them from the requirement of nondiscrimination in employment based on disability" as required by New York law.

The Human Rights Division also criticized the laxness of the hospital in maintaining its medical records. According to the State Division, the hospital had maintained "Doe's" confidential records in a manner that permitted them to be released to a third party, and to be used to violate state law. The agency determined that maintaining "confidential medical records and not releasing such records without consent is a term, condition and privilege of public accommodation."

Mark Barnes, an associate-in-law at Columbia University School of Law and the Lambda cooperating attorney who represented Mr. Doe, said: "This ought to send a clear message to employers in

the state that discrimination based on seropositivity will simply not be tolerated under the New York State Human Rights Law." And Lambda's legal director, Abby R. Rubinfeld, emphasized that "this decision is another important link in the consistent line of state and federal authority from all around the country holding that discrimination based on antibody status, as well as that based on AIDS itself, is illegal."

Title X

The Senate Labor and Human Resources Committee on November 12, by a vote of 11 to 4, approved the reauthorization of Senator Kennedy's Title X family planning services program through fiscal year 1991. This was the fourth time the Title X bill had come up for action. On three previous occasions, it failed to gather a quorum.

For 17 years, Title X guidelines have required that women faced with an unintended pregnancy be given nondirective counseling on all options—prenatal care, adoption and abortion—with appropriate referrals. However, under the Reagan Administration, regulations were proposed that would have prohibited all counseling and referral on abortion and "co-locating" of family planning programs with abortion clinics. Clinics would have had to establish separate space, records, waiting and examination rooms, entrances, exits; would have had to use separate equipment, receptionists, stationery, telephone numbers, and names; and would have only been allowed to hand pregnant women a list of prenatal care providers, with no counseling or referral for abortion—even if the woman's life were endangered.

The following resolution was prepared and passed by the SIECUS Board of Directors, protesting the above proposal for amending Title X, and was sent to President Reagan and members of Congress in September:

The Board of Directors of SIECUS (Sex Information and Education Council of the U.S.) protests the new

Title X regulations proposed by the Department of Health and Human Services. These new regulations would prohibit most family planning agencies from providing full and accurate information about legal options available to pregnant women. Such regulations, medically and ethically unacceptable for many of these agencies, would force a reduction in family planning services to women in greatest need of such services. Such deliberate withholding of information is in direct contradiction to SIECUS's purpose of providing individuals with information and education necessary for making informed decisions about their sexual lives.

In addition, the regulations would subject many Title X clinics to extreme financial hardship by requiring them to be completely separate and distinct from any abortion-related activities—even though these activities are privately funded. The requirement for separate physical facilities, accounting, personnel, and medical records would virtually cripple many agencies currently providing reproductive health care to women in need.

The further requirement that Surgeon General Everett C. Koop issue a comprehensive report on the health effects, physical and mental of abortion on women—without a comparable report on the health effects of an unwanted pregnancy on women, reveals that these regulations are deliberately designed to reduce women's reproductive freedom by maligning abortion and making it less available to poor women, even though it is their constitutional right.

SIECUS affirms the rights of individuals to make informed reproductive choices and protests the government's imposing its values on a most vulnerable segment of the population. Therefore, SIECUS urges the rescission of the proposed new regulations governing Title X of the Public Service Act.

Conference/Seminar Calendar

WOMEN'S BODYSEX GROUPS WITH BETTY DODSON, designed to enhance sexual self-knowledge, *January 30/31, February 27/28, March 26/27, April 23/24, May 28/29*, 121 Madison Avenue, New York, New York 10016, Apt. 12B, (212) 679-5667.

SEXUALITY ISSUES IN HEALTH & EDUCATION: AIDS, ABUSE, AND DISABILITY, A Sexual Attitude Reassessment Workshop (SAR), *January 29-30, 1988*. In cooperation with the Department of C.M.E. at Ellis Hospital. Contact: Social Work Department, Sunnyview Rehabilitation Hospital, 1270 Belmont Avenue, Schenectady, New York 12308, (518) 382-4516.

CONTEMPORARY APPROACHES TO SEXUAL FUNCTION/DYSFUNCTION, *January 29-31, 1988*. Cliff Lodge, Snowbird Ski Resort, Snowbird, Utah. Sponsored by the Department of Psychology. Contact: Conferences & Institutes, Division of Continuing Education, University of Utah, 2174 Annex Building, Salt Lake City, Utah, 84112, (801) 581-5809.

AIDS, ABORTION AND FAMILY PRACTICE: PRAGMATIC APPROACHES FOR PROVIDERS, Winter High Risk Management Seminar, *February 7-8, 1988*. Four Seasons Hotel, Newport Beach, California. Contact: National Abortion Federation, 900 Pennsylvania Avenue SE, Washington, DC 20003, (202) 546-9060.

SEXUAL ASSAULT: THE PSYCHOLOGY OF THE OFFENDER, THE MALE VICTIM, AND THE TREATMENT OF SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES, a seminar with A. Nicholas Groth, PhD; Beverly James, LCSW; and John Preble, MSW; *February 8-10, 1988*. The Fresno Hilton, California. Co-sponsored by the Fresno County Department of Social Services. Contact: Dorothy Mollis, Forensic Mental Health Associates, 29 Linwood Street, Webster, Massachusetts 01570, (617) 943-3581.

REPORTING ON AIDS, *February 11-13, 1988*. "... the disease has been described as a medical, political, civil rights, educational, and moral issue. For all these reasons, reporting on AIDS in responsible ways has become a more complicated and important challenge for American journalists. The Institute plans to bring together a group of top reporters and editors to meet with experts in ethics, public policy, medicine, and law to discuss the complex web of issues. The goal will be to offer advice to reporters and their editors on how to think about and report on AIDS." Afterwards, a report will be issued to help journalists grapple with the issues. Other special programs: **TEACHING FELLOWSHIP IN ETHICS**, *February 15, 1988*; **APPLIED ETHICS**, *March 27-April 1, 1988*; **APPLIED ETHICS FOR COLLEGE NEWSPAPER EDITORS**, *November 20-23, 1988*. Contact: The Poynter Institute for Media Studies, 801 Third Street South, St. Petersburg, Florida 33701, (813) 831-9494.

THE SECOND ANNUAL FORUM ON AIDS AND CHEMICAL DEPENDENCY, *February 18-20, 1988*. The Hyatt Regency, Phoenix, Arizona. Sponsored by the American Medical Society on Alcoholism and Other Drug Dependencies (AMSAODD). Contact: Conference Information, AMSAODD Forum on AIDS and Chemical Dependency, P.O. Box 81691, Atlanta, Georgia 30366, (404) 458-3382.

THE SECOND ANNUAL INTERNATIONAL CONVENTION OF THE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION, "COMING TOGETHER—WORKING TOGETHER," *February 24-March 1, 1988*. The purpose of the convention is to be an "actual and effective service to the transvestite/transsexual community and those affected by that community; and to provide an educational resource for those interested in issues related to gender expression and identity. Ramada O'Hare Hotel, Chicago, Illinois. Contact: Coming Together, c/o IFGE, PO Box 19, Wayland, Massachusetts 01778, (617) 358-2305.

THE 13TH ANNUAL ADOLESCENT SEXUALITY CONFERENCE, "ADOLESCENT SEXUALITY: PUTTING THE PUZZLE TOGETHER," *February 29-March 1, 1988*. Sponsored by Marion County Family Planning for those who wish to update and improve their skills at communicating with adolescents about sexual issues. Contact: Kristin Nelson, Marion County Family Planning, 3180 Center Street NE, Salem, Oregon 97301, (503) 588-5355.

THE NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION'S 16TH ANNUAL MEETING, *February 29-March 2, 1988*. Sheraton Washington Hotel, Washington, DC. Contact: NFPHRA, 122 C Street NW, Suite 380, Washington, DC 20001-2109, (202) 628-3535.

THE 14TH ANNUAL NATIONAL YOUTH PROFESSIONALS' INSTITUTE CONFERENCE, "CAPITALIZING ON SOLUTIONS," *March 6-9, 1988*. Omni Shoreham Hotel, Washington, DC. Contact: NYPI Registration, 70001 Training & Employment Institute, 600 Maryland Avenue SW, Suite 300 W, Washington, DC 20024, 1-800-424-9105.

CHILDREN'S DEFENSE FUND 1988 ANNUAL CONFERENCE, *March 9-11, 1988*. Sheraton Washington Hotel, Washington, DC. Contact: Eve Wilkins, CDF, 122 C Street NW, Washington, DC 20001, (202) 628-8787.

THE 15TH ANNUAL MEETING OF THE SOCIETY FOR SEX THERAPY AND RESEARCH, "ETHICAL DILEMMAS IN SEX THERAPY AND RESEARCH," *March 18-20, 1988*. New York. Practitioners, researchers, and ethicists debate and lead discussions on controversial issues in the field. Contact: Sharon G. Nathan, PhD, MPH, 11 East 68th Street, New York, NY 10021, (212) 879-7610.

Book Reviews • Book Reviews • Book Reviews

AIDS: PUBLIC POLICY DIMENSIONS

Based on the proceedings of a national conference sponsored by the United Hospital Fund and the Institute for Health Policy Studies.

