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SIECUS REPORT

Honoring the Past, Building the Future
Celebrating 40 Years of SIECUS

SPRING 2004

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Honoring the Past, Building the Future
Celebrating 40 Years of SIECUS

ARTICLES

ALSO IN THIS ISSUE...

SIECUS TURNS FORTY

Tamara Kreinin, M.H.S.A

For this special anniversary issue of the *SIECUS Report*, we looked to our rich history and past publications to identify reacurring themes, how they have changed, what we can learn from our experiences, and where our efforts are still needed. In order to share this exciting experience with *SIECUS Report* readers, we have excerpted pivotal articles from different decades that address these core topics. It is my sincere hope that you will find this slice of history as interesting and informative as I do.

As I read through these articles, the old cliché phrase "the more things change, the more they stay the same" immediately sprang to mind. While we have made a great deal of progress in the last forty years, looking back also shows us how much more we can, and must, accomplish.

THE PROGRESS WE'VE MADE

In some areas we have made remarkable and visible progress. The first excerpt on sexual orientation that we are sharing with you, for example, is a 1965 response to an article published in the *Journal of the American Medical Association (JAMA)*. The physician who wrote the *JAMA* article described homosexuality as a "dread dysfunction" and suggested that "the homosexual" suffers from "shame and despair." Although these words seem shocking today, it is worth remembering that at the time homosexuality was still considered a mental illness.

Clearly we have come along way since 1965 when SIECUS was one of only a handful of voices arguing that this view of sexual orientation was misguided, inaccurate, and incredibly harmful. Although prejudice and discrimination have not been eliminated, today gay and lesbian individuals are able to enjoy more rights than ever before. Perhaps the most visible societal changes related to this topic, however, are those that have occurred in the popular culture. Homosexuality has gone from an unutterable taboo to a frequent and accepted subject of television, movies, and music.

PEAKS AND VALLEYS

In other areas, advocates of sexual and reproductive rights have spent the last four decades on a rollercoaster ride characterized by peaks of tremendous success and valleys of disappointment. Nothing embodies this as much as a woman's right to safe, medical abortions.

In 1973, proponents of abortion rights saw their greatest victory with the ruling in *Roe v. Wade* in which the U.S. Supreme Court found state laws banning abortion in the first trimester to be unconstitutional. While many had hoped this would put an end to the abortion debate, in the years since, advocates have witnessed numerous attempts to limit this right, many of which have unfortunately been successful.

In this issue we share some telling snapshots from the history of the reproductive rights movement since the decision in *Roe*. The first excerpt explores a 1978 Congressional decision to restrict Medicaid funding for abortions. Although the author suggests that these restrictions are likely unconstitutional, similar rules exist today, making access to abortion very difficult for low-income women. We have also included an article from 1991 that discusses the "gag rule." Advocates were particularly shocked when it was upheld by the U.S. Supreme Court as it censored the information about pregnancy options that health care providers could share with clients. The court decision was handed down duing the first Bush Administration, since then advocates for reproductive rights have watched as this rule was lifted by President Clinton, and its international counterpart "the global gag rule" reinstated by George W. Bush.

Many people describe the current Bush White House as the most hostile administration in history when it comes to reproductive health and freedom. Today, advocates are battling the ban on so-called "partial-birth abortion" as well as numerous other efforts to restrict the access to abortion that we had hoped *Roe v. Wade* would permanently afford to all women.

A LONG WAY TO GO

Reproductive rights is sadly just one of many areas of our work in which we still have a great deal to accomplish. As you will see from our excerpts, since the early days of SIECUS we have discussed the need to recognize the sexuality of disabled individuals and to help them receive the information, education, services, and skills they need to become sexually healthy. While we have certainly made progress in this arena, I still receive calls nearly every week

from educators frustrated by the dearth of information and resources on this topic. Similarly, in 1968 we identified improved training of sexuality educators as a pressing need and nearly four decades later, despite many efforts, educators are still left wanting more.

But what is perhaps most striking is the writing by young people that was published in 1967 and 2003 and that we have reprinted for this issue. The young men who wrote to SIECUS early on to express the need for sexuality education in their schools are now in their fifties, yet their modern-day counterparts, young people who could easily be their own children, still face the very same needs.

FORTY YEARS OF ACTION

Those who have served as SIECUS staff, board members, and supporters over the years have a great deal to be proud of, and I am particularly proud to be leading this organization in its 40th year.

As I read back over the reports from other anniversaries, I am once again compelled by our history. I am delighted to say that we have continually identified new areas in which our work was needed, and each time we have worked hard to make a difference.

In the late 1960s and early 1970s, SIECUS identified a need of individuals to have access to information and resources and responded by creating the library and the *SIECUS Report*. As the AIDS pandemic became a reality in the 1980s, SIECUS recognized the need to tackle this important issue. Through our school health project, we work with state departments of health and education to strengthen school-based HIV-prevention education. Later in that decade, it became clear that we needed to develop a presence in Washington, DC in order to help shape positive public policy—today, our policy department is larger and more influential than ever before.

Throughout the 1990s, as attacks against sexuality education intensified, we worked to create and expand our community advocacy project in order to provide resources and assistance to parents and educators struggling with these issues. SIECUS recently celebrated 10 years of tracking and responding to these controversies and we continue to talk to parents, evaluate curriculum, and produce valuable resources for community members.

In the early 1990's SIECUS identified the international field of sexual health, rights, and education as a place where we needed to play an increased role. Since that time, SIECUS has worked with colleagues in diverse countries around the world including Cameroon, Ghana, India, Ireland, Malaysia, Mexico, Nigeria, Pakistan, Peru, the Philippines, South Africa, Uganda, the United Kingdom, and Yemen to help improve access to sexual health information, education, and services.

THE NEXT 40 YEARS

Turning 40, however, is a time not only to take pride in your history but to look strategically at your future.

Clearly, the need for our core programs still exists. Young people and adults alike are now bombarded with messages about sexuality, yet reliable, accurate sources of information remain hard to access. SIECUS will continue to help provide information and work to make it accessible to all.

Too many young people go without high-quality, comprehensive sexuality education because of lack of support, resources, and teacher training. SIECUS will continue to train teachers and advocate for young people's need to learn about their sexuality. This fall we face what looks to be a remarkably close presidential election, the outcome of which will undoubtedly affect policies related to sexual health and reproductive rights for years to come. SIECUS will continue to set and lead a proactive agenda to help secure these rights. And, as the HIV/AIDS pandemic enters its third decade with few signs of letting up worldwide, SIECUS will continue to work with international colleagues to help increase access to vital information and services.

At the same time, SIECUS will, as it always has, grow and expand in response to emerging issues. As schools face increasing challenges in their efforts to provide sexuality education, SIECUS will look toward other venues, such as youth development organizations, to reach young people with a message of healthy sexuality. As the United States deals with increased immigration and migration and shifting demographics, SIECUS will increase our efforts to help educators provide culturally competent sexuality education and resources. And as the gap between rich and poor in this country becomes larger than it has ever been, SIECUS will take a hard look at how socioeconomic status affects sexual health.

While I am excited to move in all of these directions, I am sure that there are many issues that will emerge in the coming years that we have not yet considered. In truth, the ability to address emerging issues is one of my favorite parts of leading SIECUS. As an organization we have always honored our history while still continuing to evolve and become stronger.

I, for one, can't wait to see what the next forty years brings.

FORTY YEARS OF GROWING
SIECUS ON SEXUALITY AND AGING

1971
THE SEXUALITY OF AGING

Mary S. Calderone, M.D.

…Society tends to inflict sexual incapacity on the aging person as a kind of wish fulfillment, as if to say, "You are old and finished with life, so you should be finished with sex—especially since trying to meet your sex-related needs might add to the bother of looking after you." So in institutions for the aging, except for occasional over-supervised events, the old ladies see only other old ladies and the old gentlemen may be in contact only with other old gentlemen. Even married couples may be separated—as, invariably, will lovers who are unmarried for any one of a number of valid reasons. Relatives acquiesce or conspire in this as if ashamed that a parent or grandparent should still be human enough for sexual loneliness. Denial of the right to feel and of opportunity to fulfill affective needs is not only one of the many ways in which we dehumanize the aging, but is one of the most effective in that it strikes at the part of each one that is most personal, most meaningful, most private, most difficult to acknowledge.

Society's view of the aging person is rarely in phase with that aging person's view of himself. Who among us has the capacity to imagine what it will be and feel like to be aged—when it will be too late to do anything ourselves about how it is and feels except to reach out to another in the same situation? The spark of a new and zestful relationship can literally bring a sense of renewal of life itself to two people previously convinced that life was forever finished. Love, expressed and fulfilled, is in short supply these days. Aging people have as much need and capacity for expression of it as the rest of us—perhaps more. "Health is a state of complete physical, mental and social well-being." When physical well-being deteriorates, a heightened sense of mental or social well-being can help to right the precarious balance of remaining days. If a trip to the beauty parlor or a convivial glass of wine at dinner have proved worth their weight in gold for the mental and social health of aging men and women, in what coinage could we measure the value of the greatest of all medications—a warm, loving, intimate human relationship no matter how expressed?

Excerpted from SIECUS Newsletter, Volume 7, Issue 1, October 1971.

1976
SEXUALITY AND AGING

Alex Comfort, M.B., D.Sc.

…What Can We Do? For those who are old now, sexuality can be a solace, a continuing source of positive self-image, and a preservative. It can be—if it is maintained, or revived, without impertinent interference, or at least not condemned, mocked, or obstructed. Not all wish to have it pressed upon them, but at least we should stop turning it off. Surgeons could stop doing radical prostatic operations which compromise potency on the assumption that after the age of sixty "he won't need it," or suggesting that for certain conditions the vaginas of elderly women should simply be sewn up. The idea of providing petting rooms in hospitals is well-meaning, but it reflects a patronizing view of the old which we wouldn't like very much if it were offered to us. They need not petting but privacy.

We have to make society understand that all humans are sexual beings, retaining the same needs until they die. Without being overly evangelistic, we must show the elderly that loving and being loved, in their fullest physical expression, are never nonesthetic or contemptible.

How far the sexuality of the old can be rekindled or encouraged depends on them, on their wishes and feelings, but there is a lot we can do. This includes the avoidance of medical, surgical, or social castration, early counseling to neutralize the jinx which is laid on many people as they age, publicizing the facts about continued male potency and female capacity, continuing research in these areas, and, in some cases, active therapy with hormones and judicious cosmetic surgery…

My general conclusions are these: without embarrassing or evangelizing the elderly, we need to support and encourage their sexuality. It is a mental, social, and probably physical preservative of their status as a person, which our society already attacks in so many cruel ways. We can at least stop mocking, governessing, and segregating the old and the aging. It is to their sexuality, after all, that we owe our own existence, and that sexuality is honorable.

Excerpted from SIECUS Report, Volume 4, Number 6, July 1976.

1999

VIAGRA 1999

Domeena C. Renshaw, M.D.

Viagra has—for better or for worse—affected American marriages and relationships forever.

Consider the wife who welcomes home her 65-year-old husband who has just picked up a prescription of Viagra, has a smile on his face, and asks to resume sexual intercourse after 15 years of abstinence. How will they deal with this new challenge? Enthusiasm? Some couples will enjoy the positive outcomes. Anger? Some will have trouble picking up where they left off a decade or more ago. Will she refuse? Maybe. But she may then risk the possibility that he will seek someone else. And from that point forward, she will carefully count his Viagra pills and check his phone messages.

Consider the wife who asks her physician to phone in a Viagra prescription so she can slip it into her aging husband's bedtime hot chocolate. She may soon find that it is not the aphrodisiac that she had expected. Physicians will have to educate wives like her to the fact that Viagra is not a magic love potion that can rekindle a loving relationship with one small dose.

Physicians who prescribe Viagra must educate both the patients and the partners about its use, they must remind them that foreplay, tenderness, and romance are essential elements that should not be forgotten after taking the pill….

Excerpted from SIECUS Report, Volume 27, Number 3, February/March 1999.

2002

GAY AND LESBIAN AGING

Linda M. Woolf, Ph.D.

…Empirical research demonstrates that the image of the older gay or lesbian as lonely, isolated, depressed, and sexless is, indeed, a myth. Most enjoy a high level of satisfaction in their lives, have unique coping skills which can facilitate the aging process, receive good social support from a community of friends (and, to a lesser extent, traditional family), and worry about and have difficulties with issues that impact almost all people who are aging.

The difficulties uniquely experienced by older gays and lesbians are largely the result of living with and facing discrimination.[1] Therefore, people need to address, in part through policy and legislation, the removal of discriminatory barriers and difficulties. Finally, they need to develop more programs and services across the country to meet the needs of older gays and lesbians.

References:

1. J. D. Reid, "Development in Late Life: Older Lesbian and Gay Lives," in *Lesbian, Gay, and Bisexual Identities over the Lifespan*, eds. A. R. D'Augelli and C. J. Patterson (New York: Oxford University Press, 1996).

Excerpted from SIECUS Report, Volume 30, Number 2, December 2001/January 2002.

SIECUS PUBLICATION ADDRESSES SEXUALITY AND AGING

The lessons in *New Expectations: Sexuality Education for Mid and Later Life* by Peggy Brick and Jan Lunquist will help professionals develop workshops and trainings for older individuals. These training opportunities can help participants identify the sexuality issues that confront them, re-think their old scripts, and consider creating new and healthy ways of being sexual.

Among the 25 lessons:

- Loving Your Libido
- Just Do It! The Reality of Diminishing Desire
- Not Only for the Young: Safer Sex for Older Adults
- Sexuality and Chronic Illness
- New Expectations: Women and Sexuality at Midlife
- New Expectations : Men and Sexuality at Midlife
- Everyone Grows Older: Sexuality Issues for People Who Are Gay, Lesbian, or Bisexual
- Skin Hunger: Everyone Needs Touch
- Good Sex: What Makes It So?
- Grandparents: Sexuality Educators par Excellence
- A Guide for Centers and Caregivers: Being Sensitive and Sensible About Sexual Expression

1980
PARENT-CHILD COMMUNICATION

Elizabeth J. Roberts and Steven A. Holt

…When it comes to talking about sexuality, most parent's don't. Today's mothers and fathers are struggling to reconcile new realities and new attitudes with the messages about sexuality they themselves received while growing up. They are often also struggling to reconcile their own behavior with their beliefs and their hopes for their children's future. As a result, parents seem confused and uncertain about sexuality, and regardless of their educational or social backgrounds, the vast majority retreat into silence and do not discuss sexual issues with their children at all. Many take refuge by saying they are "waiting for their child to ask questions," an attitude having a number of unfortunate consequences serving as obstacles to the child's sexual learning.

