



VIRGINIA

In Fiscal Year 2010¹, the state of Virginia received:

- **Title V State Abstinence Education Program funds totaling \$889,973**

In Fiscal Year 2010, local entities in Virginia received:

- **Personal Responsibility Education Innovative Strategies funds totaling \$933,907**

SEXUALITY EDUCATION LAW AND POLICY

Virginia law states that all curriculum decisions are to be left to local school boards; however, programs of instruction must meet or exceed the “requirements of the [State] Board of Education.”² Virginia gives permission for local school boards to develop family life education programs with the “goals of reducing the incidence of pregnancy and sexually transmitted diseases [STDs] and substance abuse among teenagers.”³ The state Board of Education’s family life education standards and curriculum guidelines for grades kindergarten through 12 suggest programs be age-appropriate and address:

[T]he benefits, challenges, responsibilities, and value of marriage for men, women, children, and communities; abstinence education; the value of postponing sexual activity; the benefits of adoption as a positive choice in the event of an unwanted pregnancy; human sexuality; human reproduction; dating violence, the characteristics of abusive relationships, steps to take to avoid sexual assault, and the availability of counseling and legal resources, and, in the event of such sexual assault, the importance of immediate medical attention and advice, as well as the requirements of the law; the etiology, prevention and effects of sexually transmitted diseases; and mental health education and awareness.⁴

Virginia Administrative Code also requires each local school board to place “special emphasis on the thorough evaluation of materials related to controversial or sensitive topics such as sex education, moral education, and religion.”⁵

Virginia Board of Education guidelines mandate that any school district that develops a family life education program must consult a “community involvement team, or school health advisory board” that should include:

individuals such as a person from the central office, an elementary school principal, a middle school principal, a high school principal, teachers, a school board member, parents, one or more members of the clergy, a member of the medical profession, a mental health practitioner, and others in the community.⁶

Each school board must create a summary of the family life education program available for distribution to parents and guardians for review. The law states that parents or guardians may remove their students from any class.⁷ This is referred to as an “opt-out” policy. Virginia Administrative Code also directs that parents “should be required to justify their requests.”⁸

See Virginia Code Annotated §§ 22.1-200; 22.1-207.1, 22.1-207.2, and 22.1-253.13.1; Title 8 Virginia Administrative Code §§ 20-131-50, 20-131-80, 20-131-90, 20-131-100, 20-131-170, and 20-320-10; and *Family Life Education Board of Education Guidelines and Standards of Learning for Virginia Public Schools*.

RECENT LEGISLATION

Bill Requiring Medically Accurate Family Life Education

The state Board of Education established “standards of learning” for family life education provided in schools. These curriculum guidelines state, in part, that instruction should teach abstinence until marriage and STD prevention, among other topics. Senate Bill 967, introduced in January 2011, would have required each school district to implement the Board of Education’s “standards of learning” for family life education with the goals of reducing pregnancy, sexually transmitted diseases, and substance abuse among teens. Such instruction would have been required to be medically accurate and evidence-based. The bill passed the Senate on February 2, 2011 and was referred to the House Education Committee where it died.

Instruction on Teen Dating Violence Required in Schools

Senate Bill 906, introduced in February 2011, requires all family life education curricula to include instruction on dating violence and the characteristics of an abusive relationship. These lessons must be taught once in middle school and twice in high school. The bill passed the legislature and was signed into law by Governor Bob McDonnell on March 26, 2011. The legislation went into effect on July 1, 2011.

Bill to Conduct a Study on the Fiscal Impact of Family Life Education

House Joint Resolution 556, introduced in January 2011, would have established a joint subcommittee to study the fiscal impact of changing family life education from an “opt-out” program to an “opt-in” program. The study would have had to determine the cost of family life education to each public school division, estimate how many students would choose to participate in family life if they had to opt-in, and determine how much money would be saved by the state and each school district if the switch was made to an opt-in program. The bill was sent to the House Committee on Rules where it died.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Virginia. The data collected represents the most current information available.

Virginia Youth Risk Behavior Survey (YRBS) Data

Virginia did not participate in the 2009 Youth Risk Behavioral Surveillance Survey.