John Griggs, ed. New York: United Hospital Fund, 1987 (308 pp.; \$30)

The editor sets the tone in the preface of this book when he states: "We are confronted with the need not only to develop and implement better and more effective methods of caring for people with AIDS, and more effective measures for treating and preventing the disease, but also to determine the proper roles of private and public sectors in responding to this crisis. . . ." This book, as Mathilde Krim states in the introduction, "looks at where the United States" stood "at the beginning of 1987, and in dealing with the public policy dimensions of AIDS"; and it provides information that individuals, agencies, institutions, and governments can use to address the issues presented.

The book is divided into seven sections, plus an introduction, epilogue, and appendices. It is worth its price just for the technical information provided in the introduction and the appendices alone, which covers the incidence and prevalence of AIDS; the biomedical aspects of the syndrome, including its means of transmission; and research on treatment and vaccination.

Part One, "AIDS and Health Policy," presents a simple discussion of federalism — the interaction between the federal government and state and local bodies — and discusses AIDS policies from this perspective. It concludes that the AIDS epidemic, in general, underscores the weaknesses in our national healthcare system and urges a strong federal role in solving these inadequacies.

Part Two, "The Politics of AIDS," includes chapters which use philosophical conceptual models and political science theories to explain the reactions — and lack of reactions — by individuals and government agencies to the AIDS epidemic.

Part Three, "AIDS and Schools," contains a particularly provocative chapter by an attorney for the plaintiffs of a New York lawsuit, brought to keep a child with the AIDS virus out of school. This chapter, not only defends the philosophy of "erring on the side of caution," it also provides an insightful description of a bureaucratic SNAFU in the development and promulgation of a policy on this issue.

Part Four, "AIDS and the Blood Supply," describes the relatively swift, effective, and commendable reactions of major blood donor agencies upon receiving the news that the AIDS virus can be transmitted through blood. However, the blood supply in this country is controlled by a very small number of organizations which makes it relatively easy to disseminate information and implement a uniform policy. Juxtaposing this section with the discussion of federalism in chapter one offers an illuminating contrast in policy development and implementation.

Part Five, "Acute Medical Services: Four Case Studies," and Part Six, "Community Care Services," present models for acute medical care services and community care programs. The acute medical models stress the use of as-short-as-possible inpatient stays, and reliance on community services; but, in discussing community models, it is predicted that "service needs will overwhelm even the most integrated of existing delivery systems" (page 191) as the epidemic continues to grow. Inclusion of models from less affected communities might have added to the broader utility of this section.

Part Seven, "Financial Perspectives of AIDS," discusses various cost estimates and provides actual data from several programs which indicate that six-figure estimates for costs of care represent extreme cases. For example, a cost study by San Francisco General Hospital (chapter 21) reported a mean lifetime-inpatient-care-cost of \$27,571 per patient based on actual data, as compared to the widely quoted estimate of the Centers for Disease Control of \$147,000.

This book is certainly extremely informative, and is very thought-provoking on philosophical issues. Such a valuable resource should bear no criticism, but this reader was left wondering about other omitted public policy issues, such as: mandatory blood testing; confidentiality of test results; AIDS and employment; and AIDS prevention programs.

The science of policy analysis is complex. At a minimum, comprehensive analysis must include the specification of a problem through definition and quantification; the identification of various policies that impact on the problem; and an evaluation of the costs and the intended, and unintended, consequences of these policies. This book clearly points out that as a country we are still in the very early stages of developing a public policy that will enable us to provide adequate care for our AIDS population. However, it does an outstanding job of specifying the nature of AIDS as a public policy problem; and it documents the impact of particular, related, public policies on AIDS, including policies related to the public blood supply and healthcare financing. Ultimately, the reader will leave this book impressed by the need for the development of a comprehensive and rational public action policy that will provide adequate and equitable care for all people with AIDS.

Also, technical information provided in this book on the current status of AIDS makes it required reading not only for policymakers and analysts but for anyone who wishes to have greater perspective on the AIDS crisis. The book, in addition, offers provocative discussions on important issues, which may cause the reader to have to confront — face-to-face — his or her own prejudices and values. **A, PR**

Reviewed by Janet Rosensweig Smith, MS, CSE, a doctoral candidate in social policy and political science at Rutgers, the State University of New Jersey.

MARRIAGE AND THE FAMILY IN THE YEAR 2020.

L. A. Kirkendall and A. E. Gravatt, eds. New York: Prometheus Books, 1984 (320 pp.; \$20.95)

The following are some of the novel futuristic ideas suggested by the essayists in this very readable anthology. The emphasis, by all the authors, is on the *positive* possibilities for marriage, family, and lifestyles in the next century. In this brave, newer world governed by WIMP (World Institute for Maintaining Peace), war is outlawed and all nations observe the decisions of a world court. Will wishes ever make it so?

The Scenario

The year is 2020 A.D. The place is Gloria, Earth's first space colony, named after former President Steinem.

Mom, Dad, Sis, and Brother Kirkendall have just returned home from a vacation on Earth which is now beautiful and pollution-free—most of its land having been returned to full agricultural use. Because it is cheaper to manufacture products in a gravitation-free environment, many of Gloria's 10,000 inhabitants are employed on Gloria but frequently shuttle back to Earth for short visits.

Marriage and Parenting

The Kirkendalls are not formally married (few people are), but are part of an extended intimate network of friends and lovers. Choosing to have a small family (as opposed to the "few barbarians . . . who still persist . . . in having lots of children"—Francoeur, pp. 193), they had to pass parental education classes and approval by the National Genetic Health Registry (which controls genetic disease transmission) to be certified as parents.

Their children, Sis and Brother, both resulted from in-vitro fertilization techniques, which are popular on Gloria. Sis was incubated in an artificial uterus, with her development carefully monitored and her "decantation" ceremony well-attended. Brother was implanted in Dad Kirkendall's abdomen soon after fertilization: this

has become more common on Gloria as men have moved toward full parental sharing. Hormonal treatments supported Dad Kirkendall's healthy pregnancy; a caesarian section brought Brother successfully into the world; and aside from some stretch marks, Dad Kirkendall made a healthy recovery. Although he is both the biological and social father, Dad Kirkendall is also called the gestational parent. Mom Kirkendall is considered the biological and social mother. No one is bothered by these new emerging forms of parenting and family—and the phrase, "alternate lifestyles" is no longer used.

Life Span and Relationships

All inhabitants of Gloria have a projected life span of 200 years due to the major gerontological breakthroughs which have occurred in the 21st century.

It is most likely that Sis or Brother will not decide to marry much before age 35 or 40, and then it is unlikely that they will stay together with the same partners for the rest of their 200 years. It is probable that they will experience many different styles of relationships, and may even become part of the 10% openly practicing bisexuals.

Also, if either prefers, cloned humanoids can be programmed to be fabulously sensual (*not* sexual) partners and, in addition, will not talk behind their backs. Moreover, electronic cerebral implants and computerized sensual encounters are also available to spice up their sex life if it becomes dull.

Sis' and Brother's sex education began early—when they entered the communal children's center after birth. At puberty, they both chose to be permanently sterilized, after they had their sperm and ova genetically screened and stored for future use. Now, they spend most of their time in the communal adolescent center where education, work programs, and lots of TLC are provided by a collective of highly-trained adults. In addition, they are presently active in the Children's Liberation Movement, and look

forward to a year in the domestic Peace Corps—one of several mandatory service programs for all youth.

This leaves Mom and Dad Kirkendall free to divide their three-day work week between computer work at home, and attendance at the job site where they receive much-needed social stimulation. Robots do much of the housework which provides them with a great deal of leisure time for pursuing lifelong educational interests and for relaxing at the communal recreation facility nearby. Both participate equally in this model colony, which is the reflection of identical social changes taking place on earth.

I enjoyed reading about this rosy future where ERA has passed; female equality has been spearheaded by women presidents; contraception *really* works; men are not pressured to be breadwinners; children are carefully planned and lovingly accepted; abortion is no longer necessary; genetic, communicable, and degenerative diseases have been conquered; single parents don't have to struggle so hard; and all lifestyles and family forms are socially accepted. However, there is no discussion of issues such as AIDS; poverty (except for Devlin's suggestion that the poor will be housed underground—in low rises?); child neglect or abuse; delinquency or crime; the hungry or the homeless. Could it be that these problems have all been resolved?

Kirkendall, Gravatt *et al* provide a provocative glimpse into a future world of tolerance, peace, and stability—and the 1980s become but a reminder of a primitive past when looked back on from a 21st century vantage point. Now one can only wonder: what will life really be like as we experience the turn of another century? **LT, A, P, PR**

Reviewed by Linda L. Hendrixson, MA, ACSE, Professor of Human Sexuality at Fairleigh-Dickinson University, Madison, NJ and Upsala College, East Orange, NJ; doctoral candidate, Human Sexuality Program, New York University.

Audience Level Indicators: C—Children (elementary grades), ET—Early teens (junior high), LT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

TOUCHING FOR PLEASURE: A GUIDE TO SEXUAL ENHANCEMENT

Adele P. Kennedy and Susan Dean, Ph.D. Chatsworth, CA: Chatsworth Press, 1986 (120 pp.; \$14.95)

At first glance, *Touching for Pleasure* might invite comparisons with other artfully illustrated sex manuals but somehow this book is different. Perhaps it is the voice of the book which creates the difference: it is a woman's voice. The book also directs itself to other women—in a detailed, patient, supportive, and instructive tone.