First it places the responsibility for initiating conversations about sexuality on the child. For those who do ask questions (usually younger boys and girls), the information obtained is limited by their ability to ask the right questions, and these limits can be considerable. It is not surprising, therefore, that our study found that when a parent-child conversation did occur, it was usually about pregnancy and birth, marriage and divorce, or the differences between men and women—all topics a young child is likely to ask questions about. However, even in those homes where parents did talk about these relatively "easy" topics, answers were so brief and simplistic as to discourage further questions. For example, most parents who discussed pregnancy and birth with their child did so in terms of animal or plant life, only a third doing so in human terms. And although about 60% of parents said they had discussed the physical differences between males and females, many reported telling their child something as brief as "boys and girls should use different bathrooms" or "boys have a penis and girls a vagina." In the vast majority of families it seemed that many important dimensions of sexuality and of human life went undiscussed.

Children today are left to make sense of isolated, disconnected, and often random bits of information. They are required to try to understand a complex set of issues without all the necessary data and without the support and help of their parents. Unasked or unanswered questions may remain so in adolescence or the child may seek other sources which may or may not provide correct information.

The process of sexual learning is not organized like a textbook or a lesson plan, in which children first learn this and then learn that. Rather, it is often a chaotic, disorderly, and incomplete collection of learnings that never become completely integrated. Too many children today (as well as adolescents and adults) are required to find their way to responsible sexual satisfaction without ever talking about responsibility *or* sexuality *or* satisfaction. If these are the conditions for learning about sexuality, then the growing evidence of the significant number of persons who find their own sexuality a source of difficulty should come as no surprise. [Moreover] as children grow, and their bodies develop, they acquire new information from outside the home, changing their needs for clarification, and they have new social attitudes and feelings to discuss. Most parents, however, do not seem to realize that for the growing child "boosters" (in the form of reinforcing rediscussion) are necessary, and that incomplete answers or waiting for the child to ask "the next question" may serve to discourage further questions as the child gets older.

The findings from the Cleveland study certainly do not describe a society that has undergone a "sexual revolution," as was once popularized. There are, however, strong indications of a society in transition, reevaluating old assumptions. Parents, most of whom had little or no discussion about sexuality in their own homes while growing up, are uncertain about their own sexual information and the applicability of their values for today's youth, for they want their children to understand sexuality and grow into personally satisfied and socially responsible adults. But unless both parents and children receive assistance, it appears generally questionable whether the majority of today's families may ever achieve this goal.

Excerpted from SIECUS Report, Volume 8, Number 4, March 1980.

1994
FORMING A PARTNERSHIP BETWEEN PARENTS AND SEXUALITY EDUCATORS REFLECTIONS OF A PARENT ADVOCATE

Pamela M. Wilson, M.S.W.

…The majority of parents are confused about what their children need, but, despite this confusion, they support sexuality education. This article stems from my growing concern about two issues: 1) ambivalence toward parents on the part of educators within the field of sexuality education and

2) an increasing need for educators to support parents in their role as powerful sexuality educators of their children…

Observations from the Field

Over the last year, in conjunction with a national seminar program, "Time to Talk," I have traveled around the country speaking with large groups of parents about how to communicate with their children about sexuality. During these talks, I was struck by one crucial observation: parents, more than ever, are feeling insecure about their own ability to educate their children. Surveys have shown again and again that parents believe they should be educating their children about sexuality. Most, however, do not believe they can compete with the other informational influences on their children, such as peers and the media. In focus groups recently sponsored by the Children's Defense Fund (CDF), young adolescents placed parents at the top of the list of influences on their sexual attitudes and behaviors, while parents rated themselves quite low on the list.

Typically, observable levels of anxiety permeate the room when parents attend these seminars to discuss sexuality and their children. The anxiety flows from the following factors:

1) **Fear:** Many parents today are genuinely scared for their children. They worry about all the negative things that could happen—sexual abuse, harassment, rape, adolescent pregnancy, premature parenthood, sexually transmitted disease. The biggest fear that parents seem to have is that their child will develop AIDS. Parents are also afraid of doing the wrong thing: starting sexuality education too early or too late; giving misinformation; robbing their sons and daughters of childhood innocence; having values that are outmoded or irrelevant by today's standards; and so on.

2) **Lack of Comfort:** Most parents did not grow up in homes where sexuality was discussed openly. As a result, parents lack models for how they might create an environment that is affirming of their children's sexuality. In workshops, I have asked parents to review the messages they got from their own family about a range of sexuality issues. One mother literally trembled with anger as she told the group about the damaging messages she had received and how those messages still today interfere with her ability to be a loving and responsive sexual partner to her husband. Parents often need a place to heal their own wounds…

3) **Lack of Skills:** Parents acknowledge that when sex is the subject, they don't know what to say or how to say it. Most worry that they lack the necessary knowledge to do a good job. Several studies have revealed, however, that parents do have basic knowledge. What they often lack is the ability to meet their children at an appropriate level, to initiate conversations, to listen non-judgmentally, and to respond to questions and behaviors without jumping to conclusions or overreacting…

4) **Misinformation:** The following lists of myths continue to confound parents' ability to see their daughters and sons as sexual people and their ability to provide relevant information and skills:

   Myth: Information about sexuality is harmful to children.

   Myth: Sexuality information leads to sexual experimentation.

   Myth: Children do not perceive parents as important sources of sexuality information and values anymore.

   Myth: Gay and lesbian children only grow up in other people's families. Parents control the sexual orientation of their children.

   Myth: Daughters need more sexuality education (especially about contraception) than sons do…

Empowering Parents

I have found the great majority of parents to be very open to these ideas. Most parents, after all, care deeply about their children and are doing the best they can with their current level of awareness to influence their children in positive ways. Sexuality educators must recognize the important role we play as allies with parents, sharing the goal of helping children become healthy and responsible sexual beings. This might be especially challenging for some educators on the front lines who are battling organized groups of parents trying to eliminate comprehensive sexuality education. While this vocal minority would like to speak for all parents, they do not. The majority of parents are supportive of sexuality education, but are unsure about their own role and the roles of schools and communities. What I have seen again and again is that parents want and need help.

Schools, religious institutions, community agencies, and corporations must collaborate to create systems for reaching large numbers of parents with information and skills. It is important to inspire parents, to communicate a strong belief in their abilities, and to support them in the roles. Many parents, particularly those from low-income communities, have little trust in institutions such as schools and social service agencies. If parents perceive sexuality educators as judgmental outsiders who view them as incompetent or call only when their child is in trouble, they will avoid us. If they genuinely feel respect and support, they will welcome us….

Excerpted from SIECUS Report, Volume 22, Number 3, February/March 1994.

2001
KIDS NEED PARENTS AS SEXUALITY EDUCATORS; WE NEED PARENTS AS ADVOCATES

Tamara Kreinin, M.H.S.A.

For many years now, we have given lip service to the phrase "parents are their children's first sexuality educators." We have talked about their importance when, in fact, we know that many parents and caregivers are not talking to their children about sexuality-related issues. We hear that they often do not know when or how to start these conversations, that they feel ill-equipped to handle discussions, and that even those parents who are talking to their children about sexuality are not spending enough time on these issues.

Our Next Frontier

I am so pleased that we are devoting this entire issue of the *SIECUS Report* to "Parents and Caregivers as Sexuality Educators." I believe this is our next frontier in assuring that young people are well prepared to make decisions about their sexual health.

While we must continue to assure that our schools are providing high quality sexuality education, we must accept the fact that schools alone cannot meet the needs of our youth. Increasingly, schools are not offering comprehensive sexuality education and, even under the most ideal school conditions, teachers cannot replace parents when it comes to topics as value-laden as sexuality.

As part of our work, we must assure that parents and caregivers are involved in sexuality education in a meaningful way. We must help them obtain the information and skills to foster open and ongoing conversations with their kids starting at a very young age and continuing throughout the teen years. We must also help them understand that they need to talk not only about anatomy and reproduction but also about their own values and beliefs relating to sexuality and sexual behavior.

Kids Need Parents to Share

As I travel the country and talk with young people, one thing that they always tell me they want is to hear from their parents. This desire has been confirmed by the research. Kids report that they want to hear from their parents; and not just about "sex," but also about love, values and relationships.

Deborah Roffman, the author of the new book *Sex & Sensibility: The Thinking Parent's Guide to Talking Sense about Sex*, recently said in an interview that kids grow up healthier in families where sexuality is acknowledged and discussed. She added that kids need adults to:

- recognize and validate their particular stage of sexual development
- give them age-appropriate information about sexuality
- share their values in the context of competing values in the surrounding culture
- create a safe, healthy environment by stating and reinforcing age-appropriate rules
- teach them how to handle potentially harmful situations and make responsible and healthy choices of their own

In order to reach these goals, we need to start by relieving the anxiety and embarrassment parents often feel when talking about sexuality. We then need to help parents and caregivers know what to talk about and the age at which discussions on each topic are appropriate. As Ms. Roffman says, we must help parents understand that *knowing doesn't equal doing*. In fact, more than 30 studies tell us that giving young people accurate information about abstinence and contraception will not increase sexual behavior and can, in some instances, delay young people's involvement in sexual behavior.

We Need Parents as Advocates

Once parents are more comfortable with sexuality and see themselves as sexuality educators, they will be more likely to ask what is happening at their schools and throughout their communities. They will begin to inquire about the scope of sexuality education courses, the curricula and materials used, and the training and background of the teachers. In doing so, they will become advocates for comprehensive sexuality education.

Conclusion

As professionals, it is our responsibility to reach out to parents and caregivers, support them, and help them become comfortable with their role as sexuality educators. Our ultimate goal is to see parents and educators become partners, taking full advantage of their different roles as the shapers and influencers of how young people learn, think about, and manage their emerging sexuality.

Excerpted from SIECUS Report, Volume 29, Number 2, December 2000/January 2001.

1982
WHAT DOES AIDS MEAN?

Lawrence Mass, M.D.

As currently understood, the recently characterized syndrome of acquired immune-deficiency (AIDS) is at once the first epidemic of immune-deficiency and the deadliest sexually transmitted disease in recorded medical history. Having already claimed more lives than the combined tolls of toxic-shock syndrome and the Philadelphia outbreak of Legionnaire's disease, it is also, according to federal health officers, the most important new public health problem in the United States.

"New," emphasizes Dr. James Curran, coordinator of the Task Force on Kaposi's Sarcoma and Opportunistic Infections for the U.S. Centers for Disease Control (CDC) in Atlanta. "This obviously doesn't have the proportions of such long-standing public health problems as hepatitis. At least not yet."

Thus far, a poorly understood disorder of cellular immunity is believed to be responsible for the more than 634 cases of Kaposi's sarcoma (KS), *pneumocystis carinii* pneumonia and a rapidly growing number of cases of other unusual, often fatal, opportunistic infections and other cancers that have been reported to CDC during the last two years. Lately, these reports have been accumulating at an escalating rate of 2-3 new cases each day. Approximately 75% of the victims have been characterized as homosexually active ("homosexual or bisexual") men in their twenties, thirties, and forties. But CDC figures now include a growing proportion of heterosexual men and women.

Most of the non-gay victims have histories of intravenous drug addiction. But other victim subpopulations include native and immigrant Haitians and several hemophiliacs. Although cases have been identified in 25 states and 10 foreign countries, nearly half of all reports have originated from New York City.

In many instances, there are treatments for the infections and malignancies, but there is no known cure for the immunological abnormalities that appear to underlie them. Conversely, researchers don't seem to be much closer to detecting the cause(s) of this disaster than they were a year ago. While most observers believe a sexually and parenterally transmissible agent to be a critical factor in the epidemic, they have not yet identified a virus, drug, or other "smoking gun" that could explain all cases.

What does AIDS mean? For a growing number of health care providers and medical researchers, AIDS is having to sell itself more as an "unprecedented" opportunity to study the entanglements of immunity with infectious and malignant disease processes than as a human and public health tragedy. For victims of the syndrome, it has meant incomprehensible physical and spiritual suffering, intensified by cultural stigma and extending the probability of death. For their significant others, it means the experience of grief, intensified by bitter and unfocused recrimination. For those at risk, it means fear, extending in some instances to panic. For the America of moral theologians, it means the wages of sin. And for what Wilhem Reich called the sexual revolution, AIDS, like the herpes epidemic, could mean an unprecedented counterrevolution of preventative medical approaches and control of sexually transmitted diseases. For better of for worse, it could also facilitate what John Money has called the "reconciliation of sexosophy and sexology the two halves of one whole."

Excepted from SIECUS Report, Volume 11, Number 2, November 1982.

1986
AIDS: AVOIDING WITCH-HUNTS

Vern L. Bullough, RN, PhD

AIDS (Acquired Immune Deficiency Syndrome) is a serious matter to those of us in the field of human sexuality. Not only is there the potential for an epidemic, but the fears aroused by the threat of AIDS may lead to many kinds of drastic public actions. If past history is any judge, the epidemic or the threats of epidemics often cause society to do irrational things. For example, during the bubonic plague of 1347–51, anti-Semitism increased and Jews were victimized because they were perceived by many as the major cause of the plague. The London plague of 1665 found no Jews to blame (they had been banned from England), and so dogs and cats were put to death because it was believed they were somehow associated with the transmission of the disease. In this century, the influenza epidemic of 1918–19 brought on mob violence and the refusal of many health care professionals to deal with those who were believed to have the disease.

The potential of ill-considered public reaction to AIDS is further increased by the fact that it is sexually transmitted, and there is tremendous ambivalence about sexuality among Americans. Sex, particularly if not associated with procreation, is still regarded as base and evil by many segments of society. This outlook reflects the 19th century campaigns for purity and abstinence based upon the mistaken association of the result of third stage syphilis with sexual activity. Though syphilis itself was later identified as the major culprit and not sexual activity per se, the basic message of the campaign did not change. Sex itself was seen as dangerous because syphilis transmitted through sexual promiscuity was passed on to innocent women and children. Much of the

efforts of sex educators of the past 40 years has been spent trying to undo the harm done by the exaggeration resulting from the anti-sex campaigns of earlier generations.