Virginia Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Virginia's teen birth rate currently ranks 37th in the United States, with a rate of 33.5 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁹ In 2008 there were a total of 7,498 live births reported to young women ages 15–19 in Virginia.¹⁰
- In 2005, Virginia's teen pregnancy rate ranked 31st in the United States, with a rate of 61 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹¹ There were a total of 15,560 pregnancies among young women ages 15–19 in Virginia.¹²
- In 2005, Virginia's teen abortion rate ranked 16th in the United States, with a rate of 18 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹³

HIV and AIDS

- Virginia's HIV infection rate ranks 13th in the United States, with a rate of 15.7 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁴
- Virginia ranks 8th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 1,222 new cases of HIV infection diagnosed in Virginia.¹⁵
- Virginia's HIV infection rate among young people ages 13–19 ranks 8th in the United States, with a rate of 10.5 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁶
- Virginia ranks 15th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 634 new AIDS cases reported in Virginia.¹⁷
- Virginia's AIDS rate ranks 22nd in the United States, with a rate of 8.2 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁸
- Virginia's AIDS rate among young people ages 13–19 ranks 21st in the United States with a rate of 1.4 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁹

Sexually Transmitted Diseases

- Virginia ranks 23rd in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 19.51 cases per 1,000 which is equal to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 10,395 cases of Chlamydia reported among young people ages 15–19 in Virginia.²⁰
- Virginia ranks 17th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 5.42 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 2,890 cases of gonorrhea reported among young people ages 15–19 in Virginia.²¹

- Virginia ranks 8th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.07 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 35 cases of syphilis reported among young people ages 15–19 in Virginia.²²

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President’s Teen Pregnancy Prevention Initiative

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$110 million in discretionary funding for Fiscal Year 2010. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in Virginia.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Virginia.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Virginia.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program,

\$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- Virginia chose not to apply for PREP funds for Fiscal Year 2010.

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. The Administration for Children and Families administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in Virginia, Lighthouse Outreach, Inc., which received \$933,907 for Fiscal Year 2010.

Lighthouse Outreach, Inc., \$933,907 (2010–2014)

Lighthouse Outreach, Inc. is a non-profit, community-based organization located in Hampton, Virginia. Its “activities are designed to provide an intervention that promotes sexual abstinence until marriage among adolescents.”²³ The organization previously received federal abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. In 2007, it was awarded a five-year CBAE grant and received \$1.7 million in funding before the program was eliminated in 2010.

The organization’s PREIS grant supports its abstinence program, which “provides the foundation for personal responsibility and enduring marital commitment.” The program serves primarily African-American young people ages 10–19 in the Hampton Roads area, concentrating on areas with high rates of teenage pregnancy, sexually transmitted diseases, and poverty. It employs a “community saturation model that includes school, community- and faith-based abstinence education classes, youth development activities with out-of-school programs, abstinence education workshops for parents, community forums, rallies, an annual summit, and a media marketing campaign.”²⁴ It plans to reach 2,600 young people each year.

The program uses *Choosing the Best* curricula as well as *Possessing Your Power*. The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY* (sixth grade), *Choosing the Best PATH* (seventh grade), *Choosing the Best LIFE* (eighth grade), *Choosing the Best JOURNEY* (ninth and 10th grades), and *Choosing the Best SOULMATE* (11th and 12th grades). The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers

include “guilt, feeling scared, ruined relationships, broken emotional bonds.”²⁵ *Possessing Your Power* is an interactive, multi-media character development curriculum.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Virginia Department of Health received \$889,973 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state’s Title V abstinence-only grant program. At the time of publication, sub-grantees had not yet been determined.
- In Virginia, sub-grantees will contribute to the match through a combination of direct revenue and in-kind services.

The Virginia Department of Health will award Title V abstinence-only funding to five local health districts to provide programming to youth in community-based settings. The state’s abstinence-only program specifically targets Latino youth ages 10–14 in areas of the state with high rates of teen pregnancy. Based on these criteria, the Department of Health identified eight local health districts that are eligible to receive funding under the grant program: Alexandria, Central Shenandoah, Central Virginia, Crater, Lord Fairfax, Prince William, Rappahannock/Rapidan, and Roanoke City. Funded districts will be encouraged to collaborate with community partners to provide “evidence-informed” and culturally appropriate programming to youth.²⁶

Among other stipulations, the Virginia Title V abstinence-only program requires programming to emphasize two components of the federal A-H definition for “abstinence education:” 1) that the instruction provided “has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity,” and 2) that it “teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.” Still, instruction and program activities must remain consistent with all aspects of the A-H definition and “must not refer to abstinence as a form of contraception.”²⁷

The department of health approved seven curricula for use under the state’s abstinence-only program. Funded programs will be required to modify particular approved curricula for use to ensure that programming is consistent with the A-H guidelines. The following curricula received approval: *Adolescent Sibling Pregnancy Prevention Program*, *¡Cuidate!*, *Making a Difference!*, *Pathways-Senderos*, *Promoting Health Among Teens! (Abstinence-Only Intervention)*, *Teen Health Project*, and *Teen Outreach Program (TOP)*.