The strength of this book, in fact, lies in its natural and humorous style, as the information given is certainly neither new nor unfamiliar to most sex therapists and their patients.

However, with an emphasis on touching and sensual pleasure for its own sake—not merely as a prelude to intercourse—this manual illustrates that touching for pleasure can be an end in itself. Of the 12 chapters in the book, the first eight are about different ways to touch, and to be touched.

The ninth chapter provides an excellent discussion of anatomy for both men and women; and chapter 10 has many good techniques for enhancing sexuality and gratification. There are exercises for those with, and without, partners which emphasize the giving and receiving of pleasure, and the concentration on one's individual sensations.

The last chapter offers a brief nod to the elderly, and their special problems, but, in my opinion, does not provide the richness of information found in the rest of the book.

An interesting aspect of *Touching for Pleasure* are the vignettes, contributed by a sexual surrogate, to illustrate certain points and techniques. Her descriptions are thoughtful, friendly, and reassuring but, perhaps, depict too many happy endings—the only real weakness of the book. Her clients never seem to resist, or to manifest, for more than a brief moment, the anxieties that might have caused them to seek out her services. This, perhaps, contributes to the feeling that these successes are simply too good to be true.

As a final note, the sketches throughout the book artfully enhance the written material. I would add, as an additional recommendation, that many patients could benefit from hearing about this book from their therapists. **A, PR**

Reviewed by Natalie Wayne, CSW, a clinical social worker in the private practice of marital therapy and sexual therapy in New York.

LONG TIME PASSING: LIVES OF OLDER LESBIANS

Marcy Adelman, ed. Boston, MA: Alyson Publications, Inc., 1986 (256 pp.; \$7.95)

Marcy Adelman's book, *Long Time Passing: Lives of Older Lesbians*—at the price of \$7.95—is well-worth the attention of anyone in the field of aging, Lesbian issues, or who is indeed a Lesbian.

I feel this book is very important. It affords us a first and a unique opportunity to enter into the private lives of the women Ms. Adelman has discovered for us—and has introduced to us. It also provides intimate one-to-one communication between the storytellers and the reader. Ms. Adelman's Lesbians are alive and honest. They have dignity and courage. It is a privilege to share their lives.

However, what distresses me about the book is the back cover, which is in direct conflict with the courage of its 216 preceding pages. Surely the art department of Alyson Publications could have found some women who would have allowed their old photos to be shown without camouflaging their identities. The reason I have referred to the 216 pages of Ms. Adelman's book, is that I regard the remaining pages—her appendix—as a separate entity. If the primary idea of the appendix was to provide information and resources, Ms. Adelman does so at some cost to the original premise of her book. It would have been better to have stopped with the compelling lives of the older Lesbians and to have written a separate resource book at a later date.

Finally—one more biased comment: to have included GLOE on the West Coast, but to have excluded SAGE on the East Coast, which has a 3,200

membership and provides services to 700 gay men and women monthly is, indeed, an oversight. **A, PR**

Reviewed by Arlene Kochman, MSW/CSW, Coordinator of Social Services, Senior Action in a Gay Environment (SAGE).

JOURNEY INTO SEXUALITY: AN EXPLORATORY VOYAGE

Ira L. Reiss. Englewood Cliffs, NJ: Prentice-Hall, 1986 (282 pp.; \$32)

Journey Into Sexuality is an exciting adventure. It is exciting because it gives the reader a different and possibly new look at human sexuality.

Reiss, a sociologist, believes that a scientific explanation of human sexuality must include the contribution that the type of society in which we live makes toward the way we think, feel, and behave—sexually. His book reflects over four years of research into cross-cultural resources, and the thoughtful development of societal-level explanations for the variation of sexual attitudes and behaviors found in human societies. It is not a compilation of sexual customs, but is an integrated elucidation of sexuality applicable to all societies. He acknowledges that there are differences in each culture but he, instead of assuming that meaningful comparisons are not possible, constructs a social context in which intercultural comparisons can be made.

The author proposes a definition of sexuality which presumes that sexuality is learned in a societal context, and is thus not "natural," and supports this supposition throughout his book.

Early in the book, he discusses his dissatisfaction with popular Freudian, Marxian, and sociobiological explanations of sexuality; and in subsequent chapters, challenges the reader to view sexual jealousy, gender roles, homosexuality, the range of normality, and erotica through a sociological interpretation. Each is analyzed with cross-cultural data, and an interpretation is provided as to why the social nature of sexuality ensures that all societies have these cultural scripts.

(continued on page 25)

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AIDS: CHANGING THE RULES

1987, video, 27 min. AIDS FILMS, 50 West 34th Street, Suite 686, New York, NY 10001, (212) 629-6288. Prices \$40, ½"; \$50, ¾"; no rental.

This video, for college-age audiences and up, is narrated by three well-known adults: Ronald Reagan, Jr.; black model, Beverly Johnson; and Panamanian musician, Reuben Blades. It begins with a series of different people saying: "I have AIDS." This is followed by a segment which shows people engaged in casual contact—of all kinds—which *does not* spread AIDS. It includes clips from an interview with a married man—who got AIDS from intravenous drug use—and his wife; a group of women talking about safer sex; and some frank talk from the narrators about oral and anal sex, in which terms such as *going down on* and *cum* are used.

Two rules are put forth. The first, *to use a condom*, is wonderfully illustrated by Mr. Blades who, with both seriousness and humor, puts a condom on a banana. The second, *to communicate more openly about sexuality, especially with a sexual partner*, is represented by a couple about to make love for the first time, who talk about condoms during a romantic scene in front of a fireplace.

Some people may see a strong similarity between ODN Production's *Sex, Drugs, and AIDS* (reviewed in the September-October 1986 *SIECUS Report*) and this production. This is because Franklin Getchell of the Children's Television Workshop directed both. However, the production companies and the audiences are different. In fact, *AIDS: Changing the Rules* seems to be the popular *Sex, Drugs and AIDS* modified to suit an adult, rather than a teen, audience.

Although some members of the panel had some reservations about using a banana rather than a penis model, and about the "Ken and Barbie" nature of the couple in front of the fireplace, we were, for the most part, enthusiastic about this video. We especially liked

the fact that it is sex positive and nonalarmist about AIDS. We were also greatly relieved to finally see a film which not only recommends condom use, but demonstrates it as well.

At \$40, this film is wonderfully affordable and it should receive wide distribution to the general adult heterosexual audiences that it deserves. **A, PR**

AIDS

1987, 16mm or video, 20 min. Coronet/MTI, 108 Wilmot Road, Deerfield, IL 60015; 1-800-621-2131. Prices: \$455, 16mm; \$345; \$345, video; \$75, rental.

In this film, narrated by Ally Sheedy and originally produced by Walt Disney Educational Media, questions are asked by high school students about AIDS and are intercut with answers by several doctors and health educators. Computer-generated graphics illustrate the AIDS virus' impact on the immune system, and the transmission of the virus and precautions to take to avoid contracting or transmitting the disease are discussed.

The Audiovisual Review Panel had mixed reactions to *AIDS*. On the up side, we appreciated its calm approach; its realistic emphasis on safer sex (as opposed to other films, which most often, unrealistically, overemphasize abstinence); and the appropriate and appealing song, "That's What Friends Are For"—proceeds from which will be donated to AIDS research. One of the safety rules presented which we had not seen in a film before, and thought excellent, was not to abuse alcohol and drugs as they impair sexual decision-making.

However, on the down side, the format of the film, with the experts physically removed from the young people, was dull and not engaging. Also the information given about the incubation period for AIDS, and about the percentage of people who carry the virus and will ultimately die, is not up-to-date.

However, all in all, this is a useful film which presents basic information about AIDS in a noncontroversial, nonhysterical, nonpreachy fashion. It should be acceptable in a wide variety of settings. **ET, LT**

FIRST DANCE

1985, video, 19 min. Fanlight Productions, 47 Halifax Street, Boston, MA 02130; (617) 524-0980. Prices: \$300; \$50, rental.

This video dramatizes an actual court case which arose when a Rhode Island, gay male, high school student was refused the right to attend the senior prom with a male date. Based on actual courtroom transcripts, *First Dance* focuses on First Amendment rights, but issues of homosexuality are interwoven throughout. The plaintiff, Mark, is supported by his would-be date, Peter, who is very proud of being gay, and by a black female student. Pitted against them is a very homophobic principal, Mr. Winters, who argues that allowing two boys to go to the prom together will create bad publicity for the school. Ultimately, the judge rules in Mark's favor, and Mark ends the video by relating that he and Peter did go to the dance together, and that a good time was had by all.

The Audiovisual Review Panel felt that this would be a useful film not just for human sexuality classes but also for other courses regarding law, ethics, and family living. The length is ideal, and the issues it raises should stimulate lively discussions about legal and constitutional issues, such as: homophobia; what it is like to grow up gay; the rights of anyone who is perceived to be different; stereotypes of homosexuals; and how today's highly charged environment, resulting from the AIDS epidemic, might bear on this case.