Another indication of the potential public backlash can be seen in the hostility that the issue of sex education has often aroused. Inevitably, individuals opposed to us, who believe the only solution to sexuality is a return to purity and abstinence, have seized upon AIDS to regain public attention. Jerry Falwell, always the consummate self-publicist, proclaimed AIDS as God's punishment to the sexually wicked. Fred Schwarz, the physician and director of the Christian Anti-Communism Crusade, argued that since the spread of AIDS is through homosexuality, true believers should renew their fight against homosexuality and lifestyles that spread AIDS.

Bubbling beneath the surface are others ready to jump on a new bandwagon of opposition to sex education professionals and advocates, those who view sex among adults as a personal matter, those who emphasize freedom of choice in the issue of abortion, and those who have worked toward removing many of the legal prohibitions against sexual activity among consenting adults. Many of the constituencies of the pro-life movement have already extended their activities from campaigning against abortion to campaigning against dissemination of contraceptive information. And if current trends continue, it is not too difficult to foresee that they might begin publicly attacking those they hold responsible for raising consciousness about sex, including therapists, sex researchers, and sex educators….

This does not mean to imply that victory will belong to the Falwells, the Schwarzes, or the anti-sex people. It does mean that we must all take steps to avoid the threat of public hysteria. As sex professionals, we need a united front and allies of SIECUS to join us in pointing the way, in taking leadership….

Excepted from SIECUS Report, Volume 15, Number 3, January 1986.

1988
THE AIDS EPIDEMIC IMPLICATIONS FOR THE SEXUALITY EDUCATION OF OUR YOUTH

Debra W. Haffner

…Five Primary Goals for AIDS Prevention Programs

AIDS prevention programs for young people should have the following five primary goals:

First, programs should be designed to eliminate misinformation about HIV and to reduce panic associated with the disease.

Many young people lack basic knowledge regarding the transmission of—and protection against—HIV. In a 1985 study of teens in San Francisco, one-third did not know that AIDS could not be spread by using someone else's personal belongings and 40% did not know that using condoms lowers the risk of infection with the virus.[1] A 1986 survey of Massachusetts teenagers found that many teenagers believed that AIDS can be transmitted by kissing, sharing eating utensils, sitting on toilet seats, and donating blood. Ninety-six percent of those teens had heard about AIDS, but only 15% of the sexually active teens were taking appropriate steps to avoid transmission. Only one-third were concerned about contracting the disease.[2] Education programs must clearly address fears about casual transmission by presenting accurate data from studies done on transmission in households, among healthcare professionals, and through mosquitoes.

Furthermore, programs should address the social reason behind irrational fears of HIV transmission, and should help young people identify appropriate personal concerns. For example, the AIDS epidemic has led to a rise in the incidence of violence against homosexuals and it has the very real potential of increasing homophobia among teens. Teenagers need to understand that homosexuals did not cause AIDS; that they are not at risk of contracting HIV from the gay people they know; and that some of their classmates may be gay and deserve their respect and support.

Second, programs should be designed to help young people delay premature sexual intercourse.

The average age of first coitus is 16 in the United States: in some communities, it is as young as 12.[3] Teenagers are becoming sexually active at younger ages, and most have neither the cognitive nor the emotional capacity to handle the implications of mature sexual relationships.

Promising strategies have been developed to help young teenagers and preadolescents postpone sexual intercourse. Unlike the "just say no" programs promoted by such curricula as *Sex Respect*, these effective programs have been designed to help teens identify and resist the social and peer pressure that encourage sexual involvement.

Third, teenagers who are sexually active should receive information and services so that they will use condoms each and every time they have any kind of intercourse.

Regular condom use by sexually active teenagers is quite low: fewer than one in four regularly use condoms. However, many sexually active teens report that they have used a condom at least once.[4] Statements like those made in the media recently by important spokespersons, which imply that condom use is not likely to be very effective against HIV, are likely to discourage young people from using condoms but will not discourage them from having sex. It is important to acknowledge that condoms have proved to be very effective in halting the spread of HIV among certain populations, and although condoms are not 100% effective… [they] are the only answer for sexual intercourse when the serostatus of the partner is unknown.

Fourth, all AIDS education programs should warn children about the dangers of drug use.

Young people need to understand that the use of alcohol and drugs can impair their ability to make good decisions; that some drugs may suppress the immune system; and that intravenous drugs do put people at particular risk of contracting HIV if their needles are shared.

Fifth, AIDS education programs should encourage compassion for people with AIDS and for people who are infected with HIV.

Too many communities in the United States have reacted with prejudice, hostility, and violence when a person's serostatus has become known. The President's Commission on the HIV Epidemic recently quite vociferously recommended an end to discrimination of people infected with HIV. Education programs have a major role to play in this regard. They must help children and youth understand why they need not fear people with AIDS, and, in turn, how they might help those presently living with the disease.

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Excerpted from SIECUS Report, Volume 16, Number 6, July/August 1988.

2002
HIV/AIDS PREVENTION AND SEXUALITY EDUCATION MUST CHANGE TO MEET THEIR PROMISE

Peter Aggleton, M.Ed., Ph.D.

The absence of certain subjects in education is compounded by what might be called a series of approaches to such education that have solidified over the years. I will say something about five.

First, until recently, the majority of general population or school-based HIV/AIDS education initiatives have proceeded from the erroneous belief that *all of those who educators are trying to reach are HIV-negative*. This is a dangerous assumption not only because the majority of individuals simply do not know their sero status but also because, in an increasing number of circumstances (and most certainly within schools throughout Africa), a substantial proportion of both teachers and pupils may be (and may know themselves to be) HIV-positive. The barriers between primary prevention and other forms of prevention are breaking down.

Second, and not unrelated to the above, is the erroneous belief that *people with HIV/AIDS are some kind of a problem and not part of the solution to the epidemic*. Frightening imagery of the physical effect of HIV/AIDS, together with warnings to young people to avoid those who might pose a "risk" do little to build the kinds of social solidarity central to an effective response. In contexts where relatively few people know their serostatus, this assumption reinforces denial, making the educated "take sides" in a divisive and unnecessary battle against this epidemic.

Third, AIDS education programs are among the relatively few educational programs to date where stigma, discrimination, and human rights are central to prevention work. It is a sad fact that it has taken nearly 20 years for the first World AIDS Campaign to focus on what arguably is the greatest social ill associated with the epidemic: namely, the *willingness of people to ostracize, vilify, and reject their brothers and sisters, sons and daughters, friends and lovers*. HIV/AIDS education needs to get real in addressing these elements of social abuse.

Fourth, until recently our understanding of gender has been relatively superficial in our educational work. It cannot be denied that women, and young women in particular, are systematically disadvantaged in the majority of the world's societies. And true, for many young women, education represents a route out of poverty and away from sexual health risk. Having said this, and as Dr. Geeta Rao Gupta of the International Center for Research on Women in Washington, DC, has pointed out in the last two international HIV/AIDS conferences, we have failed to engage adequately with the manner in which *gender systems work to ensure that both women and men are rendered vulnerable to the epidemic*: men, through ideologies that encourage them to appear knowledgeable when they are not (for fear of threatening their manhood); women, through ideologies that encourage them to be "innocent" about sex when they need to know.

Fifth, there has been the belief that *the messages and approaches that worked early on in the AIDS epidemic will continue to do so*. Nothing could be further from the truth. It is now abundantly clear from research with some of the first groups known to be infected (gay men, sex workers, and injecting drug users) that messages and approaches have to be changed over time. Not only are new generations of especially vulnerable people always in the making, but they enter into this world in circumstances very different from those that prevailed early in the epidemic, when any talk of effective treatment was nothing short of a fantasy….

Excerpted from SIECUS Report, Volume 31, Number 1, October/November 2002.

1965

WHY THE NEED FOR A SEX INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES AS A NEW, SEPARATE ORGANIZATION

Wallace Fulton, M.P.H., Founding Board Member

…Why indeed? The answers to these questions would be as numerous, and as varied, as the three-dozen directors of SIECUS. These directors selected for their professional achievements, are leaders who are associated with a wide number of fields and a variety of organizations already concerned with aspects of human sexuality. Why, then, have they chosen to lend commitment and personal prestige to SIECUS? Because it is their conviction that a new organizational approach—a council, a community of interests—is needed now "to establish man's sexuality as a healthy entity...to dignify it by openness of approach, study, and scientific research designed to lead toward its understanding and its freedom from exploitation…."

Existing organizations—tick them off—have an established public reputation for a given point of view about sexuality...and with that point of view they contribute to public understanding. But, in every case, their program responsibilities necessarily focus around or go beyond human sexuality per se. SIECUS objectives focus sharply and directly on it. By the very nature of the SIECUS Board, unity results *only* from a common positive, open, scientific approach to human sexual behavior. There is advocacy not for a solution, but for more education and research, and for a climate of open dialogue that may enable solutions in time to be arrived at.

In effect, SIECUS holds, as a director has said, that "sex education, in the best sense today, means training people emotionally and intellectually to be able to make intelligent and well-informed choices among an array of competing alternatives." This task begins with training the teachers themselves. And SIECUS is ready to supplement this important function of colleges, universities, and a wide number of organizations. But, for such education to win acceptance and implementation, broad-spectrum interests must join hands—in council—to document common concern and the capacity for united efforts….

Excerpted from SIECUS Newsletter, Volume 1, Number 1, February, 1965.

1984

SIECUS 1984

Barbara Whitney, R.N., M.S.
SIECUS Executive Director
1978–1985

The present is only a tiny moving dot on the continuum of time—a dot marking the intersection between the past and the future. Thus writing about SIECUS as I see it today is impossible without acknowledging the legacy of what has already been done and the potential of what is yet to come. When I look back on the five years I have served SIECUS as Executive Director, it seems to me that there have been tremendous changes in the organization. And yet when I read through minutes from board meetings of the early years, I am struck by the similarity in the expression of concerns then and now: What is the purpose of SIECUS? With what programs can it best address the needs of the public? What is the optimal structure for board and staff, together and independently? And, the bottom line, how do we raise money to make all this happen?

Thus as I share some of my perceptions of SIECUS as it exists today, I do so with the hope that the reader can experience the thread between the past and the future, emphasized by the other viewpoints shared by my fellow contributors to this 20th anniversary issue. Perhaps it would be helpful if I envision SIECUS as being somewhat like a jigsaw puzzle, with many interlocking pieces which together create a unified whole. Imagine the surface as a snapshot, frozen in time, giving us today's picture. SIECUS' snapshot at the moment shows a collage of programs, constituents, and "enablers." Two gradations of color are present in each segment of the picture, one representing the collection and dissemination of information, the other representing advocacy in support of vital issues confronting our field—the two core functions of SIECUS…

This is SIECUS 1984. Being a not-for-profit organization concerned with human sexuality issues is not perhaps the most secure position to occupy in a world concerned with survival. But as long as enough people recognize that, in our confrontation with today's realities, anything that can be done to learn more about living together as physical, emotional, and rational human beings is well worth the effort, SIECUS will find the support it needs.

Excerpted from SIECUS Report, Volume 12, Number 4, March 1984.

1994
ONE SIECUS VISION: THE FUTURE

Peggy Brick
SIECUS Board President
1994–1997

The SIECUS mission affirms sexuality as a natural and healthy part of living and advocates the right of individuals to make responsible sexual choices. This is still a radical vision of crucial importance in today's world. It challenges powerful economic interests that manipulate sexuality for private profit. And it challenges powerful groups that would impose their doctrinaire sexual ideologies on an entire society. By denying education, information, and services, these groups would exclude sexuality from the people's democratic right to "life, liberty, and the pursuit of happiness."

As public discourse regarding sexuality becomes ever more intense, SIECUS' leadership will be critical in helping individuals, organizations, and policy-makers explore the full meaning of affirming sexuality…

SIECUS has a vital role in framing the public discourse about key issues. It seeks to develop a concept that integrates all of our knowledge about sexuality, appreciates our sexual diversity, recognizes sexual pleasures as well as dangers, and supports the ability of individuals to make positive sexual choices. Now, when people of all ages find their personal sexual behaviors in conflict with their stated values, a major SIECUS priority must be to articulate clearly its positions regarding sexuality in the media and public forums. SIECUS aims to empower individuals to examine their social milieu, understand their own bodies, question their assigned roles, and shape their own sexuality. The aim is to help people examine what they have been taught and develop a sexual morality congruent with their own experience and values.

How can SIECUS promote the conditions that will move this society toward a holistic and positive approach to sexuality? We have already begun by identifying questions central to thinking constructively about sexuality: What is a sexually healthy adult? A sexually healthy adolescent? What is a comprehensive approach to sexuality education? What public policies are needed to ensure the rights of every individual, female and male? …

Even after 30 years, SIECUS' work has only just begun!

Excerpted from SIECUS Report, Volume 22, Number 4, April/May 1994.

2004
BUILDING ON FOUR DECADES OF LEADERSHIP

Richard Friend, Ph.D.
Chair of the Board

In 1964, a group of committed individuals banded together to form SIECUS in an effort to:

> "provide a broad interdisciplinary approach that will deal uniquely with human sexuality as a health entity";
>
> "…[find] ways to incorporate sex meaningfully and with full acceptance into human living, as a substitute for the negative approach that denies the importance of sex or looks upon it as a "problem";
>
> "expand the scope of sex education to all age levels and groups…"; and
>
> "create a climate in which open dialogue…may take place…."

In the four decades since that time, SIECUS has been a catalyst for change on many fronts. By sharing information, providing education and training, advocating with an unwavering voice, partnering with key colleagues, and speaking out through the media, we have led many successful efforts to secure comprehensive sexuality education, sexual health services, and sexual rights.

Not-for-profit organizations are in a unique position, in that their ultimate goal is essentially to put themselves out of business. While we have come a long way toward each of our original goals, we are not yet in a place where we could proudly close our doors and declare our mission complete. There is simply much more work to be done.

