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Vermont Sexuality Education Law and Policy

The Vermont Education Code includes sexuality education as part of its comprehensive health program. This program must be taught in elementary and secondary schools.¹ The comprehensive health program has ten components which students must learn, four of which are related to sexuality:

- body structure and function, including the physical, psychosocial and psychological basis of human development, sexuality and reproduction;
- disease, such as HIV infection, other sexually transmitted diseases (STDs), as well as other communicable diseases, and the prevention of disease;
- family health and mental health, including instruction which promotes the development of responsible personal behavior involving decision -making about sexual activity including abstinence; skills which strengthen existing family ties involving communication, cooperation, and interaction between parents and students; and instruction to aid in the establishment of strong family life in the future, thereby contributing to the enrichment of the community; and
- human growth and development, including understanding the physical, emotional, and social elements of individual development and interpersonal relationships including instruction in parenting methods and styles. This shall include information regarding the possible outcomes of premature sexual activity, contraceptives, adolescent pregnancy, childbirth, adoption, and abortion.²

The *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* outline benchmarks for students to achieve throughout their education. Beginning in grade five, students are expected to learn how outside influences affect aspects of individual perception, including sexual identity.³ Following grades seven and eight, students must be able to “[i]dentify effective methods to prevent HIV, sexually transmitted infections, and pregnancy.”⁴ In grades nine through 12, students should “[d]emonstrate strategies to promote acceptance and respect for all individuals,” including those of different sexual orientation.⁵

Vermont requires the input of citizens in developing its sexuality education programs. State law mandates that “the commissioner [of education] with the approval of the state board shall establish an advisory council on comprehensive health education. ... The council shall assist the department of education in planning a program of comprehensive health education in the public schools.”⁶

Parents or guardians may remove their children from a sexuality education class if the content is in conflict with their religious beliefs.⁷ This is referred to as an “opt-out” policy.

See Vermont Statutes Annotated, Title 16 §§ 131, 132, 133, 134, and 135; *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health*; and *Sample Comprehensive HIV Policy for Schools: Pre-K-12*.

Recent Legislation

SIECUS is not aware of any proposed legislation regarding sexuality education in Vermont.

Vermont's Youth: Statistical Information of Note⁸

- In 2009, 3% of female high school students and 7% of male high school students in Vermont reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 11% of female high school students and 12% of male high school students in Vermont reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.

Vermont Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- Vermont's teen pregnancy rate ranks 50th in the U.S., with a rate of 40 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁹ There were a total of 890 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in Vermont.¹⁰
- Vermont's teen birth rate ranked 50th in the U.S. in 2005, with a rate of 18.6 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.¹¹ In 2005, there were a total of 412 live births reported to young women ages 15–19 in Vermont.¹²
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.¹³ Vermont's teen birth rate also increased between 2005 and 2006, from 18.6 to 20.8 births per 1,000 young women ages 15–19.¹⁴
- Vermont's teen abortion rate ranks 23rd in the U.S., with a rate of 13 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 295 abortions reported among young women ages 15–19 in Vermont.¹⁵

HIV and AIDS

- Vermont's AIDS rate ranks 51st in the U.S., with a rate of 1 case per 100,000 population compared to the national rate of 12.5 cases per 100,000.¹⁶
- Vermont ranks 51st in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 6 new AIDS cases reported in Vermont.¹⁷
- In 2007, there were no AIDS cases reported among young people ages 13–19 in Vermont.¹⁸

Sexually Transmitted Diseases

- Vermont ranks 50th in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 8.31 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 380 cases of Chlamydia reported among young people ages 15–19 in Vermont.¹⁹

- Vermont ranks 51st in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 0.07 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 3 cases of gonorrhea reported among young people ages 15–19 in Vermont.²⁰
- Vermont ranks 23rd in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.02 cases per 1,000 compared to the national rate of 0.04 cases per 1,000.²¹

Comprehensive Approaches to Sex Education

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Vermont public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Vermont public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

Federal Funding for Abstinence-Only-Until-Marriage Programs

Vermont did not receive abstinence-only-until-marriage funding in Fiscal Year 2009.²²

Title V Abstinence-Only-Until Marriage Funding

- Vermont chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$69,855 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state would have received three quarters of the total funding allocated for the full fiscal year.