Disadvantages of the video are its somewhat stereotypical characters and its stilted acting. In spite of these flaws, *First Dance* is definitely recommended for early and late teens, parents, and the professionals who work with them. **ET, LT, P, PR**

**SOMEONE YOU KNOW:
ACQUAINTANCE RAPE**

1985, 16mm or video, 29 min.
Coronet/MTI, 108 Wilmot Road,
Deerfield, IL 60015; 1-800-621-2131.
Prices \$520, 16mm; \$470, video; \$85,
rental.

This film begins with a truly chilling conversation that a woman, apparently about to be raped by a stranger, is having on the telephone with the police as the stranger is approaching her. The point seems to be that a rape by an acquaintance is equally terrorizing.

Subsequently, two women who have experienced acquaintance rape tell their stories: a flight attendant who had been raped by her former boyfriend—a pilot—after he had been drinking; and a college student who had been gang-raped (for three hours). A professor then cites the findings of one study in which 15% of the female college students had experienced rape, and 12% attempted rape. At another point in the film, a man is interviewed who has committed ten acquaintance rapes. He states that when he spends money on a woman he expects her to reciprocate with sex. If she doesn't, that gives him license to force sex on her.

The women in this film, who were raped, are portrayed as victims, rather than survivors. The emphasis also appears to be on long-term negative effects, such as depression and nightmares, rather than on positive approaches, such as individual and/or group counseling and recovery. Possible reasons for this emphasis—and for the male narrators—may be that the film has been particularly directed toward men in an attempt to show them how truly devastating acquaintance rape can be. The film ends with a statement that the burden of stopping rape is really on men, because they are the ones who commit the rapes in the first place.

The Audiovisual Panel felt that *Someone You Know* would definitely be a good discussion starter for men and women from the late teens up. However, educators using it might

want to balance it with some material about how women who have been raped can move from the victim to the survivor role, and how they can defend themselves against rape. ET, A

**Choices:
In Sexuality with
Physical Disability**

(16 mm & Video/Color/60 Mins.)

Produced for:
Institute of Rehabilitation Medicine
New York University Medical Center
Joan L. Bardach Ph.D., Project Director
Frank Padrone Ph.D., Co-Director

... Choices is a film which can be used time and time again in rehabilitation facilities human sexuality programs and in any group where issues of sexual interaction and adjustment to a disability are being discussed. If both parts cannot be purchased, Part 1 is a tremendously good discussion starter and should not be missed...

Pam Boyle, Coordinator: Reproductive Health and Disabilities Program of the Margaret Sanger Center of Planned Parenthood, NYC.



Mercury Productions
7 West 18th Street, 2nd flr
NYC 10011 (212) 869-4073

A TIME TO TELL

1986, 16mm or video, 17 min.
Coronet/MTI, 108 Wilmot Road,
Deerfield, IL 60015; 1-800-621-2131.
Prices \$490, 16mm; \$370, video; \$75,
rental.

In this film, originally produced by Walt Disney Education Media Company, young people share their feelings about sexual abuse in a group session with an adult counselor.

First a young woman named Chris re-enacts a date which would have turned into a date-rape situation (in a car) if other teenagers had not heard her screams and rescued her. Here, the importance of self-esteem, consent, setting limits, and communication in

dating are brought out. The second vignette presents the story of 13-year-old Jennifer who has had to deal with a sexually abusive father for six years. Also, a boy in the group mentions being sexually abused by his uncle, but this theme is left undeveloped.

The panel had mixed reactions to this film. They objected to its negative stereotypes of men; its confusing format (the therapist did not appear until it was too late to make it clear that this was more than a group of teens sitting around talking); its unclear focus, due to the mixture of date rape and incest in the same film; and the undeveloped theme of the sexual abuse of young men. On the other hand, some panel members liked the fact that the film depicted teens helping another teen; and they felt that the vignettes were appropriately juxtaposed, because both represented forms of sexual abuse commonly experienced by teens. The panel feels that the messages and the length of this film are good, and would recommend it for use with early and later teens. ET, LT

TOO LITTLE, TOO LATE

1987, video, 48 min. Fanlight Productions, 47 Halifax Street, Boston, MA 02130; (617) 524-0980. Prices: \$400; \$75, rental.

In this profoundly moving documentary, members of families of people with AIDS (PWA's) share their pain and frustration, and the solace they have derived, while helping their loved ones die peacefully. The film features Barbara Peabody, artist and author of the book, *The Screaming Room* (reviewed in the May-June 1987 *SIECUS Report*), in which she tells about caring for her son during his last months of suffering with AIDS. Peabody also created an art therapy group for people with AIDS (PWAs), and some of the poignant segments of this film were taken when the group met, including a discussion of what it feels like to be abandoned by one's family. Also featured in *Too Little, Too Late* are the family of a young girl who contracted AIDS from a blood transfusion and died; a woman who

Audience Level Indicators: C—Children (elementary grades), ET—Early teens (junior high), LT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

nursed her son's lover through AIDS after he was rejected by his family; a support group of Mothers of AIDS Patients (MAP); and the parents and sister of a gay man who died of AIDS (the mother was unable to discuss her son's illness at work for fear of losing her job).

This fine film provides a real sense of what families of PWA's go through; and of what it is like for PWA's to have, or not have, the love of their families. It is, by no means, just a sex education film. It would also be useful in other subject areas such as family living and terminal illness as well. The panel was pleased that it has been shown on public television so that part of the very wide audience that it deserves could be reached. **LT, A, P, PR**

Members of the SIECUS Audiovisual Review Panel for this issue were: **Peter Anderson**, student, Human Sexuality Program, New York University; **Carmen Reyes Aviles**, MSED, Community Family Planning Council, New York City; **Patti Britton**, Department of Education, Planned Parenthood Federation of America; **Leigh Hallingby**, MSW, MLS, former manager, SIECUS Information Service and Mary S. Calderone Library; **Jean Levitan**, PhD, assistant professor, William Paterson College, Wayne, NJ; **Maria Matthews**, health educator, Planned Parenthood of Bergen County, Hackensack, NJ; **Deborah Richie**, graduate assistant, Mary S. Calderone Library, and student, Human Sexuality Program, New York University; **Herb Samuels**, consulting sexologist and doctoral candidate, Human Sexuality Program, New York University; **Jan Sola**, PhD, program consultant, National Board of the YWCA of the USA; and **Jill Tabbutt**, MPH, program consultant, National Board of the YWCA of the USA. The reviews were written by Leigh Hallingby.

Other Information Resources . . .

AIDS:

AIDS: THE FACTS: (revised May 1986, *foldover pamphlet*) is a general information pamphlet on AIDS, developed by the Red Cross with the Washington Business Group on Health, and based on the Public Service/U.S. Department of Health Human Services pamphlet, *Facts About AIDS*. Funding for the pamphlet was provided by the American Council of Life Insurance and the Health Insurance Association of America. The Red Cross has also produced **LATEST FACTS ABOUT AIDS** (October 1986, 6-7 pp. each, *series of pamphlets*) which includes: *AIDS and Children: Information for Teachers and School Officials*; *AIDS and the Safety of the Nation's Blood Supply* (January 1987); *AIDS and Your Job—Are There Risks?*; *AIDS, Sex, and You*; *Caring for the AIDS Patient at Home*; *Gay and Bisexual Men and AIDS*; *Facts About AIDS and Drug Abuse*; *If Your Test for Antibody to the AIDS Virus is Positive*. In addition an **AIDS PREVENTION PROGRAM FOR YOUTH: INFORMATION FOR STUDENTS; AIDS PREVENTION PROGRAM FOR YOUTH: INFORMATION FOR TEACHERS/LEADERS** (1987, 33 pp., *workbook, guide*), "a comprehensive school and family program involving students, teachers, and parents," has been developed for the American Red Cross by its Orange County chapter. The entire program consists of a 29-minute video entitled *A Letter from Brian*; the student's workbook; the teacher's/leader's guide; and a pamphlet, *What Every Parent Should Know About AIDS*. "The American Red Cross believes that adolescent health education should be based on positive values that rest on religious, ethical, legal, and moral foundations, and that such education should be provided within the family, supplemented by schools and community groups that encourage parent-child communication." The goals of this program are "to increase educator's acceptance of the need for AIDS education in schools; to increase teachers' ability to provide AIDS education; to increase parents' ability to discuss AIDS with their children; and to increase youths' knowledge about AIDS, and encourage behavior that would avoid risk." They have also created a course for

caregivers: **HOME NURSING COURSE: FOR AIDS CAREGIVERS, FOR FAMILY, FRIENDS, BUDDIES OF PERSONS WITH AIDS**, which covers current AIDS information; basic nursing skills; infection control; correct body mechanics; nutritional considerations; medications and treatment; and psycho-social supports. *The program and other materials are available through local chapters of the American Red Cross.*

AIDS CAN HAPPEN TO YOU (1987, *foldover pamphlet*). Provides general information and facts on AIDS targeted to the teen population. Tells how adolescents get AIDS and do not get AIDS, how AIDS can be prevented, and discusses whether a cure for AIDS is in our immediate future. *Kids-rights, P.O. Box 851, Mount Dora, Florida 32757, 1-800-892-KIDS, (904) 383-6200. Price: 1-499/\$.22; 500-999/\$.18; 1000-2499/\$.14; plus p/h, order under \$50/\$3, over \$50/\$6.*