I am honored to be in a position in which I can help this organization take on greater challenges and increase our progress toward our goals. In the coming years, I would like to help SIECUS increase its focus on sexual rights. I believe that "sexual rights" is an inclusive term that envelopes reproductive rights; lesbian, gay, bisexual, transgender, and intersexed rights; the rights of women; and the rights of all people to own and express their sexuality in positive and healthy ways. Around the world and at home, these rights are being violated, debated, and taken away.

Building on our 40 years of history, I believe that SIECUS is uniquely positioned to elevate the public discourse on this issue among policymakers, educators, and individuals worldwide and to demand action.

Over the past 40 years, thousands of dedicated individuals have been part of the SIECUS family—staff members, board members, donors, and friends. I am proud to build on their important work, by honoring the history of our organization, and helping lead SIECUS to a future where all individuals are guaranteed sexual rights and comprehensive education about sexuality.

1970
HOMOSEXUALITY AND OBJECTIVITY

Judd Marmor, M.D.

An article by Charles Socarides in the *Journal of the American Medical Association* titled "Homosexuality and Medicine" (May 18, 1970, vol. 212: 1199–1202) reflects an unfortunate potpourri of prejudice and misinformation shared by a great proportion of the public. It could simply be ignored were it not for its appearance in the official organ of the American Medical Association, thus probably having reached a majority American physicians. The language it employs and the emotional attitudes it reveals belong to the anti-sexual tracts of the Victorian era rather than to the second half of the twentieth century.

Consider the following astonishing phrases: *"*[Homosexuality is] a *dread dysfunction, malignant in character,* which has risen to *epidemiologic proportions*.... The underlying pain and anguish [in homosexuality] produces *dire consequences beyond the imagination of anyone not in a position to directly observe the intensity of the suffering*.... [The homosexual suffers from] *shame and despair in the guilty revelations of behavior so demeaning and injurious pride."* (Italics mine—J. M.) These kinds of statements are coupled with repeated dogmatic, ex cathedra assertions that "homosexuality is a form of mental illness," and that although it ought not to be punishable by law, "...any change in the legal code should be accompanied by a ...universal declaration of support for its treatment by qualified medical practitioners."

Dr. Socarides' evidence for his conclusion that homosexuality is a form of mental illness is equally remarkable. The clincher, for him, is that fact that the "Committee on Public Health of the New York Academy of Medicine," consisting "of several deans of medical schools, prominent representatives of the medical specialties including six psychiatrists, the then-commissioner of police of the city of New York, as well as members of the judiciary," issued a report in 1964 asserting homosexuality is a psychiatric illness. Does Socarides seriously believe that such a statement from a group of admittedly prominent medical men and public officials, only a minority of whom had any direct or extensive experience with homosexuals, constitutes scientific evidence?

Socarides' one-sided view of homosexuality stems not only from obvious personal prejudices (no behavioral scientist who is "upset" and "disturbed" by the "dread dysfunction" of homosexuality can be considered an objective student of the condition), but also from evident ignorance of the broad spectrum of homosexuals who never come to psychiatric attention, and who can only be studied in the community at large, as Dr. Evelyn Hooker has done. Dr. Socarides makes the flat, dogmatic assertion that "only in the consultation room does the homosexual reveal himself and his world," thus confirming the fact that his sweeping generalizations are based on evidence gathered from treatment of a relatively small number of troubled and disturbed homosexuals who have come in to him for psychoanalytic treatment. If the judgments of psychoanalysts about heterosexuals were based only on those they saw as patients, would they not have the same skewed impression of heterosexuals?

...Within the context of our contemporary sexual mores homosexuality is still regarded as an undesirable deviation from optimum sexual behavior. This does *not* make it a medical illness. Based on this fact, however, some homosexuals are unhappy with their patterns and would prefer to achieve heterosexual adjustment. Certainly the psychotherapist has an obligation to help such individuals achieve their own self-set goals wherever possible. However, there is no ethical or scientific justification for arguing that all homosexuals ought to be forced to undergo treatment simply because their sex-object choices differ from those of most people. The enlightened point of view in contemporary society—as exemplified by the Wolfenden Report in England, and by the recommendations by the American Law Institute in this country—is that homosexual behavior between consenting adults in private is neither the law's business nor that of medical professions—except as the homosexually-oriented person elects it to be....

Excerpted from SIECUS Newsletter, Volume 6, Number 2, December 1970.

1990
HOMOPHOBIA IN HIV/AIDS EDUCATION

Beverly Wright & Cooper Thompson

...Blaming, hostility, denial, and misinformation are not unique issues for HIV educators. They are common manifestations of homophobia, broadly defined as the fear and

hatred of those who love and sexually desire people of the same gender. Homophobia is deeply ingrained in American society. It is present in most educational settings, and because of the necessity of discussing same-gender sexual activity, it is present in virtually all HIV education…

HIV education can either perpetuate homophobia…or begin to dismantle it. Few people admit that they are homophobic, sexist, or racist. It is difficult not to be homophobic in our society. Most of us were presented with inaccurate and highly prejudiced information about homosexuality as children, and the culture in which we live continuously offers, perpetuates, and promotes—on a daily basis—prejudiced and inaccurate information about homosexuality. As a result, many adults tend to rely on and perpetuate the information they received as children. However, in spite of this, some youth and adults have attempted to obtain accurate information, are working to overcome their prejudices, and are attempting to educate others in overcoming theirs.

Overcoming any type of prejudice requires a great deal of work and time. Above all, it requires a commitment to study, and to take action. However, within the context of HIV education, there are some concrete steps that can be taken now to reduce denial, prejudice, and hostility.

This article presents information about homophobia and some guidelines for delivering non-homophobic education. The term "HIV/AIDS education" is used broadly here, to designate any methodology and audience where the purpose is to stop new HIV infection, and to encourage compassion and care for those already infected. Therefore, the term "HIV/AIDS educator" will refer to any person whose work requires them to teach others about HIV/AIDS, whether this education takes place in counseling sessions, in classrooms and community settings, and/or through the distribution of written, audiovisual, and audiocassette materials…

The Manifestation of Homophobia

At the individual level. Homophobia manifests in several ways. At the individual level, like other forms of oppression, it is a learned behavior. Individual homophobia can be identified across a broad range of behaviors. Participation in, listening to, or laughing at so-called gay jokes is homophobic, for example. On a slightly more hostile level, expressions of aggression toward gays, lesbians, and bisexuals, such as the expressions of a young man who angrily stated "[gay people] should be shot" and "all that [lesbian] really needs is a good lay," is homophobia. At the extreme end of the range of hostile expressions and behaviors is the terrifying reality of "bashing"—physical violence directed at lesbians and gay men simply because of their sexual orientation. Such violence has reportedly increased dramatically since the advent of HIV/AIDS hysteria.

At the organizational level. At the organizational level, homophobia manifests wherever there is the assumption that everyone is heterosexual - and that if they are not, they should be. The heterosexual assumption of normalcy is played out organizationally in pervasive acts of omission: institutions often fail to recognize the presence of lesbian and gay members on their staffs or to offer insurance opportunities to committed same-gender partners. In addition, they do not provide the same special support services for gay men and lesbians and their significant others, including personal leave in the event of illness or death, as are offered to heterosexual partners and families. The message is clear: same-gender partners and families do not, and should not, exist. Acts of commission at the organizational level also abound. There are rules that forbid the granting of security clearance to "known homosexuals," and policies that allow the firing of gay and lesbian teachers, solely on the basis of their sexual orientation.

At the cultural level. At the cultural level, homophobia manifests as a broad social indictment of homosexuality. In virtually all media, the heterosexual assumption is reinforced through pervasive and persuasive heterosexual images. Families are depicted as having a mother and father, and lovers are never of the same gender. The heterosexual lifestyle is portrayed, not just as the norm, but as the ideal. At the same time, when gay men, lesbians, and bisexuals are made visible, they are most often presented as oversexed, deviant, and sick. The word promiscuous, for example, is a label generally used only to describe women and gay men. How often do we hear heterosexual men being referred to as promiscuous? As for deviance, it is commonly assumed that gay men are driven by their attraction to boys; yet, research clearly tells us that 95% of those who sexually abuse children are heterosexual men. Lastly, in HIV education programs, educators are invariably asked about the causes of homosexuality. The implicit assumption is that if the cause can be found, a cure can also be found; homosexuality, thus, must be a sickness.

At the classroom level. Such expressions of homophobia inevitably find their way also into our classrooms, where such statements…remind us that homophobia is not just an issue for students, but it is also an issue for educators. [For example,] language about innocence has strong attitudinal implications: if some people infected with HIV are innocent, then there must be others who are guilty. Assigning blame allows people to see others as different from themselves. It then becomes a battle between them and us, and between those who are infected with HIV, and those who believe they never will be. Additionally, this mindset builds walls against compassion for those who are infected with HIV and inhibits our ability to live in a world and work with people who are different from us.

HIV educators—regardless of the context—share immense responsibility not to reinforce, indirectly or unintentionally, the misinformed and misguided values and beliefs of clients, students, and audiences. This responsibility is magnified when the message one wishes to convey involves the life-and-death decisions of the people with whom one is working. HIV educators also must examine their attitudes and actions before they begin to educate others about HIV….

Excerpted from SIECUS Report, Volume 19, Number 1, October/November 1990.

2001
SOCIAL AND DEVELOPMENTAL CHALLENGES FOR LESBIAN, GAY, AND BISEXUAL YOUTH

Caitlin Ryan, M.S.W. and
Donna Futterman, M.D.

Although the vast majority of lesbian and gay youth become well adjusted adults who lead satisfying, productive lives, they face additional developmental challenges that require a range of coping skills and adaptation. The struggle to develop and integrate a positive adult identity—a primary developmental task for all adolescents—becomes an even greater challenge for lesbian and gay youth, who learn from earliest childhood the profound stigma of a homosexual identity. Unlike many of their heterosexual peers, these adolescents have no built-in support system or assurances that their friends and family will not reject them if they reveal their sexuality.

Ignored by the social institutions that routinely provide emotional support and positive reinforcement for children and adolescents—families, religious organizations, schools, and peer groups—lesbian and gay adolescents must negotiate many important milestones without feedback or support.[1] They must learn to identify, explore, and ultimately integrate a positive adult identity despite persistent negative stereotypes of lesbian and gay people. They must learn to accept themselves, and to find intimacy and meaning through relationships, work, and connections with the broader community. They also must learn to protect themselves against ridicule, verbal and physical abuse, and exposure. And until they develop relationships with accepting adults and peers, they must do this alone. The social and emotional isolation experienced by lesbian and gay youth is a unique stressor that increases vulnerability and risk for a range of health and mental-health problems.[2]

From a very early age, negative attitudes about homosexuality are communicated and reinforced through social institutions and media. Children learn to think that being gay is deviant and unnatural. Although many of these attitudes are changing, they learn from a variety of credible sources—their families, teachers, religious leaders, friends—that being lesbian or gay means living alone, being rejected and ostracized, forgoing a meaningful career or satisfying intimate relationships, and not being accepted or integrated into the broader society. By the time they enter early adolescence, when social interaction and sexual striving coincide with formulating an adult identity, they have learned to hide same-sex feelings, attractions, and behaviors from others and often from themselves.

Prejudice, fear, and hatred of homosexuals (or *homophobia*) are also internalized. As adolescents struggle to reconcile societal myths and misconceptions about homosexuality with the realization that they might be lesbian or gay, these internalized feelings of stigma and self-hatred increase existing vulnerabilities, affect self-esteem, and, for many gay youth, restrict life choices. The extent to which lesbian and gay adolescents find supportive relationships with peers and adults and develop positive coping skills will determine their successful adaptation to stigma and their quality of life. Access to a caring, nonjudgmental provider who will offer appropriate services and referrals will help lesbian, gay, and bisexual adolescents negotiate difficult challenges and develop appropriate skills for self-care and survival….

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Excerpted from SIECUS Report, Volume 29, Number 4, April/May 2001.

1980
THE SIECUS/UPPSALA PRINCIPLES BASIC TO EDUCATION FOR SEXUALITY

Michael A. Carrera, Ed.D.,
Mary S. Calderone, M.D.

The principles that follow were first set down by SIECUS staff in 1976, then commented on at length and approved with changes by the SIECUS Board of Directors in 1977. The Board again considered them in 1978, with further refinement.

In the summer of 1979, a group of [international] sex educators generously came at their own expense to Uppsala, Sweden, to attend a SIECUS/New York University Colloquium. They were invited for the specific purpose of couching the principles in language that might be less technical and therefore more readily translatable for other languages, cultures, and levels of education. The versions they finally agreed upon were once again submitted to the SIECUS Board, whose relatively few comments are herewith integrated.

The purposes to which SIECUS proposes to put these principles are, first, to provide a position base broad enough to be acceptable to health workers everywhere, and second, to enlist official support for the document by organizations in the health field throughout the United States and elsewhere in the world. Comments on the usefulness of these principles will be welcomed…

The Principals

1. Human sexual functioning begins in the uterus and, in one or all of its many aspects, will continue throughout the life cycle of all human beings.
2. Sexuality is a vital and basic human function. It manifests itself in every dimension of being a person. Therefore, as a part of every human being, its existence cannot be questioned or subjected to moral judgment. However, because sexual behavior and attitudes vary in different cultures, these may become appropriate subjects for debate and moral judgment.
3. Sexuality is learned as the result of a process that should not be left to chance or ignorance. The sexual learning process actually begins with the intimate relationships between the father and the parents or parental figures, e.g., with clinging, skin and face stroking, hugging, rocking, kissing, and the crucial elements of eye and voice contact with the infant. These constitute only a small part of what leads to the establishment of gender identity before the age of three. With relation to acquiring positive attitudes about one's gender role, this learning process continues throughout life. It is important that the informal process of sex education within the family be supported by planned, enlightened learning opportunities offering information at appropriate times in the growing period.
4. The developing child's sexuality is continually and inevitably influenced by daily contacts with persons of all ages and especially by contacts with peers, the family, religion, school, and the media.
5. In many cultures, for both boys and girls reproductive maturity precedes by some years emotional and social readiness for parenting. Puberty, with the arrival of reproductive capacity, can be made of especial significance for enhancing the sexual learning process.
6. While the reproductive and pleasurable aspect of genital sexual expression may occur together, it is possible for humans to separate each from the other. The development of values recognizing and acting upon this fact can facilitate acceptance of family planning in order to allow individuals to enjoy their sexual lives in a socially responsible manner.
7. Sexual self-pleasuring or masturbation is today medically accepted as a natural and non-harmful part of sexual behavior for individuals of all ages and both sexes. It can help girls, boys, women, and men to develop an affirmative sense of body autonomy. It is a source of enjoyment and can provide an intense experience of the self as well as preparation for experiencing an other. Many people, however, do not express their sexuality in this way and this also is an individual choice.
8. In providing healthy perspectives on sexual practices and attitudes for children, the aim should be to facilitate a child's capacity and right to explore, enjoy, and integrate sexuality into his or her developing self-concept. Thus the most constructive response to, for example, masturbation, nudity, and rehearsal sex play, would be to teach children to understand them as personal rights that are subject to responsibility for the rights of others and to appropriate degrees of privacy within the family and the community. It should be recognized that such experiences can contribute positively to their future sexual health.