Community-Based Abstinence Education (CBAE) Funding

- There are no CBAE grantees in Vermont.

Adolescent Family Life Act (AFLA) Funding

- There are no AFLA grantees in Vermont.

Abstinence-Only-Until-Marriage Curricula

SIECUS is not aware of any commercially available abstinence-only-until-marriage curricula used in Vermont.

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the "Curricula and Speaker Reviews" webpage of SIECUS' Community Action Kit at www.communityactionkit.org.

Adolescent Health Contact²³

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Vermont Organizations that Support Comprehensive Sexuality Education

ACLU of Vermont
137 Elm Street
Montpelier, VT 05602
Phone: (802) 223-6304
www.acluvt.org

AIDS Project of Southern Vermont
15 Grove Street
P.O. Box 1486,
Brattleboro, VT 05302
Phone: (802) 254-8263
www.aidsprojectsouthernvermont.org

Outright Vermont
241 North Winooski Avenue
McClure Mutigenerational Building
Burlington, VT 05402
Phone: (802) 865-9677
www.outrightvt.org

Planned Parenthood of Northern New
England
183 Talcott Road, Suite 101
Williston, VT 05495
Phone: (800) 287-8188
www.ppnne.org

Vermont Cares
P.O. Box 5248
Burlington, VT 05402
Phone: (800) 649-2437
www.vtcares.org

Vermont Organizations that Oppose Comprehensive Sexuality Education

Vermont Renewal
P.O. Box 1566
Rutland, VT 05701
Phone: (802) 775-6247
www.vermontrenewal.org

Vermont Right to Life Committee
P.O. Box 1079
Montpelier, VT 05601
Phone: (802) 229-4885
www.vrlc.net

Newspapers in Vermont²⁴

The Burlington Free Press
Newsroom
191 College Street
Burlington, VT 05401
Phone: (802) 660-1874
www.burlingtonfreepress.com

Rutland Herald
Newsroom
27 Wales Street
Rutland, VT 05701
Phone: (802) 747-6133
www.rutlandherald.com

St. Albans Messenger
Newsroom
281 North Main Street
Saint Albans, VT 05478
Phone: (802) 524-9771
www.samessenger.com

The Times Argus
Newsroom
540 North Main Street
Barre, VT 05641
Phone: (802) 479-0191
www.timesargus.com

Political Blogs in Vermont*Green Mountain Daily*www.greenmountaindaily.com*Kirby Mountain*www.kirbymtn.blogspot.com*The Prog Blog*www.progressiveparty.org/blog*Vermont Commons*www.vtcommons.org/blog*The Vermont Daily Briefing*www.vermontdailybriefing.com

¹ Vt. Stat. Ann. tit. 16 § 906(b)(3).

² Vt. Stat. Ann. tit. 16 §§ 131(1), (4), (5), and (8).

³ *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* (Vermont: Vermont Department of Education), accessed 15 April 2010, <http://education.vermont.gov/new/pdfdoc/pubs/grade_expectations/rtf_doc_files/health_ed/content/content_fssh.pdf>, 50.

⁴ *Ibid.*, 51.

⁵ *Ibid.*, 53.

⁶ Vt. Stat. Ann. tit. 16 §§ 132(a) and (b).

⁷ Vt. Stat. Ann. tit. 16 § 134.

⁸ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Vermont did not participate in the full 2009 YRBS.

⁹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

¹⁰ *Ibid.*, Table 3.2.

¹¹ Joyce A. Martin, et. al., “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.

¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.

¹³ Martin, et. al., “Births: Final Data for 2006,” 4.

¹⁴ *Ibid.*, Table B.

¹⁵ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.

¹⁶ *Ibid.*; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparetable.jsp?ind=513&cat=11&sub=120&yrr=62&typ=1&sort=a>>.

¹⁷ *Ibid.*, Table 16.

¹⁸ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁹ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

²⁰ *Ibid.*; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

²¹ *Ibid.*; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

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²² This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2009 began on October 1, 2008 and ended on September 30, 2009.

²³ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

²⁴ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).