AIDS DOESN'T GIVE A DAMN, SO WE HAVE TO (*organization foldover brochure*). Tells about the work that the Health Education Resource Organization (HERO), formed in 1983, is doing to provide accurate information and assistance to people concerned about or affected by AIDS nationally and locally. **ANDREA AND LISA** (1987, 9 pp., 5½"x8½", #1 of the HERO comic group, *comic booklet*) The booklet begins with an Andrea and Lisa Safer Sex Quiz and then illustrates a discussion between Andrea, Lisa, and their fairy-godsister on AIDS. **YOU DON'T HAVE TO BE WHITE OR GAY TO GET AIDS** (1986, *foldover pamphlet*), "black males, females, and babies are dying from AIDS." Provides some statistics, general information on AIDS, and hotline numbers for Baltimore (301-945-AIDS), DC Metro (202-251-1164), and elsewhere in Maryland (1-800-638-6252). *Production Department, HDS Education Resource Organization, 101 West Read Street, Suit 812, Baltimore, MD 21201 and 100 Maryland Avenue, Suite 240, Rockville, MD 20850, (301) 615-1180 x 25, teen hotline (301) 945-AIDS. Prices: Andrea and Lisa, 1-100/\$.50 each; 101-500/\$.40; 501-5000/\$.35; plus p/h. Others, 1-100/\$.30; 101-500/\$.20; 501-5000/\$.17, plus p/h.*

AIDS AND THE HEALTHCARE

WORKER (4th edition, March 1987, *foldover pamphlet*, also available in Spanish). Provides general information on AIDS, comments on reports of healthcare workers contracting AIDS, and states: "Clearly the AIDS virus is not easily transmitted when appropriate precautions are taken." The rest of the pamphlet discusses precautions which should be taken, the patient's right to privacy, and working with a person with AIDS. *Occupational Health and Safety Department, Services Employees International Union, AFL-CIO, 1313 L Street NW, Washington, DC 20005, (202) 898-3386. Price: single copy free, each additional copy, \$.10. "Rights to reproduce this are granted."*

AIDS PATIENTS CARE: A MAGAZINE FOR HEALTH CARE PROFESSIONALS

(Premier issue June 1987, 40 pp., *magazine*). This premier issue's articles are: An AIDS Health Care Network—The Time is Now! (by C. Everett Koop); Setting Up an AIDS Unit: The John Hopkins Experience; Burrough Wellcome Gears Up to Deliver Retrovir; AIDS Hotlines; AIDS Online; Nursing the AIDS Patient at Home; AIDS Immunodiagnosis; Alternatives in AIDS Homecare; Four Cities Make Plans to House Homeless AIDS Patients; AIDS: Practical Applications of Nurses and Social Workers; AIDS Pamphlets for Your Patients; and AIDS Aware. "Members of the medical community who will treat and care for AIDS patients—both children and adults—must seek to expand their knowledge and to establish a network for sharing approaches that have shown merit. We can learn from one another's experience, educate one another. And it is of vital importance that medical professionals help disseminate authoritative information about the disease to the communities in which they practice so that efforts for prevention can be maximized, groundless fears can be laid to rest, and the best physical and emotional environment for caring for AIDS patients provided" (C. Everett Koop). *Contact: Mary Ann Liebert, c/o AIDS Patient Care, Mary Ann Liebert Inc. publishers, 1651 Third Avenue, New York, NY 10128, (212) 289-2300. Price: 9 issues/\$90.*

THE AIDS READER (Collection I, 1987, 56 pp., looseleaf notebook, 9 articles) by Jeffrey Laurance, MD, assistant professor in the division of hematology-oncology, Department of Medicine and director of The Laboratory for AIDS Research at the New York Hospital-Cornell Medical Center; advisory board member of AmFAR; associate editor of *AIDS: An International Journal*; and member of the editorial board of *Infections in Medicine*. Included are discussions of the prevalence and means of transmission of the virus; means of

controlling and diagnosing the infection; and manifestations of the disease itself. Also addressed are issues of widespread concern to the general public, including the potential for spread of infection among school-aged children and heterosexual partners, and screening measures for HIV infection. "It is hoped that this material will assist in the diagnosis, treatment and prevention of this tragic disease." To enhance the distribution of current AIDS-related information, SCP Communications began to publish, in October, *The AIDS Bulletin*, a special insert in *Infections in Medicine* and *Infections in Surgery*. *SCP Communications, inc., 134 West 29th Street, New York, NY 10001, (212) 714-1740. Price: \$16.90.*

CHECK IT OUT! (*foldover pamphlet*). The main message of this pamphlet is "don't do drugs... don't share needles...don't share spikes...don't share works...check it out!...don't be no fool, AIDS sure ain't cool...AIDS KILLS." *The Minority Task Force on AIDS (Center for the City Council of Churches of the City of New York), 92 Saint Nicholas Avenue, Apt. 1B, New York, NY 10026, (212)749-2816. No charge.*

NEVER SHARE YOUR WORKS!: AIDS & IV DRUG USERS

(*foldover pamphlet*). Tells users what not to do, what to do, demonstrates how to "boil the works...how to soak the works in rubbing alcohol...and how to soak the works in a bleach and water solution," mentions who's at risk, and the symptoms of AIDS. Also lists important AIDS numbers in Rhode Island. *Rhode Island Project/AIDS* offers public and professional education, a hotline, referrals and support groups for persons with AIDS or ARC, families and friends, *P.O. Box 2297, Providence, RI 02905, (401) 277-6545 (office), (401) 277-6502 (hotline).*

WHAT WOMEN SHOULD KNOW ABOUT AIDS

(1986, *foldover pamphlet*) written by Julia Chiapilla. Very general information on what AIDS is; its symptoms; how it is transmitted; how it affects women; specifies women who are at risk; (although it now appears that all women are potentially at risk) when to be tested; and how AIDS can be prevented. *Network Publications, PO Box 1830, Santa Cruz, CA 95061-1830. Price: \$.25 each; 50/\$9; 200/\$32; 500/\$75, plus 15% p/h.*

WOMEN ADDRESS AIDS (1986, *foldover pamphlet*). As of 1986, women made up 7% of the total reported cases of AIDS in the United States, and the number appears to be doubling each year according to this pamphlet. "Although the majority of women (52%) have developed AIDS as a

result of sharing needles with IV drug users, a growing number of women have been exposed through sexual contact with a male partner (increasing from 11% in June 1984 to 27% as of September 1986)...Additionally, of women with AIDS, approximately 50% are Black and 23% Latina, making AIDS a particular concern of women of color. Approximately 80% of children with AIDS are children of color, many have been born to parents at risk" and "although a very large percentage of women with AIDS are based in the New York/Newark area, the number of women being affected is increasing all over." This condensed and very informative pamphlet talks about AIDS; its symptoms and transmission; what increases a woman's risk for AIDS; women in countries outside of the US with AIDS ("In parts of Africa, the percentage of women with AIDS is thought to be 40% or higher."); women at risk considering pregnancy ("Most babies born with the virus in their system have died by the age of two."); AIDS risk reductions for women; safe sex, possibly safe sex, and unsafe sex practices; AIDS testing and treatment options (interferon, ribavirin, isoprinosine, AZT, and "alternative or wholistically oriented healthcare...both medical and alternative approaches are equally important in searching for answers to AIDS"), and the social and political issues surrounding women and AIDS. "Women face numerous barriers in dealing with AIDS. Often women have difficulty practicing safe sex because many men are resistant to using condoms. Women lack support services around AIDS, and except for the few women's AIDS programs around the country, it is often very difficult for them to get information and find support. Also many women feel uncomfortable sharing sexual concerns in support groups with men. Many at risk women, and women with ARC and AIDS are profoundly isolated. Unlike Gay men, they have no at risk community to relate to or to turn to for support. Some of these women face the added stress of being the family caretaker and childrearer, and they may also have children at risk for or with ARC or AIDS. Further they face the trauma of possible transmission to an unborn child... Clearly there is a need for women's AIDS groups to organize around the specific needs of women." The pamphlet lists some women's AIDS resources around the country. *The Women's AIDS Project, 8235 Santa Monica Bl., Suite 201, West Hollywood, CA 90046, (213) 650-1508. For copies of this pamphlet call or send a donation. This nonprofit project currently receives no funding.*

WOMEN AND AIDS (March 1987, *foldover pamphlet*). General information on AIDS, pregnancy and AIDS, precautions to take to "stay safe from AIDS." Includes some phone numbers for New York state

and city programs. Produced under the auspices of Governor Mario M. Cuomo and Commissioner of the Department of Health, David Axelrod, MD. *The AIDS Institute, New York State Health Department, Empire State Plaza, Corning Tower, Room 2580, Albany, NY 12237, AIDS hotline, 1-800-541-AIDS.*

Human Sexuality and Sex Education

FIRST FACTS: A MANUAL FOR SEXUALITY EDUCATORS (1986, 115 pp., looseleaf binder, *manual*) based on the experience of the Planned Parenthood Federation of America, but relevant for others working in the field. Was written to fill in the holes in the education of a PPFA sexuality educator. Covered are: sexuality education; the role of the staff educator; ethics and standards for educators; using volunteers; funding affiliate educational programs; community education; patient education, training; publication, library, and information management. The appendices include: federation and federal mandates for education; selected criteria for the certification of educators; the national structure of planned parenthood; a history of the education department; glossary of commonly used terms; and resources (SIECUS is listed here but the address is incorrect). *Education Department, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019, (212) 541-7800. Price: \$11.50, plus 15% p/h.*

HOW TO TALK TO YOUR CHILD ABOUT SEX: A GUIDE FOR PARENTS (7 pp., 5 1/2"x8 1/2" *booklet*) "Two out of three parents have great difficulty talking with their children about sex. In fact, less than 20% of parents have ever had a significant conversation with their children about sex. Most parents today do not have role models for talking with their children because their own parents did not speak openly with them about sex." The booklet discusses why parents should talk to their children about sex; at what age; how and when to do it; and mentions specific age-related book and pamphlet resources. SIECUS is included but with an old address. **HOW TO TALK TO YOUR PRETEEN AND TEEN ABOUT SEX: A GUIDE FOR PARENTS.** (7 pp., 5 1/2"x8 1/2" *booklet*) "Young people need to know about their own sexuality, and their best source of information should be their parents. . . Most teenagers wish they could talk with their parents about sex, but studies show that fewer than one in three considers parents a major source of information about sex." This book explains why parents should talk to preteens and teens about sex; how and when to do it; what they need to know; and suggests further reading. *The National PTA, 700 North*

Rush Street, Chicago, IL 60611-2571, (312) 787-0977. Prices: \$.12 each; \$12 per 100 (no p/h).