9. Children of all ages have the capacity to establish caring, loving relationships with people of all ages. These relationships should be seen as important elements in the development of their sexuality, and some can even continue throughout life.
10. The expression of sexual orientation is a fundamental human right. Preference for sexual partners and sexual relationships (sexual orientation) is one important component of an individual's sexual identity, which thus includes gender identity, gender role, sexual orientation, and recognition of the self as a sexually functioning person. The examination and understanding of these components can lead to an understanding by a person of the degree to which he or she is heterosexual, bisexual, or homosexual.
11. The manner in which sexual orientation occurs is not known, but it appears that it is established early in life. The majority of individuals have some elements of both homosexuality and heterosexuality in their makeup which may or may not be identified or expressed by the individual throughout his or her life.
12. All human beings, regardless of sexual orientation, may be subject to personal difficulties that are not necessarily related to that orientation. Social structures or attitudes that lead to repression of sexuality in general, and homosexuality and bisexuality specifically, may cause individual and interpersonal difficulties.
13. The sexual orientation of any person, whether child, adolescent, or adult, cannot be changed solely by exposure to other orientations. Occasional and/or situational sexual experiences are not necessarily indicative of a person's sexual orientation.
14. Sex education can be formal or informal. Everyone receives sex education in one way or another. All persons are informal sex educators whether or not they are aware of it. Formal sex education should be planned and implemented with careful attention to developmental needs, appropriateness to community settings and values, and respect for individual differences.
15. Sensitive sex education can be a positive force in promoting physical, mental, and social health. It should be geared to the three levels of learning — affective, cognitive, and operative — and should begin as early as possible.
16. Television and other mass media have an important and widespread impact on the community. Their vast potential for informal and formal sex education should be put to productive use.
17. Rational understanding and acceptance of the wide range of possible expressions of sexuality constitute one goal of education for sexuality. Where sexual fulfillment is limited by life circumstances, or restrictive lifestyles such as aging or disability, alternative ways of meeting the need for such fulfillment should be encouraged and facilitated by society. However, when sexual expression infringes on the freedom of choice of other persons, management must then be consistent with basic human rights.
18. All health, social science, religious, teaching, and counseling professionals should receive education in human sexuality.
19. It is the right of every individual to live in an environment of freely available information, knowledge, and wisdom about sexuality, so as to be enabled to realize his or her human potential.

Excerpted from SIECUS Report, Volume 8, Number 3, January 1980.

1996
SIECUS IS PIONEERING A WORLDWIDE SEXUALITY EDUCATION EFFORT

James L. Shortridge, M.A.

The concept of sexual health is increasingly being recognized as a basic human right, as reflected in the actions of the International Conference on Population and Development (ICPD) in September 1994, and the Beijing Women's Health Conference in September 1995.

The ICPD Programme of Action states that "people should have the ability to reproduce and to regulate their fertility safely and to enjoy sexual relationships free of the fear of unwanted pregnancies and sexually transmitted diseases (STDs)." SIECUS believes it is essential to understand sexuality in terms of reproductive health and, at the same time, to promote sexual health — including both the physical and emotional aspects — as a desirable goal by itself.

During the past three years, SIECUS has developed an international initiative to assist agencies worldwide in implementing programs on sexuality education and sexual health. One of its objectives is to explore what others are doing in the hope of preventing duplication, enhancing communication, and developing a direction for future efforts. To date, SIECUS staff have made some interesting observations:

- The spread of HIV/AIDS to every country in the world continues to break the taboo surrounding sexuality; it is now a legitimate topic for governments and researchers as well as service and advocacy groups.
- Sexuality education is aimed almost exclusively at adolescents between the ages of 12 and 18; little education exists for young people under the age of 12, and almost no education exists for adults. Only a small proportion of youths in need are reached with programs.

- Formalized sexuality education programs tend to focus on the biology of sexuality, on preventing disasters, and on controlling sexual activity through fear.
- Sexual identity and sexual behavior are controversial issues in many countries. Discussions of homosexuality, abortion, and masturbation are avoided virtually throughout the world.
- Few sexuality education programs are institutionalized. Most exist in communities rather than in schools.
- Funding for ongoing sexuality education programs is problematic.
- There is a significant lack of trained personnel.
- Very little networking and sharing takes place among organizations.
- Sexuality education and sexual rights are becoming more politicized worldwide. There is a growing fundamentalist movement which opposes sexuality education.
- There is a false concern that sexuality education is not effective or that it causes teens to have sexual intercourse.
- Those countries most open about sexuality are those that experience the lowest teenage pregnancy, birth, and abortion rates. Those governments with ambivalence toward sexuality education tend to have the highest rates.
- There are few countries in the world where sexuality is affirmed as a natural and healthy part of life and where all people have sexual rights.…

Excerpted from SIECUS Report, Volume 24, Number 3, February/March 1996.

2002
GOVERNMENTS NEED TO PROVIDE SEXUAL HEALTH SERVICES TO THEIR CITIZENS

Tamara Kreinin, M.H.S.A.

I am writing to you from the 14th Annual International AIDS Conference in Barcelona, Spain, where more than 10,000 scientists, activists, policymakers, and people living with HIV/AIDS are meeting to discuss ways to prevent and treat this virus and subsequent disease.

This Conference has made one thing crystal clear. With nearly a billion of the world's population between the ages of 15 and 24, it is critical that comprehensive sexuality education programs, including information about both abstinence and condom use, become a key part of any prevention and treatment plan.[1] The statistics about the spread of AIDS around the world paint a picture of people in desperate need of the information that SIECUS has long encouraged…

Culturally Relevant Education Programs

When developing such programs outside the United States, it is critical that social service providers and nongovernmental [organizations]—working in conjunction with government agencies—plan them in a culturally relevant and appropriate manner that address the specific social and cultural issues, contexts, and language needs of the people they are serving.

When programs and services are based on such cultural competencies, they have a significantly increased potential to succeed in meeting people's sexual health needs and concerns as well as promoting safer sexual behavior.

At the same time, providers must work to change the negative—and ultimately harmful—social and community norms relating to sexuality that are prevalent in so many parts of the world. This is critical if they are going to help people see sexuality education both as a way to create a healthy and positive sexual life and prevent disease…

Controversial Subject

Discussion of sexuality is generally a controversial subject all over the world, particularly when it comes to young people and their access to information. Many societies currently view sex and sexuality as shameful. Many also have strong taboos about open discussions relating to sexuality.

Strong opposition exists about providing people with the tools, knowledge, and skills they need to empower and protect themselves sexually. Fueled more by adult fears than by research or reality, this opposition denies people life-saving and life-enhancing information. Even those who have access to sexuality education or sexual health services find that the programs and curricula are fragmented and limited in scope.

People have the right to information, education, and medical services to safeguard their health. It is the responsibility of governments, with the support and assistance of nongovernmental organizations, to provide and fund such life-saving programs and services.

As advocates, we need to include our policymakers in our work to inform people about sexual health. We need to broaden their understanding of the roles they can play in developing and supporting positive and comprehensive sexual health programs. Policymakers have the potential to be one of our greatest allies. We need to continue to work to achieve this goal…

Countries Set Standard

We know what we need to do as a global community. We know that prevention programs, comprehensive education, and quality services work to promote healthy sexual behavior and reduce negative sexual health outcomes. We have excellent models that are supported by governments and taken to scale to reach as many people as possible. It is vital that we look to these models to guide our policymaking and program development.

One example is the work accomplished in Nigeria by nongovernmental organizations and service providers collaborating with the country's Ministry of Education. Recognizing that sexual health information and education is critical to stemming the rise of HIV, the Ministry of Education has recently implemented a national sexuality education policy and curriculum for secondary school-age youth throughout the country.

Another example is the work of the government in Uganda, where comprehensive HIV-prevention programs and condom distribution efforts are supported. As a result, the adult HIV prevalence rate was reduced from 14 percent in the early 1990s to eight percent in 2000, and prevalence rates among teenage women dropped from 28 percent in 1991 to six percent in 1998.[1]

A final example is the work in Thailand. With the strong support of policymakers, Thailand's comprehensive prevention efforts have reduced the number of new HIV infections to 30,000 from a high of 140,000 in 1990.[2]

Country-specific programs like these are setting the standard that the rest of the world should—and must—follow in order to promote healthy sexuality for all people.

References

1. UNAIDS, *Global Crisis—Global Action* (New York: United Nations, 2001).
2. UNAIDS, *AIDS Epidemic Update* (New York: United Nations, 2001).

Excerpted from SIECUS Report, Volume 30, Number 5, June/July 2002.

SIECUS' 40 MOST INFLUENTIAL BOOKS ABOUT SEXUALITY AND RELATED ISSUES

(listed by year published)

In honor of our 40th Anniversary, SIECUS staff compiled lists of the 40 most influential books, songs, and television shows/movies about sexuality and related issues. These lists were not compiled using any scientific or survey methodology. Instead they represent the books, songs, shows, and movies that consistently rose to the top in our conversations with each other and with our families and friends.

1 *Kama Sutra* (100-400), author unknown

2 *Madame Bovary* (1856), by Gustauve Flaubert
3 *The Woman Rebel* (1914), by Margaret Sanger
4 *Lady Chatterly's Lover* (1928), by DH Lawrence
5 *The Well of Loneliness* (1928), by Radclyffe Hall
6 *Sexual Behavior in the Human Male/Female* (1948/53), by Alfred Kinsey
7 *The Second Sex* (1949), by Simone de Beauvior
8 The Feminine Mystique (1963), by Betty Friedan
9 *Human Sexual Response* (1966), by William Howell Master and Virginia Eshelman Johnson
10 *Are You There God? It's Me Margaret* (1970), by Judy Blume
11 *Our Bodies Ourselves* (first edition 1970), by Boston Women's Health Book Collective
12 *Sexual Politics* (1970), by Kate Millet
13 *The Joy of Sex* (1972), by Alex Comfort
14 *Fear of Flying* (1973), by Erica Jong
15 *My Secret Garden* (1973), by Nancy Friday
16 *Rubyfruit Jungle* (1973), by Rita Mae Brown
17 *The Best Little Boy in the World* (1973), by John Reid
18 *Against Our Will: Men, Women and Rape* (1975), by Susan Brownmiller
19 *History of Sexuality* (1976), by Michel Foucault
20 *Love and Sex After 60* (1976), by Robert N. Butler and Myrna I. Lewis
21 *The Joy of Gay Sex* (1977), by Charles Silverstein
22 *Embodiment, An Approach to Sexuality and Christian Theology* (1978), by James B. Nelson
23 *Forever* (1982), by Judy Blume
24 *The Color Purple* (1982), by Alice Walker
25 *The Cider House Rules* (1983), by John Irving
26 *The What's Happening to My Body Book for Mothers and Daughters/Mothers and Sons* (1984/91) by Lynda Madaras
27 *And the Band Played On: Politics, People and the AIDS Epidemic* (1988), by Randy Shilts
28 *Gender Trouble* (1990), by Judith Butler
29 *Heather Has Two Mommies* (1990), by Lelea Newman and Diana Souza
30 *Daddy's Roommate* (1991), by Michael Wilhoite
31 *The Handmaid's Tale* (1991), by Margaret Atwood
32 *When Sex is the Subject: Attitudes and Answers for Young Children* (1991), by Pamela M. Wilson
33 *Backlash: The Undeclared War Against American Women* (1992), by Susan Faludi
34 *Becoming a Man: Half a Life Story* (1992), by Paul Monette
35 *Sex* (1992), by Madonna
36 *Stone Butch Blues* (1993), by Leslie Feinberg
37 *It's Perfectly Normal* (1993), by Robie Harris
38 *My Gender Workbook* (1998), by Kate Bornstein
39 *Middlesex* (2002), by Jeffrey Eugenides
40 *Harmful to Minors* (2002), by Judith Levine

FORTY YEARS OF TEACHING SIECUS ON TRAINING SEXUALITY EDUCATORS

1968
A NEED IN SEX EDUCATION — TEACHER PREPARATION

Esther D. Schulz, Ph.D.
deryck calderwood
Gilbert Shimmel, Ed.D, M.P.H.

Currently we are experiencing an increasing demand for sex education. Churches, youth work agencies, and especially the school find themselves pressured into developing new programs and curricula. SIECUS views this as welcome evidence of a healthier and more accepting attitude toward education in sexuality as a legitimate part of the total education process for youth. But this demand also emphasizes problems such as grade level to begin instruction, precise content, role of the parent vis-à-vis the institution, community acceptance. All these become minor, however, if the "right" teacher is found….

Granted the availability of the "right person," what else does he need? Naturally he needs the assurance that the community wants good sex education for its children, and that the school administration is solidly behind the program he is preparing himself to offer. What, then, should a workshop course provide for him?

One element will certainly be solid factual content on human sexuality based on the actual concerns and questions of youth today. Carlfred Broderick and others have pointed to the lack of reality-oriented material in current textbooks. Teachers, then, must be familiarized with sources for keeping up with current thinking, new findings, scientific facts of human sexuality. Such issues as masturbation, homosexuality, and premarital and non-marital intercourse, masculine and feminine role changes, family planning, and what constitutes healthy sexuality—these are constantly being examined and new findings published.

Another element in effective teacher training is helping teachers to understand the importance of becoming aware of their own feelings about sexuality. As they study, they will recognize the inhibitions, attitudes, or misconceptions that might block honest and open communication with their students. Facing such fears and doubts will go far toward resolving them, and therefore toward helping the teacher develop the self-confident, relaxed and objective attitudes toward human sexual behavior that are necessary in discussions of sensitive matters and in setting the stage for sound decision-making on the part of the students.

A third element woven into training courses is the very practical one of materials and methods that have proven effective. Rather than dwelling on bibliographies, lists of files, or debates on segregated vs. co-educational classes, this phase should emphasize the value of the one approach which has been found most productive in sex education, namely the dialogue-centered classroom described by Kirkendall, in which students are treated as "autonomous, decision-making persons who have potentialities and wish to realize them" in a responsible way.

In connection with the use of the open-dialogue technique, teachers will encounter the question of "values." This should not be ducked. It can be stated clearly that moral values are not absolute regarding many aspects of social life today: for example, the ethic of killing, or the relationships between men and women in many ways other than the sexual act. These questions are being passionately debated in many quarters. When young people are given sound documentation, and when discussion of the great issues is facilitated, it has been found that the moral values developed and articulated by them are often the very ones thoughtful adults support.

While the immediate goal of teacher-preparation for sex education is to provide help in areas where teachers have the least specific knowledge, the ultimate purpose is the development of teachers who, as John Chandler, Jr. of the National Association of Independent Schools has stated, "can meet the youngsters where they are with frankness and honesty, and can discuss their concerns objectively and nonjudgmentally with them."

Excerpted from: SIECUS Newsletter, Volume 3, Number 4, Winter 1968.

1991
THE OMNIPRESENT NEED PROFESSIONAL TRAINING FOR SEXUALITY EDUCATION TEACHERS

Mary M. Krueger, Ph.D.

…Thus, as we face, again and still, the persistent dilemma of promoting appropriate training experiences for classroom teachers of sexuality education, let us recognize the special obligation which the field of sexology/sexual science owes to those on the front lines of the unique situation posed by sexuality education mandates. The mandate phenomenon has brought a profound new sense of urgency to this land-

scape, and we cannot, in good conscience, allow our colleagues to remain isolated and rudderless in their classrooms. In an effort to unify the response of sexuality educators to the phenomenon of sexuality education mandates, I make the following recommendations:

We must lobby for compulsory teacher training provisions as attachments to all sexuality education mandate legislation.... Those affiliated with universities can propose the development of undergraduate degree programs in sexuality education or minor/major offerings in sexuality education. They can offer to design curricula, to design and/or teach courses, and to provide input for degree requirements (for example, recommending a minimum number of coursework hours in sexuality education for all undergraduate health education majors). They can also approach state boards of education regarding the development of major/minor certification in sexuality education and/or the establishment of standards for sexuality education teachers, independent of teachers' areas of licensure of certification.

Sexologists/sexual scientists can assertively offer their expertise, as consultants within their states, to legislatures and departments of education proposing education mandates. The role of expert advisors provides an ideal venue in which to argue for the critical importance of teacher training as the *sine qua non* of the success of sexuality education initiatives, and can be accomplished as part and parcel of providing one's expertise to the project as a whole.

Those who specialize in educator training can also offer their services in designing and/or implementing teacher training sessions. If and when the lack of funds is used to explain the absence of training provisions (and it most likely will be), the trainer can invest in the future of the field by offering consultant services at a reduced rate; arranging flexible payment schedules; offering to train small groups of teachers who can then train others; and by suggesting that adjoining states pool their resources so that teachers may be trained from more than one state at a time, etc....

Among the states that have mandated sexuality education to date, there has been "little leadership in setting the scope, content, and purpose of sexuality education programs, or in assisting with the mechanics of teaching the topic."[1] Classroom teachers in these states need our help....

References

1. J.L. Rosoff, "Sex Education in the Schools; Policies and Practices," *Family Planning Perspectives,* 21, no. 2 (1989): 52-65.

Excerpted from SIECUS Report, Volume 19, Number 4, April/May 1991.

2003
WHAT TEACHERS WANT, NEED, AND DESERVE

Eva S. Goldfarb, Ph.D.

...As a human sexuality educator, I work with public school teachers, mostly in the Northeast, but also across the country, to help them feel more confident and competent teaching the young people with whom they work. Over the last 10 years, I have listened to the concerns, questions, and issues that teachers see as barriers to being successful sexuality educators. An informal survey of sexuality education professionals working with teachers found broad consensus about the questions and concerns most commonly expressed by teachers.

The frequency and consistency with which [certain] questions are asked by those responsible for teaching sexuality education across the country reflect fear and uncertainty, and suggest a disconnect between public opinion polls and the reality of the classroom. What I, and others who work with teachers, have found is that despite broad support for comprehensive sexuality education, there are a number of factors conspiring to limit the quantity and quality of sexuality education available across the nation...

Teachers Are Inadequately Prepared

Woefully inadequate training available to both pre-service and in-service educators has left teachers feeling unprepared to teach anything but the most basic and "safe" topics—anatomy, STIs, and pregnancy-prevention. In addition to the chilling effect brought on by fear of controversy, the lack of training available to sexuality educators results in teachers feeling incapable of addressing many of the more challenging but critical topics such as sexual orientation, sexual behavior, abortion, safer sex (particularly condom use), diversity, and gender roles.

It has also left them feeling inadequately prepared to respond to concerns or criticisms from the community. The teachers I work with want two basic things: hands-on activities to use, particularly on more difficult topics; and help answering questions appropriately or facilitating discussions on topics that are raised by students, including guidance on self-disclosure, and what they can and cannot say in their classrooms....

Excerpted from SIECUS Report, Volume 31, Number 6, Fall 2003.

1967
SIECUS HEARS FROM YOUNG MEN

An Invitation

Bob D'Acquisto
High School Senior, 1967-68 School Year

Dear Dr. Calderone:

As a teenager I find that my world is constantly changing and right now what is my world but a group of loosely connected ideas and attitudes? What are these attitudes? They are my outlook on education, on religion, on my place in society, on love—on sex. Love and sex come last for those two seem to me to be changeable concepts. I search for a relationship between them, for a meaning of one without the other. I know not a meaning if there is one, for I have not had experience to determine one. Yet, at least now I search for an answer.

The question is whether or not a firm attitude towards sex can be established in a person ignorant of the subject? I recall walking into seventh grade with the notion that a father had absolutely nothing to do with the conception of a child. I recall my parents telling each other that I would learn about sex on my own. I remember my religion teacher shying way from the subject. I saved myself through the use of the public library and their books on the subject.

What about the millions of other children and adolescents who, unlike me, learned about sex on the street corners instead of in the home, in church, or in the library? Some will undoubtedly form good attitudes naturally. But the others? Can compulsory sex education in school solve the problems of increases in illegitimate births, of venereal disease, of ignorance on the subject of sex? You believe we must try and so do I.

I cited my case as a typical one. In my school there are 1200 others, some who have had no sex education whatever. We have no sex education courses in our school district, although we have almost every other imaginable program.

I would like to invite you to speak before the student body and faculty of my school on the goals of sex education in school and its progress throughout the county. This would be an educational experience not only for the student body but for the faculty and board members also….

A Statement

Marc H. Aronson
High School Junior, 1967-68 School Year

Maturing in a society that separates its members into adult and adolescent sectors, the teenager is often faced with the problem of communication. The question of an adequate sex education is subsidiary to the difficulty of establishing free exchange through society's stratifications. What we need to introduce in our sex education program is communication. We must create situations in which the free flow of fact and opinion between parents and children is accepted. The days in which parents could afford to hold "wicked" and "shameful" secrets from their children are over. The time in which students could snicker at each other while ignoring each others' opinions is finished. The definition of education that labeled sex as an untouchable and generally controversial idea has exploded. Our goals as teenagers must be to introduce a new dialogue when we are faced, in our daily lives, with procrastination and embarrassment.

Sex education in America is woefully lacking. To establish an adequate sex education program in our schools will require a flood of imaginative and vital courses. Presently we have a rather irregular trickle. A truly modern approach must involve both school and home in an integrated program….

Excerpted from SIECUS Newsletter, Volume 3, Number 3, September 1967.

2003
YOUNG PEOPLE TALK ABOUT SEX

Schools Should Help Children Survive in the Real World

Aaron Thomas Eske (19 in 2003)

Telling a 16-year-old boy or girl to abstain from sex is about as effective as stopping a moving train with your body. And telling every parent of a 16-year-old boy or girl to talk to their children about sex is about as effective as stopping a torpedo with your finger. Sadly, there are just some things in this world that won't happen, but luckily, schools can fill the gap.

Schools exist to prepare people for the future—to someday set foot on Mars or finally write the great American novel. Despite the thoughts that first come to mind, the majority of this preparation doesn't come from

history textbooks or scientific experimentations. The four core subjects are only the crust of a school's purpose while the true center is the all-consuming subject: *Survival 101*…

Okay, so maybe sex education alone won't inspire a student or set his or her sights on becoming the President of the United States, but without it his or her dreams could easily be dashed. On a smaller scale, a comprehensive sex education program will help a future mother's dreams come true and ward off any potential STDs that threaten her reproductive system. Lastly, schools have the power to turn thousands of gay youth from being just another teen suicide statistic into being happy people able to achieve their dreams of love.

The main responsibility of schools is to teach survival, and in doing so, secure the dreams of America's children. Sadly, there are just some things in this world that ruin lives, but luckily, schools have a great opportunity to step in and grant some salvation.

A Close-to-Perfect Health Class

Rachel Kurzius (14 in 2003)

…I disagree with the abstinence-only approach to teaching sex education. At the elementary level in school, we are taught how to act during a fire, how to use a fire extinguisher, and we participated in fire drills weekly. Surely, this knowledge in combating fire does not make most students aspire to commit arson. The same reasoning should apply to learning about sex. Learning about birth control, the reproductive anatomy, and other sex-related topics will not make most teens yearn for sex. Instead, it will give them the facts they need so they can make their own well-informed decisions.

Ninth-grade health class had two subjects: drugs and sex. The first quarter, about drugs, went by quite uneventfully, as every parent and teacher agreed on a method. "Just say no, drugs are bad," was main message. Then, second quarter came around, and things got a little touchy. The underlying message could not be about refusal because some parents thought that pre-marital sex was just fine. But many parents did not believe that sex should be taught at all. "Just tell them in biology or something that abstinence is the only way. I'm sure they'll get the message," many abstinence-only crusaders said.

Um…no. I don't think that one sentence without any reasoning behind it spoken randomly in the middle of science class will convince many teens to refrain from sex until their wedding night. After our sex unit started, people in our class began to look forward to health. At the beginning, most of us looked forward to it because we thought it was hysterical to hear a serious discussion about sexual terms. By the end of the semester, though, most of us enjoyed the class because it gave us a new view on the biggest taboo of them all.

During the first discussion, I confess that I, like many of my peers, had a smirk on my face. After a while, though, it became clear that sex was nothing to smirk about, and aside from the occasional joke, everyone in the class was serious about learning as much as they could. We learned through more than one dimension. There were role-plays, open-ended discussions, videos, posters, and stories. Each activity aided us in seeing a spectrum of viewpoints and helped us obtain diverse knowledge.

Although nothing is ever perfect, this health class came pretty close to being the most fault-free sexuality education lesson I've ever taken. It was so unlike the "girls in one room with the school nurse, boys in the other with the gym teacher" approach so often taken.

As long as sex remains something that society thinks should be spoken about behind closed doors, sexuality education will be controversial. Until then, I am content with my ninth-grade health education.

Excerpted from SIECUS Report, Volume 31, Number 4, April/May 2003.

1978
LEGAL BRIEFS
FINANCING ABORTION: PLOYS REVISITED

Ralph Slovenko, LL.B., Ph.D.

Congress recently ended a four-month legislative deadlock on federally funded abortions for the poor. Under the compromise approved by the Congress, poor women who receive health care under the federal-state Medicaid program may have a government-paid abortion in instances where: (1) the mother's life is in danger if the fetus is carried to term; (2) the pregnancy results from rape or incest that is "promptly reported" to a law-enforcement or public health agency; or (3) two doctors determine that the mother risks "severe and long-lasting physical health damage" from the pregnancy.

Without those limitations in this highly sensitive area, Congress would not have approved Medicaid abortions. To prevent abuses, it was alleged, victims of (statutory or forced) rape must report the rape immediately to law-enforcement officials, and two doctors must give approval before a pregnancy may be terminated for health reasons. Those same limitations may crop up again in any national health insurance that Congress may adopt in the future.

In 1973, the United States Supreme Court ruled that a woman in the first trimester of pregnancy had an unrestricted right to an abortion. Up to that time abortion was allowed only on the grounds now set out for financed abortion under Medicaid.

History will likely repeat itself. The exemptions were previously ploys to obtain an abortion; now they will be ploys for financing them.

A woman seeking an abortion quickly learns what she must say to obtain it. No physician, although he may not perform the abortion himself, would refuse to approve it for a woman who says she will kill herself or go crazy. It is quite difficult, if not impossible, to evaluate the seriousness of a suicide threat. Also, it will not be difficult to allege rape or incest, and by the time law-enforcement officials verify the claim, pregnancy would blossom, making abortion risky….

Under the "therapeutic abortion" reform law that prevailed in the United States until 1973, the disturbed woman, not the healthy one, was allowed an abortion. It was never satisfactorily resolved as to when it would be "therapeutic" to terminate a pregnancy. The mechanical procedure of abortion may lie within the province of a physician, but the decision to terminate the pregnancy, many had argued, did not pose a medical problem. To confuse the operation with the decision to undergo it converted a non-medical decision into a medical one, and medical books did not provide the answer.

The law on "therapeutic abortion" was soon seen to be a fraud. Statistics revealed that few women during the course of pregnancy committed suicide. Postpartum depression sometimes follows the birth of a child but that condition is treated easily enough. The law thus appeared to curtail abortion, but via the "therapeutic abortion" gimmick it was accomplished readily enough—but in the process it denigrated the woman (and her husband). In ritual fashion, the woman would allege that she had been a victim of incest or rape, or that she would commit suicide, or that she would go crazy if she must bear a child…

By making medically safe abortions legally available only to women who can pay for them, the new provision may not pass constitutional muster. A leaf may be taken from the evolving law on right to counsel in criminal cases. To give meaning to that right, the Supreme Court a generation ago ruled that the indigent defendant has a right to the assignment of counsel [*Johnson v. Zerbst,* 304 U.S. 458 (1938)].