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INTIMACY IS FOR EVERYONE: SEX EDUCATOR'S GUIDE TO TEACHING INTIMACY SKILLS (Revised edition 1983, 283 pp., paperbound 8 1/2"x11" *curriculum guide*) by Barbara Petrich, MA, and Bob McDermott, MS. In 1981, the Office of Family Planning of the California Department of Health Services provided a grant to Planned Parenthood of Santa Barbara to begin development of a program of sex education for pre-release clients in institutional settings—correctional institutions and residential treatment centers. "This manual reflects what we have learned and experienced while attempting to 'do' sex education 'behind the walls'...While many of our colleagues expressed doubt as to the possibility of teaching sexuality, successfully, to resistant clients, we are delighted to report that our experiences were dynamic and encouraging. Indeed, we feel even stronger that 'Intimacy is for Everyone'. . . Our project and this manual are devoted to the idea that sex and love topics need to be an integral part of any rehabilitative/treatment program. It is dedicated to the belief that if we help people deal with dysfunctional intimate/sexual relationships and their consequences (unwanted pregnancy, disease, divorce, battery, child abuse,

loneliness, etc.) by providing sexuality information and training in sexual/social life skills, they will be better able to establish intimacy and positive personal relationships; be more motivated to take control over their emotional and reproductive lives; and hence, may be less likely to return to the institutional setting." Discusses intimacy and love, how to use the manual, and curriculum options. "Generally the curriculum works best as a 12-20 hour course. We have found that one and a half hours is about the limit of attention span amongst institutional clients (less for juveniles)." Suggestions and resources are offered in the last section of the guide. *Education Department Planned Parenthood of Santa Barbara, 518 Garden Street, Santa Barbara, CA 93101, (805) 963-5801. Price: \$18, plus \$2 p/h.*

KIDSRIGHTS (6th edition 1987, 63 pp., *catalog*) Kidsrights acts as a clearinghouse for educational information on children's rights issues, including abuse, abduction, molestation, teen rape, teen suicide, incest, substance abuse, related family issues such as divorce, custody, adoption, stepfamilies, death, AIDS, sex education, and dealing within the family structure. It has recently expanded into the fields of the gifted and talented, and the ED/LD-disabled and their related educational needs. Their catalog contains over 1000 informational pamphlets (some can be custom imprinted), professional reference materials, books, games, curricula, related videos on varied subjects, anatomically correct dolls (in a choice of four skin tones), and therapy workbooks and materials. They also have "specialized libraries" of their materials, and some materials are available in Spanish. *Kidsrights, P.O.Box 851, Mount Dora, FLA 32757, 1-800-892-KIDS, 904-383-6200.*

MOSTLY FOR MALES (1986, 23 pp., 5 1/2" *booklet*). This booklet, especially for preadolescent boys, covers "the most common questions asked" (with answers) by a young male about his body; and changes in his body, feelings, and the way he looks at life and the people around him. Also provides definitions of related terminology, explanations of rumors and myths, and talks about the special rights one has over one's body. *Education Department, Planned Parenthood of SW Michigan, 785 Pipestone, Benton Harbor, Michigan 49022, (616) 925-1306. Prices: 1-24/\$1.25 each; 25-99/\$1; 100-199/\$.85; 200-499/\$.75; 500+1/\$.65, plus 15% p/h.*

7/8 F.L.A.S.H.: FAMILY LIFE AND SEXUAL HEALTH (1986, 303 pp., looseleaf *curriculum*) written by Elizabeth Reis, MS, public health educator of the family planning program of the Seattle King County Department of Public Health. Last year

they published *5/6 F.L.A.S.H.* (171 pp.), a curriculum for 5th and 6th grades; this year they have published *7/8 F.L.A.S.H.*, a curriculum for 7th and 8th grades. The curricula are designed to be easily integrated with other subjects "since they address sexuality from all aspects—physical, psychological, and social." Each lesson plan, designed for active student participation, "has optimal family homework exercises to help children talk with their parents about sexuality." The topics included are puberty; sexual health and hygiene; sexually transmissible diseases, the reproductive system; pregnancy; decision-making and teen parenthood; touch and abstinence; birth control; resource people; communications, the basics; asking honestly for what you want; taking 'NO' for an answer; saying 'NO'; and defending your rights. Recommended audiovisual aids, community resources, and sample parent letters are also included. Also available are 5/6 and 7/8 FLASH transparencies (18 per set) and 7/8 student workbook masters (116 pp.)

Ellen Phillips-Angeles, Seattle King County Department of Public Health, Family Planning Publications, 110 Prefontaine Avenue South, Suite 500, Seattle, WA 98104, (206) 587-2792. Prices: 5/6 F.L.A.S.H. curriculum/\$15, transparencies/\$3.50 (8); 7/8 F.L.A.S.H. curriculum/\$30, transparencies/\$8.50 (18), student workbook masters/\$10, plus 25% out-of-state p/h, 10% in-state (plus 7.9% sales tax).

SEXUALITY EDUCATOR PRETEST; SEXUALITY PRETEST ANSWER KEY; SEXUALITY EDUCATOR POST TEST; SEXUALITY POST TEST ANSWER KEY

(1986, 22 pp., 23 pp., 26 pp., 27 pp.) Written by Loreen-Martin, Morney, and Reis, and edited by Betty Freund. Designed for self-assessment by professional educators, they say, and can also be used before and after workshops or college courses; for training teachers, volunteers, and staff; and as a screening tool in hiring. The tests are divided into 8 sections (each section is graded with "credit" and "no credit": anatomy and physiology; sexual growth and development; parents as sexuality educators; decision-making and communication; sexual exploitation; birth control; teenage pregnancy and pregnancy options; and sexually transmitted diseases. *Association for Sexuality Education and Training (ASSET), P.O. Box 668, Oak Harbor, WA 98277. Prices: #8604-1 Pretest and Answer Key, \$5.25; #8604-2 Post Test and Answer Key, \$5.25; #8604-3, set of four, \$10, plus sales tax, if applicable, and 15% p/h.*

STRAIGHT TALK GUIDE: A PROGRAM TO INCREASE FAMILY COMMUNICATION ABOUT SEXUALITY (1985, 79 pp., bound curriculum guide) written by Debbie

Goodman and illustrated by Laurel Kallenberger. "The *Straight Talk* workshop is a six-hour program developed in order to help parents and children improve their communication about sexuality"; to "reduce the alarming number of teen pregnancies" in Oklahoma; and to "help people make better decisions about their sexuality." This curriculum guide is based on the activities of the program, and the following review and evaluation done by the parents and children. It includes an introduction and the curriculum, which covers setting up the workshops; perspectives on sexuality and sexual learning; changes of adolescence; communication; female body/sexuality; male body/sexuality; self-esteem; attitudes and values about sexual expression; and the materials used in the development of *Straight Talk*. *The Education Department, Planned Parenthood of Central Oklahoma, 619 Northwest 23rd Street, Oklahoma City, Oklahoma 73103, (405) 528-0221. Price: \$15, plus \$3 p/h.*

TLC (TALK, LISTEN, CARE KIT: THE KIT THAT MAKES IT EASIER TO TALK WITH YOUR KIDS ABOUT SEX

(1987, kit). In its continuing effort to reduce the number of unintended teenage pregnancies in the Greater Boston area, the Harvard Community Health Plan Foundation has developed this kit for parents and their children. "Studies show that the best way for children to learn about sex is at home. A child who has received correct information and a clear sense of family values is more likely to make responsible decisions about sex. However, because of the complexity of the subject matter, parents often find themselves embarrassed and therefore avoid the topic." Studies also suggest "that more than 80% of parents do not talk to their kids about sexuality. While much has been said about the need for quality sex education, until now very little has been done to prepare parents to talk with their kids at home. The TLC Kit includes pieces to give parents the groundwork, letting them know the types of questions to expect and suggesting ways to answer them. The Kit helps parents listen carefully to all questions and answer them right away, because a child might not ask again." The kit includes: the TLC Quiz; the book, *Let's Talk About Sex: A Read-and-Discuss Guide for People 9 to 12 and Their Parents* (57 pp.) by Getchel and Foster (for Planned Parenthood of Central California); the book, *Straight Talk, Sexuality Education for Parents and Kids 4-7: A Family Handbook* (48 pp.) by Ratner and Chamlin (for Planned Parenthood of Westchester, Inc.); pamphlets; a resource list which mentions SIECUS; the *Talk-Listen-Care Game* (cards, "an easy way to talk about tough topics"); and *Talk-O-Grams* to keep the communication going

(for those who want to ask or answer some questions in writing). *For pricing information and to order the kit, write The TIC Kit, One Fenway Plaza, Boston, MA 02215, (617) 437-8282.*

Sexual Abuse and Assault

FACTS ABOUT SEXUAL ASSAULT: A REPORT FOR TEENAGERS (1985, 15 pp. 6"x9" booklet) written by Suzanne S.