Excerpted from SIECUS Report, Volume 6, Number 4, March, 1978.

1991
OVERTURN THE GAG RULE NOW

Debra W. Haffner

As a result of a recent U.S. Supreme Court decision, we are one step closer to the end of safe and legal abortion in the United States. We are one step closer to government-approved censorship of freedom of speech. We are one step closer to the government's abridgement of our sexual rights.

In May 1991, the U.S. Supreme Court upheld the administration's *Gag Rule* restrictions on federally funded clinics. Clients at federally funded clinics will no longer be able to receive unbiased pregnancy options counseling. A pregnant woman who asks about abortion will only be told that the clinic does not consider abortion a method of family planning. Clinicians will not be able to refer women, even if there is a medical emergency, to a facility that performs abortion.

The Court in a 5-4 ruling said that the regulations did not violate the First Amendment rights of the clinicians or the right to choose abortion. In the decision, written by Chief Justice William Rehnquist, and joined by Justices Kennedy, Scalia, Souter, and White, the Court said that the government has no obligation to pay for the exercise of constitutional rights. The Court said that women have no right to expect that they will receive comprehensive medical advice in a family planning clinic. Further, they completely ignored the fact that the regulation prohibits Title X clinics from referring their clients to sources for unbiased counseling, including their own privately funded services. We believe that this is the first time that the Court has ruled that speech can be abridged if federal funds are received.

Justice Harry Blackmun was joined in his dissent by Justices Marshal, O'Connor, and Stevens. Justice Blackmun wrote, "by manipulating the content of the doctor/patient dialogue, the regulations upheld today force each of the petitioners to be an instrument for fostering public adherence to an ideological point of view." Furthermore, he said, "In its haste to restrict the right of every woman to control her reproductive freedom and bodily integrity, the majority disregards established principles of law."

The potential short- and long-term impacts of this decision are disastrous. Censorship is being imposed on clinicians, and low-income women and teenagers are being denied their reproductive rights. Title X clinics around the country are now faced with the choice of refusing federal funds and of cutting services to low-income women, or of providing biased and incomplete information to their pregnancy clients.

It is clear to me that the landmark 1973 *Roe v. Wade* decision is on its way to being overturned. At least two state laws, Pennsylvania and Guam, are in the judicial pipeline to be heard next term. Both would give the Court the opportunity to overrule the Roe decision.

In June, the Louisiana legislature overturned Governor Buddy Roemer's veto of the most restrictive abortion law in the country. Unless there is judicial action, by the end of this summer almost all abortions in Louisiana will be illegal, with physicians and counselors facing criminal penalties. This law is also likely to provide the Supreme Court with a test case. Justice David Souter has demonstrated that he is not a supporter of reproductive rights. Justice Thurgood Marshall's resignation is surely another blow to reproductive rights. I fear that abortion will not longer be a constitutionally protected right by 1993, and that we will return to a time when women in some states were able to choose abortion, but women in most were not….

Excerpted from SIECUS Report, Volume 19, Number 5, June/July 1991.

2003
ELECTION 2002: WHAT DOES IT MEAN FOR REPRODUCTIVE AND SEXUAL HEALTH

William A. Smith

Confident in victory, Republicans have decided they are on the right track and have therefore basically re-elected their leadership in the U.S. Congress.

The November 25 issue of *The Washington Post* reported that the Bush Administration and conservative Republicans will now push their social agenda since they have regained control of the Senate.

In the aftermath of the election, Democrats began devouring each other, feeding into news stories that characterized their defeat in the mid-term election as a "disaster" and "a massive debacle." In one instance, a struggle ensued between young Democratic moderates and the party's status quo over replacing retiring minority leader Richard Gephardt (D-MO).

If the objective political observers have it right, these actions were misguided.

For example, Charlie Cook of the *Cook Political Report* has an entirely different take. Writing for the *National Journal's Congress Daily*, he used phrases like "no tidal wave" and "no seismic shift" to describe the most recent election. In summary, he said, "No wave happened in 2002, only a light breeze that was sufficient to tip a number of the closest races to Republicans."

While Cook and others may be right, the policy implications of the election for reproductive and sexual health advocates could indeed represent a tidal wave—one that threatens to engulf a woman's right to choose and to significantly restrict the resources and information available to Americans about sexual health.

THE SENATE AND CHOICE

The Democrats' one-vote margin in the Senate prior to the 2002 election did not produce a great deal of progressive legislation. In fact, some of their proposals differed little from what their Republican colleagues might have staked out. Yet, the Democratic majority did help block the most conservative of threats to reproductive rights passed by the U.S. House of Representatives.

This was obvious when the Senator Trent Lott (R-MS) went on record pledging a swift passage of the so-called partial birth abortion ban in the Senate. The legislation—an attempt to further erode the constitutionally protected rights to abortion services guaranteed by the *Roe v. Wade* decision in 1973—has not come up for a vote in the Democratically controlled Senate but was passed during the 107th session in the House. Lott is intent on delivering the slippery-slope legislation to President Bush's desk, where it is expected to quickly become law.

Legislation aside, the biggest threat to reproductive and sexual health in a new Republican-controlled Senate is the appointment of President Bush's judicial nominees. Pro-choice advocates have voiced concern about the fragile makeup of the U.S. Supreme Court for years. Given the slim 5-to-4 margin of victory in the Supreme Court's *Stenberg v. Carhart* ruling in 2000—when Nebraska's broadly worded ban on so-called partial birth abortion was struck down—and the fact that we are experiencing the longest period without a Supreme Court vacancy in over a century, there is real and genuine concern about a Bush appointee who would support a fundamental reexamination and possible overturning of the *Roe v. Wade* decision.

Lower-level courts are also at increasing risk. Senator Lott has indicated that the White House will re-nominate two anti-choice appellate court nominees defeated in the Democratically controlled Senate: Texas Supreme Court Justice Priscilla Owen and U.S. District Court Judge Charles Pickering.

The only way to stop the judicial activism of the Bush Administration lies with the Senate's ability to filibuster a nomination. Maintaining a filibuster, and thereby killing a nomination, requires only 41 members. But there is now an anti-choice majority in the Senate and the Senators with a mixed record on choice may find blocking a nominee politically unappealing…

CONCLUSION

Until Members return to their desks and take up the people's business, it is difficult to predict what will happen in the 108th Congress. Politics is always a fickle game, especially when international issues threaten to engulf all things domestic and make them disappear from the public eye.

And suppose that Charlie Cook is right and our current media-magnified perception of a massive Democratic debacle in the mid-term election is not reality? It probably matters little, if at all, because it is perception that triumphs and wins the minds of men and women.

That perception currently threatens an ideological conservative ascendance that does not bode well for reproductive and sexual health.

Excerpted from SIECUS Report, Volume 31, Number 2, December 2002/January 2003.

SIECUS' 40 MOST INFLUENTIAL MOVIES AND TELEVISION SHOWS ON SEXUALITY AND REPRODUCTIVE HEALTH

(listed alphabetically by title)

In honor of our 40th Anniversary, SIECUS staff compiled lists of the 40 most influential books, songs, and television shows/movies about sexuality and related issues. These lists were not compiled using any scientific or survey methodology. Instead they represent the books, songs, shows, and movies that consistently rose to the top in our conversations with each other and with our families and friends.

The Accused (1988)
All in the Family (1971-79)
Boys Don't Cry (1999)
Boys in the Band (1970)
The Children's Hour (1961)
The Crying Game (1992)
DeGrassi Junior High and Degrassi High (1986-91)
Ellen (1994-98)
Everything You Always Wanted to Know About Sex But Were Afraid to Ask (1972)
Fast Times at Ridgemont High (1982)
General Hospital (1963–Present)
The Golden Girls (1985-92)
The Graduate (1967)
Guess Who's Coming to Dinner (1967)
Hair (1979)
Harold and Maude (1971)
I Love Lucy (1951-57)
If These Walls Could Talk (1996)
La Cage aux Folles (1978)
Last Tango in Paris (1972)
Longtime Companion (1990)
The Mary Tyler Moore Show (1970-77)
Maude (1972-78)
Murphy Brown (1988-98)
9 and 1/2 Weeks (1996)
One Day at a Time (1975–1984)
Personal Best (1982)
Peyton Place (1957)
Philadelphia (1993)
The Postman Always Rings Twice (1946)
Queer as Folk (2000–Present)
The Rocky Horror Picture Show (1975)
Roseanne (1988-97)
Seinfeld (1990-98)
Sex and the City (1998–2004)
Soap (1977-81)
Some Like It Hot (1959)
Thelma and Louise (1991)
When Harry Met Sally (1989)
Will & Grace (1998–Present)

1974
SEXUALITY AND THE HANDICAPPED

Frederick E. Bidgood

"We can feel… We can love… We are like other people."
— Margaret, in the film *Like Other People*

…Society's general approach to the handicapped is to deny their existence. Failing that, we fund institutions and agencies to house and care for them, to keep them out of sight and out of mind. The blind, the palsied, the paraplegic, the mentally retarded, the amputee, the dwarf, the arthritic — these terms as we apply them to handicapped human beings serve to categorize, impersonalize, and dehumanize them.

Although it may be true in the abstract that handicapped individuals share in all aspects of man's humanity — that they are just "normal" as non-handicapped individuals, and that their specific disabilities or incapacities and their adjustments to them are the only differences between them and other people — the vast majority of handicapped are nevertheless denied their full humanity, are hindered from becoming fulfilled human beings by the fears, guilts, and misconceptions of society. While the details may vary with the specific individual, society has placed an added handicap on the already-handicapped person by helping to deny two basic needs: a realistic and positive identity as a sexual being, and the opportunity for sexual expression and fulfilling sexual relationships…

It is time that we stop putting "all of our efforts toward the walking," and begin dealing with the real needs of our handicapped citizens…If we are sincere in wanting to help handicapped persons to become all they are capable of becoming, to lead fulfilling lives, and to enjoy all the aspects of their God-given humanity, then we as professionals cannot evade this issue. We must invest ourselves — our talents, our knowledge, and our energies — in working for the acceptance of the fully human, fully sexual nature of handicapped people, so that some day soon Margaret and the millions of other handicapped around the world will not have to beg for acceptance, but can state proudly: "We are like other people."

Excerpted from SIECUS Report, Volume 2, Number 3, January 1974.

1986
SEXUALITY AND DISABILITY: LOOKING BACKWARD AND FORWARD

Pamela S. Boyle M.S., A.C.F.C.

…Many suggestions relating to what professionals in the field of sexuality could do to ensure the future growth of the field [sexuality and disability] were offered. Some of the suggestions are as follows:

1. We need more research in such areas as sexual abuse, pregnancy, childbirth, parenting, and sexual functioning of disabled persons.
2. We must increase the accessibility of information related to sexuality and disability for all — students and professionals, disabled, and non-disabled….Universities, hospitals, as well as public libraries should seriously consider increasing their holdings in this very important area.
3. We must find ways to decrease the isolation of people with disabilities. This isolation prevents social skills because of lack of practice. Friendships, which are the basis upon which deeper relationships are formed, may not be initiated. We must not forget that the socialization aspect of our sexuality is vital. Finding solutions to the issue of isolation isn't easy in a society filled with architectural and attitudinal barriers.
4. We must develop new treatment techniques to use in sex therapy and counseling for people who have organic impairments of their sexual functioning.
5. We must continue striving to ensure that professionals in all disciplines working with disabled people have appropriate training to increase their level of comfort about sexuality. They must become permission-givers who may not have all the answers but who know when to refer a patient/client to a professional with well-developed skills and knowledge in sexuality counseling, education, and/or therapy. If all helping professionals could do this, people with disabilities would benefit more than is imaginable.
6. We professionals who are skilled in sexuality and disability must nurture students and draw them into the field by providing internship opportunities. All of us realize that reading books can never provide the kind of education that actual one-on-one work with a client can offer. By offering these opportunities, we will increase the pool of professionals working in the field who have skills, not only good intentions.

7. We must continue networking. Cooperation between people with disabilities and service providers is essential…
8. We must continue to advocate issues of sexuality, individual needs, and basic human rights with public officials. This is especially needed in the area of mental retardation/developmental disability where the topic is all too often avoided due to fear, misunderstanding and "other priorities." We must act as advocates for this population….

Finally, and perhaps most importantly, we must remember that almost everyone becomes disabled in some way, to some degree, before they die. This fact may help us to avoid the "them" and "us" feelings that too often prevent full social and sexual integration of people within our society.

Excerpted from SIECUS Report, Volume 14, Number 4, March 1986.

2001
PARENTS AS SEXUALITY EDUCATORS FOR THEIR CHILDREN WITH DEVELOPMENTAL DISABILITIES

Michelle Ballan, M.S.W.

Historically, the sexuality of individuals with developmental disabilities has been both feared and denied. For centuries, numerous myths prevailed, alleging that people with developmental disabilities were asexual, oversexed, sexually uncontrollable, sexually animalistic, subhuman, dependent and childlike, and breeders of disability.[1]

Despite research that contradicts such myths, parents of children with developmental disabilities are still susceptible to these falsehoods. It is, therefore, not surprising that many experience anxiety regarding their children's sexual development and expression[2]…

Parental Concerns

Although parent groups frequently have been the first to advocate for sexuality education for their children with developmental disabilities[3], few parents are adequately preparing their children for the socio-sexual aspects of life.[4]

Parents of children with developmental disabilities tend to be uncertain about the appropriate management of their children's sexual development.[5] They are often concerned with their son's or daughter's autoerotic behavior, overt signs of sexuality, physical development during puberty, and genital hygiene.[6] Fears of unwanted pregnancy, STDs, and embarrassing or hurtful situations are persistent realities.[7]

Some parents of children with developmental disabilities also fear that their children will be unable to express their sexual impulses appropriately, will produce children (thereby adding unwelcome responsibilities), and will be targets of sexual abuse or exploitation.[8] Parental anxiety over sexual exploitation often results in overprotection, thus depriving children with developmental disabilities of their sexual rights and freedom.[9] To alleviate fears and anxiety, parents may suppress their children's sexuality, and thus fail to equip them with the knowledge to deal appropriately with the sexual experiences they will encounter.[10]

The problem most frequently mentioned by parents regarding sexuality education is an inability to answer questions.[11] They are also often uncertain of what children know or should know.[12] Parents fear opening a Pandora's box of problems for themselves and their children by talking.[13] They often equate learning with intentions to perform sexual activities.[14] Professionals have found that parents have confused, anxious, and ambivalent attitudes toward the sexuality of their children and that they claim both limited knowledge of sexuality and feeling of inadequacy in providing information.

Through professional guidance, support, and education, mothers and fathers can gain a clearer understanding of their sons' and daughters' sexuality. To assist parents with their roles as sexuality educators, professionals should debunk popular misconceptions about sexuality and disability, provide information on the psychosexual development of children, and address strategies to promote appropriate childhood behavior through comprehensive sexuality education…

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Excerpted from SIECUS Report, Volume 29, Number 3, February/March 2001.

SIECUS' 40 MOST INFLUENTIAL SONGS FOR SEXUALITY

(listed alphabetically by artist)

In honor of our 40th Anniversary, SIECUS staff compiled lists of the 40 most influential books, songs, and television shows/movies about sexuality and related issues. These lists were not compiled using any scientific or survey methodology Instead they represent the books, songs, shows, and movies that consistently rose to the top in our conversations with each other and with our families and friends.

- "You Shook Me" — AC/DC
- "Why Don't We Do It In the Road" — The Beatles
- "Suffragette City" — David Bowie
- "Sex Machine" — James Brown
- "Do That To Me One More Time" — Captain and Tenille
- "Light My Fire" — The Doors
- "Me and Mrs. Jones" — The Dramatics
- "Lay Lady Lay" — Bob Dylan
- "Relax" — Frankie Goes to Hollywood
- "Sisters Are Doin' It For Themselves" — Aretha Franklin/Annie Lennox
- "Let's Get It On" — Marvin Gaye
- "Foxey Lady" — Jimi Hendrix
- "Love for Sale" — Billie Holiday
- "Society's Child" — Janis Ian
- "Me and Bobby McGee" — Janis Joplin
- "Natural Woman" — Carole King
- "Lola" — The Kinks
- "Lady Marmalade" — Patty LaBelle and the Blubells
- "She Bop" — Cyndi Lauper
- "The Pill" — Loretta Lynn
- "Like A Virgin" — Madonna
- "Paradise By The Dashboard Light" — Meatloaf
- "I Want Your Sex" — George Michael
- "You Oughta Know" — Alanis Morrisette
- "Get Your Freak On" — Missy Elliot
- "Smells Like Teen Spirit" — Nirvana
- "Just A Girl" — No Doubt
- "Emily" — Laura Nyro
- "Daughter" — Pearl Jam
- "Little Red Corvette" — Prince
- "Can Anybody Find Me Somebody to Love" — Queen
- "I Am Woman" — Helen Reddy
- "Take A Walk On The Wild Side" — Lou Reed
- "Let's Spend The Night Together" — The Rolling Stones
- "Let's Talk About Sex" — Salt-N-Pepa
- "Unity" — Queen Latifah
- "Do You Think I'm Sexy" — Rod Stewart
- "Love To Love You Baby" — Donna Summer
- "What's Love Got To Do With It?" — Tina Turner
- "YMCA" — The Village People

1970

SEX EDUCATION LAWSUIT KANSAS — IMPRESSIONS AND IMPLICATIONS

Evalyn S. Gendel, M.D.

…For several months a small group of individuals calling themselves TASTE (Topekans Against Sex Training Education) had been holding public meetings aimed at discrediting sex education. Films used in the school program were their major concrete target. Ironically, the group publicly denounced such nationally accepted films as "Boy to Man" and "Girl to Woman" which they had borrowed for public viewing from the Shawnee County or the Kansas State Health Department, both of which make the films available, on loan, free of charge, to any citizen in Kansas for educational use. Their further objections in written form were circulated publicly, also through placement on car windshields in public parking lots and through door-to-door neighborhood petitions. These consisted of the by then familiar tirades against sex education as a "communist plot to demoralize youth" and against SIECUS as a major perpetrator of such a conspiracy.

Additionally, TASTE formally presented its complaints to the local school board and administration. Cooperative in hearing them, the administration stipulated in a policy ruling that parents sign permit notes for all programs in the Health Education, Growth and Development Curriculum which were interpreted as "sex education."

Subsequently the TASTE organization, not satisfied with these measures, attempted to institute a suit against the School Board. However, because the group did not meet certain legal criteria, its leader became the plaintiff as an individual, representing the "PEOPLE." As can be noted in the plaintiff's complaint … previous public TASTE anti-communist and anti-SIECUS invectives were now studiously avoided and instead, the focus was moved to broad legal issues….

Following are the Court Conclusions of Law:[1]

- "Defendant is authorized by constitutional and statutory authority to conduct programs of education in promotion of the public health, welfare and morals."
- "The program of sex education being conducted by defendant is a reasonable exercise of its constitutional and statutory authority, and is reasonably related to the promotion of public health, welfare, and morals."
- "Defendant's program of sex education does not unreasonably restrict the liberty of plaintiff, in violation of Section One of the Fourteenth Amendment to the Constitution of the United States."
- "Defendant's program of sex education is not conducted in violation of the Ninth or Tenth Amendments to the Constitution of United States or Section Twenty of the Bill of Rights of the Kansas Constitution."
- "Judgment should be for the defendant."

…Thus the court in this case, having ensured a dignified trial before the judge, nurtured both the cause of justice and the educational principle of free inquiry of the intellect.

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Excerpted from SIECUS Newsletter, Volume 6, Number 1, October, 1970.

1986

SEX EDUCATION MUST BE STOPPED!

Ann Welbourne-Moglia, Ph.D.
and Sharon R. Edwards, M.A.

Since sex education causes sexual expression — or, in the words of Phyllis Schlafly and friends, "promiscuity" — this group feels that it must be prevented at all costs. According to Schlafly, teenage sexual activity, which is encouraged by sex education and available contraception, results in "incurable VD, emotional trauma, and *a forfeiture of opportunities for a lifetime marriage to a faithful spouse and for career and economic advancement"* (*The Phyllis Schlafly Report*, June 1986; editor's emphasis). The logic, or lack thereof, of those last few effects of teenage sexual activity is most perplexing. Isn't it unwanted and unplanned pregnancy that would prevent career development and economic advancement, and then doesn't it follow that available information and contraception would prevent this result, perhaps even by encouraging the decision to delay sexual activity?

The evidence for this group's theories seems to be determined in the Meese tradition: personal opinion and projection based on personal attitude. The Netherlands, which has available birth control in the high schools, has the lowest teenage pregnancy rate in the world, along with very low rape and child sexual abuse rates. And Sweden,

where sex education has been taught in the schools since 1956, rivals the low pregnancy rate of the Netherlands (Dryfoos 1985). There has not been any evidence of a breakdown of family values in these countries, nor a lack of career development.

Researchers at Johns Hopkins University, who designed and evaluated a school-based pregnancy prevention program for inner-city high school girls found a dramatic decrease in pregnancies. And, in direct opposition to the Schlafly theory of sex education promoting "promiscuity," they also found that girls participating in the program postponed intercourse longer than non-participating girls (Alan Guttmacher Institute 1986). So as we can see, Schlafly's concern for the economic advancement of Americans is not only insincere, but also based on her personal opinion of who should be having sex when and with whom rather than on research generated from evaluation of sex education programs.

This issue of the *SIECUS Report* addresses the important need to develop and evaluate sex education programs, including curricula and teacher selection, which meet the learning needs of young people and are acceptable to parents, professionals, and communities. Never has the need for sex education been greater than now. Adolescent pregnancy, AIDS, child sexual abuse, rape, pornography, and censorship are sexual health issues in 1986 that affect all of us—children, adolescents, parents, and professionals.

One result of the concern about these issues has been increased efforts to control, limit, and eventually eliminate, through legislation, public school family life and sex education curricula, programs and materials that are viewed as threatening to young people and their parents. This effort has emerged in the form of a "parent-pupil protection act" promoted by Schlafly's group.

As we look at how to improve the frequency and quality of sex education programs, it is vitally important to be aware of and to assess the current social and political environment.

Excerpted from SIECUS Report, Volume 15, Number 2, November/December 1986.

1992
SCARED CHASTE?: FEAR-BASED EDUCATIONAL CURRICULA

Leslie M. Kantor, M.P.H.

There has been a recent proliferation of sexuality education curricula that rely upon fear and shame to discourage students from engaging in sexual behavior. Referred to as abstinence-only curricula, these programs typically omit critical information, contain medical misinformation, include sexist and anti-choice bias and often have a foundation in fundamentalist religious beliefs. These programs are in direct opposition to the goals of comprehensive sexuality education curricula, which seek to assist young people in developing a healthy understanding about their sexuality so that they can make responsible decisions throughout their lives. A number of the curricula have been developed by far-right organizations including Respect, Inc., Teen Aid, The Committee on the Status of Women in Illinois, and Concerned Women for America. The curricula are widely promoted by well-known, far-right organizations including Focus on the Family and Citizens for Excellence in Education, the action group for the National Association of Christian Educators.

Over the past year, SIECUS has documented close to 100 communities that have faced organized opposition to family life and sexuality education programs or communities that have been thwarted in their attempts to implement programs by far-right efforts within their areas. The far-right agenda extends beyond efforts to implement specific fear-based sexuality programs within the public schools. Many national far-right groups have called for fundamentalist Christians to run for government positions, particularly school board seats…

According to People for the American Way, Christians associated with the Far Right won over 30 percent of school board elections they entered this past November. The focus on abstinence is not the issue; rather, the abstinence-only curricula are problematic because of their reliance on instilling fear and shame in adolescents in order to discourage premarital sexual behavior. A number of abstinence-based programs exist that provide support for postponing sexual behavior without utilizing scare tactics to achieve that end. Fear-based programs exaggerate the negative consequences of premarital sexuality and portray sexual behavior as universally dangerous and harmful.

SIECUS believes that abstinence is a healthy choice for adolescents and that premature involvement in sexual behaviors poses risks. The SIECUS position statement on adolescent sexuality states: "Education about abstinence, alternatives to genital intercourse, sexual limit-setting, and resisting peer pressure should support adolescents in delaying sexual intercourse until they are ready for mature sexual relationships." Those adolescents who choose to postpone intercourse until after marriage also benefit from learning sexual health information during the teen years.

Recognizing the growing opposition to age-appropriate, accurate sexuality education, and the need to assist communities in their efforts to resist far-right efforts to influence public school education, SIECUS has developed a Community Advocacy Project with funding from the Ford Foundation. The objectives of the project include documenting community battles surrounding sexuality

education across the nation, offering technical assistance, analyzing fear-based curricula, creating a Community Action Kit to provide people with the tools to counter far-right challenges, and identifying curricula which will meet the needs of communities without compromising adolescents' need for effective sexuality education….

Excerpted from SIECUS Report, Volume 21, Number 2, December/January 1992-1993

2003
A CONTROVERSIAL DECADE: 10 YEARS OF TRACKING DEBATES AROUND SEXUALITY EDUCATION

Martha E. Kempner, M. A.

…What We Have Learned We cannot deny that proponents of a strict abstinence-only-until-marriage approach have had a very good decade. There has been a dramatic rise in the amount of money that both federal and state governments spend on abstinence-only-until-marriage programs; the current administration is committed to increasing funding; the media has seized on the concept of the "new virginity"; and communities have welcomed abstinence-only speakers, fear-based curricula, and chastity rallies into their schools with nary a second thought.

These successes are not based on luck, nor do they indicate that proponents of this approach have tapped into the will of the general public. In fact, when surveyed the majority of parents, educators, and voters repeatedly say they want a more comprehensive approach to sexuality education.

Opponents have been successful because they have been calling the shots and framing the debate from the beginning. Conservative far-right organizations targeted sexuality education as an arena in which they could successfully effect social change. While they initially called for sexuality education to be removed from schools on the grounds that only parents should teach young people about sex, they gradually began to shift tactics. Chastity education was born in the early 1980s and opponents of comprehensive sexuality education saw this as a way to change what young people learn. Instead of arguing for the removal of sexuality education, they began to argue for a shift in message—a tactic that was easier for many communities to accept.

The success of the abstinence-only-until-marriage movement is owed in large part to the ability of its proponents to shift tactics and try new messages. In fact, over the years they have responded to many of the criticisms against them. Early drafts of fear-based abstinence-only-until-marriage curricula were clearly religious in nature and made outrageous and dangerous suggestions like washing one's genitals with Lysol after sexual activity. In today's drafts, overt religious statements have been replaced with subtle references to spirituality and morality while blatantly false information has been replaced with mild exaggerations based on legitimate sources.

Today, their message is savvy and unified. School boards and lawmakers across the country are presented with the same requests and hear the same arguments: "Comprehensive sexuality education encourages promiscuity." "Condoms don't work." "Responsible adults know that teens should be abstinent." "The only morally acceptable approach is to tell teens to remain abstinent until they marry." These unified messages are backed by national organizations like Concerned Women for America and Focus on the Family, which continue to get involved in local debates.

These tactics have not only led to an increase in the number of communities accepting abstinence-only-until-marriage programs, they are, at least in part, responsible for the rise in federal funding supporting these programs. Such successes build on each other. The federal funding is now seen in many communities as a stamp of approval and additional schools are willing to adopt such programs with little or no thought. In addition, as the economy falters and school systems suffer from a lack of resources, fully funded programs become even more appealing. Overall, this has meant that abstinence-only-until-marriage programs are reaching more students than ever before, with much less debate…

In order to ensure that more students receive high-quality sexuality education, advocates will have to remain vigilant, create unified messages, and take proactive steps in states and communities. By initiating actions to support comprehensive sexuality education and responding strongly to attempts to restrict it, advocates can shape the issue, define the terms, tap into public support, and eventually declare victory.

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Mission

SIECUS affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information; promotes comprehensive education about sexuality; and advocates the right of individuals to make responsible sexual choices.

SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES

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