Ageton, PhD, senior research associate of the Behavioral Research Institute in Boulder, Colorado. "Any effort to force you, against your will, into sexual intercourse or other sexual acts may be considered sexual assault. Even though it involves a sexual act, sexual assault is not an act of love. It is an act of aggression, anger, and often violence. There is no one type of sexual assault. It may be a violent attack by a stranger or, more typically, pressure from a date or boyfriend to do more sexually than you want to do. Being forced to engage in sexual acts is sexual assault, even if you know the person who is pressuring you." According to this booklet the typical teenage sexual assault is committed by a boyfriend or acquaintance and occurs during a date; most do not involve severe physical violence or the use of a weapon; the kind of force typically used is verbal pressure; most victims are able to prevent an assault from being completed; often, drinking or drug use by the offender plays a part in causing the assault; although most teenage victims do not have prolonged emotional reactions to sexual assaults, some express fears, depression, and anger years after the experience. This study was begun in 1978 by interviewing more than 1700 teenagers. "Because the group we interviewed was typical of all teenagers in the United States, the results of the study reflect common teenage experiences and attitudes, including those related to sexual assault." In addition, they interviewed the teenagers once each year for three years (1978 through 1980) to learn about the changes in their lives, attitudes, and behavior. The most common victims were female; the most common offenders, male. Once a teenager has been sexually assaulted, the report says, her chances of being assaulted again increase. . . . Common settings for these assaults are the victims' and offenders' homes and automobiles. . . . Most victims did not report their assaults to the police nor tell their parents. Failure to report these assaults seem to be related to the victims' beliefs that attempted sexual assaults by dates or friends are not real sexual assaults, but an attempted sexual assault by a date or a friend is considered a crime, according to this report, and may be reported to the police. The report focuses on what one can do to help prevent these assaults and offers advice to both female and male teenagers.

National Institute of Mental Health, 5600 Fishers Lane, Rockville, MD 20857. DHHS Publication No. ADM 85-1397.

IT'S NOT YOUR FAULT

(1985, 25 pp., 5"x8" booklet) written by Judith A. Janice, illustrated by Marina Megale, with a foreword by Sandy Minnick of the YWCA Rape Crisis Center in Cheyenne, Wyoming: "The messages given are clear: You are not to blame, and it is good that you told. For any child who has faced or will face the dilemma of being molested by a known and trusted adult, these words of encouragement and support may mean the difference between feeling secure and protected or feeling frightened and withdrawn." The booklet is designed to be used "both with children who may have expressed sexual abuse as well as with those who have not. It comes to grips with the reality that many sexual molesters are trusted adults with close ties to the child's family. Those very ties, combined with fear and guilt, keep children from speaking out. . . the story becomes a springboard to help children comprehend the problem and to provide possible avenues of help should the need arise." (Judy Janice) *The Charles Franklin Press, P.O. Box 524, Lynwood, WA 98046. Price: 1-4/\$3.95 each; 5-24/\$3.50; 25-74/\$3; 75+/\$2.50, plus \$.75 first copy, and \$.10 each additional copy for p/h.*

"NO-GO-TELL!" A CHILD'S PROTECTIVE CURRICULUM FOR VERY YOUNG DISABLED CHILDREN: INFORMATION FOR TEACHERS AND PARENTS! (1986, 49 pp., 8½"x11" bound guide and 11"x17" picture cards for teachers and parents) by Elizabeth J. Krents, PhD, with Dale V. Atkings, PhD, illustrated by Cynthia L. Kaufman, MA. The illustrated cards have written on the opposite sides: concept, objectives, teacher information, picture description and suggested language guidelines, and activities. "It was the first children protection curriculum designed specifically for preschool and early elementary age disabled children. . . ." The curriculum includes 55 picture panels covering the major concepts of child sexual abuse prevention. A set of anatomically correct boy and girl dolls, included for demonstrating concepts and for role playing purposes. ("A young, disabled child cannot learn the necessary skills involved in sexual abuse prevention through pictures alone.") A Post-Instruction Test (21 panels), administered individually to each child to insure the child's mastery of necessary skills. A Teacher's and Parent's Guide to the Curriculum, Adaptations of the Curriculum for Major Handicapped Conditions, and **NO-GO-TELL!** posters (5 with each curriculum, because their findings indicate that once a child has acquired the necessary protection skills

consistent review is necessary for their maintenance). Elizabeth J. Krents, Program Director, Child Abuse and Disabled Children Program, The Lexington Center, Inc., 30th Avenue and 75th Street, Jackson Heights, NY 11370, (718) 899-8800. Price: \$300, plus \$10 p/h.

Sexually Transmitted Diseases

PROTECTING FUTURE FERTILITY OR WHY BARBARA CAN'T HAVE A BABY

(1986, foldover pamphlet) written by Harrison, Guest, and Le Boutillier. Barbara has PID, Pelvic Inflammatory Disease, caused by the sexually transmitted disease, Chlamydia, "the most common vaginal infection in the U.S. . . . PID is a leading cause of infertility for women in the U.S. Men can also suffer infertility caused by STDs." Discusses what one can do to avoid STD/PID, symptoms to pay attention to, mentions AIDS, and includes an "Are You At Risk for Fertility Problems Self-Quiz." *Planned Parenthood of Atlanta, 100 Edgewood Avenue NE, Suite 1604, Atlanta, Georgia 30303, (404) 688-9300. Price: \$.50 each; 100/\$20; 1000/\$150, plus 15% p/h.*

SEXUALLY TRANSMITTED DISEASES

(July 1985, foldover pamphlet). Provides general information on STDs and information on prevention, symptoms, damages to reproductive capacity, the dangers of untreated STDs, and the treatment of STDs. *March of Dimes, 1275 Mamaroneck Avenue, White Plains, NY 10605. Copies can be obtained from the reader's local March of Dimes chapter.*

Teen Choice

THE CHOICE TO ABSTAIN (1986, foldover pamphlet), written by Jane Hiatt. "Decisions about sex are not permanent. If you choose not to have sex right now, this doesn't mean you will never have a close sexual relationship. It does mean that you will move at your own pace and find your own 'right time.'" Covers reasons not to have sex; getting to know one another without sex; sticking to one's decision; questions to ask oneself; and the right to choose. *Network publications, P.O. Box 1830, Santa Cruz, CA 95061-1830. Price: 50/\$9; 200/\$32; 500/\$75, plus 15% p/h.*

FOR ADULTS ONLY. (foldover pamphlet) "Many people think that sex and pregnancy are for adults only. But some young people start having sex without making any decisions first. . . and then find that they have tough choices to make later." The questions in this pamphlet are designed to help teenagers make their "own decisions about sex." *New York State Council on*

Adolescent Pregnancy, Inc., 404 Oak Street, Suite 206, Syracuse, NY 13203, (315) 471-0564. Price: single copy free; call for bulk rates (can reproduce).

SEX NOT YET (1987, foldover pamphlet) "Most teens say yes to sex because they don't know how to say 'No!' This pamphlet tells you how." It explains why "kids fall victim to the age-old plague of youth: a false belief that they are exempt from the biological law of averages," and warns that "on the average, girls start their periods at the age of 12½" and "boys begin producing sperm by about the age of 13½," and "once these events start, teens are capable of having babies." Some young girls believe they are too young to get pregnant, and teens generally believe that pregnancy will not result from the first time they have sex. The message here is the "only 100% effective birth control method is saying NO." Covers what might not be thought about when deciding to have sex; explains that one is responsible for one's behavior; mentions some of the related myths; tells how to be assertive and effective in saying NO; and then explains that one does have a choice — not all decisions about sex are permanent — but "you can choose to say NO now. It is your choice." *Kidsrights* (see other resources/human sexuality and sex education).

SHOULD WE (March 1986, 6 pp., 5½"x8½" booklet) Why sex? What about the other person's motives? How will I know when it's right? Explores the above and concludes with: "We have a choice, to either become sexually active or not. When all is said and done, the decision is ours to make. There is no magic formula. The important thing to remember is that we shouldn't be pressured into making a decision that's wrong for us. Recognizing our feelings and understanding our options will help us use our best judgment." *Publications, Hawaii Planned Parenthood, 1164 Bishop Street, Suite 1220, Honolulu, HI 96813, (808) 521-6991.*

(Book Review continued from page 18)

Journey Into Sexuality challenges the attitudes and beliefs of its readers. It should be mandatory reading for all sexuality professionals, therapists, and educators. College students will also readily benefit from the author's stimulating questioning of our cultural norms. **A, PR**

Reviewed by Konstance McCaffree, PhD, educator, Council Rock Schools, Newtown, PA; faculty, Human Sexuality Program, University of Pennsylvania, Philadelphia.

SEXUALITY PERIODICALS FOR PROFESSIONALS: A SIECUS Bibliography

ARCHIVES OF SEXUAL BEHAVIOR

Plenum Publishing, 233 Spring Street, New York, NY 10013. Annual subscription: \$50, individuals; \$190, institutions.

A bimonthly journal of research studies on sexual behavior, edited by Richard Green of the University of California.

AUSTRALIAN JOURNAL OF SEX, MARRIAGE, AND FAMILY

Family Life Movement of Australia, P.O. Box 143, Concord, N.S.W. 2137, Australia. Annual subscription outside Australia: \$30.

A quarterly journal, designed to meet the research and information needs of professionals working in the areas of marriage, family, and sexuality, edited by Alan Craddock.

BRITISH JOURNAL OF SEXUAL MEDICINE

The Medical Tribune Group, Tower House, Southampton Street, London WC2E 7LS, England. Annual subscription outside Great Britain: £40 (approximately \$63).

A monthly publication for physicians, which provides medical information on research and treatment in the sexuality field, edited by Alan Riley.

CURRENT RESEARCH UPDATES IN HUMAN SEXUALITY

CRU Publishing, P.O. Box 2577, Bellingham, WA 98227. Annual subscription: \$48, individuals; \$70, institutions.

A monthly index to human sexuality literature, which lists all entries under one of 25 major subject headings. Includes a subject index with each issue, and gives addresses for obtaining reprints whenever possible. Edited by E. R. Mahoney.

EMPHASIS SUBSCRIBER SERVICE

Department of Education, Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019. Annual subscription: \$21.

Annually subscribers receive: two issues of the periodical *Emphasis*, each with a program-oriented theme; three annotated bibliographies (in some instances, coordinated topically with *Emphasis*); four reference sheets; two white papers (think pieces on issues); and *Linkline*, a bimonthly newsletter of activities and publications.

FAMILY LIFE EDUCATOR

Network Publications, P.O. Box 1830, Santa Cruz, CA 95060-1830. Annual membership (including subscription): \$30, individuals; \$40, institutions.

A quarterly publication, which includes summaries of recent information and developments in family life education; annotations and reprint information from recently published journal articles; legislative updates; film and book reviews; and suggestions for classroom activities, edited by Mary Nelson.

FAMILY PLANNING PERSPECTIVES

Alan Guttmacher Institute, 111 Fifth Avenue, New York, NY 10003. Annual subscription: \$26.

A bimonthly periodical, which includes articles reporting on research in the areas of family planning; abortion; sex education; and adolescent sexuality, pregnancy, and parenthood, edited by Diedre Wulf.

JOURNAL OF HOMOSEXUALITY

Haworth Press, 28 East 22nd Street, New York, NY 10010-6194. Annual subscription: \$34, individuals; \$82, institutions; \$117, libraries.

A quarterly journal, which presents empirical research and its clinical implications for homosexuality; bisexuality; gender identity; and alternative lifestyles, edited by John P. DeCecco, director of the Center for Research and Education in Sexuality (CERES) at San Francisco State University.

JOURNAL OF SEX AND MARITAL THERAPY

Brunner/Mazel, 19 Union Square West, New York, NY 10003. Annual subscription: \$30, individuals; \$60, institutions.

A quarterly journal, which emphasizes new therapeutic techniques, research, special clinical problems, and the theoretical parameters of sexual functioning and marital relationships, edited by Helen Singer Kaplan, Clifford J. Sager, and Raul C. Schiavi.

JOURNAL OF SEX EDUCATION AND THERAPY

American Association of Sex Educators, Counselors, and Therapists, 11 Dupont

Circle NW, Suite 220, Washington, DC 20036. Individual annual membership, including subscription: \$100. Annual subscriptions for nonmembers: \$8, one year; \$15, two years; \$20, three years.

A biannual journal, which includes research reports on sexual attitudes and behaviors and on sex education and therapy, edited by Gary F. Kelly.

JOURNAL OF SEX RESEARCH

Society for the Scientific Study of Sex, P.O. Box 29795, Philadelphia, PA 19117. Individual annual membership, including subscription: \$70. Annual subscription for nonmembers: \$40, individuals; \$65, institutions.

A quarterly publication, which serves as a forum for the interdisciplinary exchange of knowledge among professionals concerned with the scientific study of sexuality, edited by Paul Abramson of the Department of Psychology, University of California at Los Angeles.

JOURNAL OF SOCIAL WORK AND HUMAN SEXUALITY

Haworth Press, 28 East 22nd Street, New York, NY 10010. Annual subscription: \$32, individuals; \$77, institutions; \$87, libraries.

A biannual periodical, which presents material of generic interest to social workers involved with a broad range of issues pertaining to human sexuality and family planning, edited by David A. Shore of Southern Illinois University.

MEDICAL ASPECTS OF HUMAN SEXUALITY

Hospital Publications, 500 Plaza Drive, Secaucus, NJ 07094. Annual subscription: \$30; \$20, medical students.

A monthly journal, which covers the clinical and psychological components of human sexuality and of family life, edited by Charlotte N. Isler.

SEX EDUCATION COALITION NEWS

Sex Education Coalition, 2001 O Street NW, Washington, DC 20036. Individual annual membership, including subscription: \$20.

A monthly periodical, which includes wide-ranging articles, book and audiovisual reviews, and other features of national interest, edited by Patricia Donovan.

SEX ROLES

Plenum Publishing, 233 Spring Street, New York NY 10013. Subscription rate per volume: \$25, individuals; \$147.50, institutions.

A journal concerned with the basic processes underlying gender role socialization and its consequences, edited by Phyllis A. Katz of the Institute for Research on Social Problems, Boulder, Colorado. Two volumes of 12 issues each are published each year.

SEXUAL AND MARITAL THERAPY

Carfax Publishing, P.O. Box 25, Abington, Oxfordshire OX14 3UE, England. Write for price information.

A biannual international journal for those concerned with sexual and marital problems—the official publication of the Association of Sexual and Marital Therapists which is based in England. Features the results of original research; subject reviews; accounts of therapeutic and counseling practice; case studies; and book reviews. Edited by Dr. P. T. Brown.

SEXUAL COERCION AND ASSAULT: ISSUES AND PERSPECTIVES

CRU Publishing, P.O. Box 2831, Bellingham, WA 98227. Annual subscription: \$40, individuals; \$70, institutions.

A bimonthly periodical, which contains original papers; news and notes in the field; book and audiovisual reviews; and abstracts of published research articles, edited by Py Bateman.

SEXUALITY AND DISABILITY

Human Sciences Press, 72 Fifth Avenue, New York, NY 10011. Annual subscription: \$34, individuals; \$90, institutions.

A quarterly journal, which presents clinical and research developments in the area of sexuality as they relate to a wide range of physical and mental illnesses and disabling conditions, edited by Arnold Melman of Beth Israel Hospital, New York City.

SEXUALITY TODAY

Atcom, 2315 Broadway, New York, NY 10024. Annual subscription: \$74 (one year) and \$136 (two years) for individuals; \$99 (one year) and \$178 (two years) for institutions.

A weekly newsletter, which reports on a broad range of developments within the sexuality field, edited by Suzanne Prescod.

SIECUS REPORT

Sex Information and Education Council of the U.S., 32 Washington Place, New York, NY 10003. Annual membership, including subscription and other benefits: \$60, individuals; \$100, institutions; \$60, libraries. Single copies, \$8; nonmember subscription rates, \$40.

A bimonthly publication which covers all aspects of human sexuality, including AIDS. It includes articles; news; legislative, legal, and research notes; a conference/seminar calendar; book and audiovisual reviews; special bibliographies, and other information resources pertinent to the field. Edited by Janet Jamar.

All of the above periodicals are available for in-library use at SIECUS' Mary S. Calderone Library. A copy of this bibliography is available from SIECUS for \$.50 with a stamped self-addressed business-size envelope; multiple copies, 5-49, are \$.35 each and 50 copies or more are \$.25 each, plus \$1 p/h.

Computerized Searches Now Available from SIECUS

SIECUS can now produce computer searches for individuals and organizations using its new computerized database of the holdings of its library, which includes more than 4,000 sexuality articles from periodicals and edited books published since 1978, and 3,500 books covering all aspects of human sexuality.

If you are interested in a SIECUS computerized literature search, the library staff will discuss with you exactly what you are looking for, and the possible subject headings which best describe your topic. Computer searches can be done by author, title of article, book, journal, date, and/or subject.

Each computer search costs \$3, plus \$1 for each page that is printed out. SIECUS members receive a 10% discount. In-person library users, paying a user's fee, receive one free search on the day they pay the fee. If the search is to be mailed, 15% must be added to cover postage and handling. The invoice will be included in the mail with the search print-out. Photocopies of the articles listed in the search print-outs will be available from SIECUS, within a few days, at a cost of \$.25 per page, plus 15% p/h.

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