Adolescent Sibling Pregnancy Prevention Program is a positive youth development program designed for young people ages 11–17. The program teaches about sexual health and addresses such topics as abstinence and contraception. It also provides a combination of social services to youth, including individual case management, academic guidance, life-skills training, and job placement, among others. The program is appropriate for use with multiple ethnic and racial populations.²⁸

¡Cuidate! is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum

provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six, one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use, among participants.²⁹

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.³⁰

Pathways-Senderos is a positive youth development program that is culturally appropriate for use with Latino young people ages 10–18. The program is designed to teach behavioral skills development, self-efficacy, and self-esteem, and discusses sexual health topics including HIV/AIDS, human sexuality, and abstinence. *Pathways-Senderos* consists of six integrated components: academic support, career preparation, family life education, recreation and sports, health care, and “self-esteem enhancement.”³¹

Promoting Health Among Teens! (Abstinence-Only Intervention) is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.³² Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.³³ The curriculum is designed as eight, one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.³⁴

Teen Health Project is a community-level, HIV risk-reduction program designed for young people ages 12–17 living in low-income housing developments. The purpose of the program is to reduce sexual activity, increase condom use and negotiation skills, and reduce risky sexual behavior among participants. The initial component of the program consists of two, three-hour workshops focusing on HIV/STD prevention and building skills. Some participants in the workshops are then nominated to the Teen Health Project Leadership Council which meets on a weekly basis during a six-month period to implement community activities and organize HIV-prevention activities for their peers. In addition, *Teen Health Project* includes a parent component which consists of a 90-minute HIV/AIDS education workshop that provides information to parents about risk reduction and talking to their children about sexual health

VIRGINIA

issues. An evaluation of the program published in *AIDS* found, at a 12-month follow-up, that sexually inexperienced youth who participated in the program were significantly more likely to have remained abstinent; and, at an 18-month follow-up, sexually active youth who participated in the program were significantly more likely to report condom use at the time of last sexual intercourse than participants in the control group.³⁵

Teen Outreach Program (TOP) is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”³⁶ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.³⁷ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.³⁸

Virginia TPPI, PREP, and Title V Abstinence-Only funding in FY 2010

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>Personal Responsibility Education Innovatives Strategies</i>		
Lighthouse Outreach, Inc.	\$933,907	2010–2014
TOTAL	\$933,907	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Virginia Department of Health (federal grant)	\$889,973	2010
TOTAL	\$889,973	
GRAND TOTAL		
	\$1,823,880	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Virginia 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 Virginia 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.

POINTS OF CONTACT

Adolescent Health Contact³⁹

The position is currently vacant.

Title V Abstinence-Only Grant Coordinator

Joan Corder-Mabe, RNC, WHNP
Program Director
Division of Child and Family Health
Office of Family Health Services
Virginia Department of Health
109 Governor Street, Eighth Floor
Richmond, VA 23219
Phone: (804) 864-7750

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Arlington Gay and Lesbian Alliance
Arlington, VA
www.agla.org

Equality Virginia
Richmond, VA
Phone: (804) 643-4816
www.equalityvirginia.org

Planned Parenthood Advocates of Virginia
Richmond, VA
Phone: (804) 482-6134
www.ppav.org

Virginia HIV/AIDS Resource and
Consultation Center
Norfolk, VA
Phone: (757) 446-6170
www.evms.edu/evms-aids-research-center/virginia-hiv-aids-resource-and-consultation-center.html

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

American Life League
Stafford, VA
Phone: (540) 659-4171
www.all.org

The Family Foundation
Richmond, VA
Phone: (804) 343-0010
www.familyfoundation.org

MEDIA OUTLETS

Newspapers in Virginia⁴⁰

Daily Press
Newport News, VA
Phone: (757) 247-4600
www.dailypress.com

The Free Lance-Star
Fredericksburg, VA
Phone: (540) 368-5055
www.fredericksburg.com

VIRGINIA

Richmond Times-Dispatch
Richmond, VA
Phone: (804) 649-6990
www.timesdispatch.com

The News & Advance
Lynchburg, VA
Phone: (434) 385-5440
www.newsadvance.com

The Roanoke Time & World News
Roanoke, VA
Phone: (540) 981-3340
www.roanoke.com

The Virginian-Pilot
Norfolk, VA
Phone: (757) 446-2319
www.hamptonroads.com

Political Blogs in Virginia

Blue Virginia
www.bluevirginia.us

Leaving my Mark
www.leavingmymarc.com

Left of the Hill
www.leftofthehill.blogspot.com

Not Larry Sabato
www.notlarrysabato.typepad.com

The Richmonder
www.therichmonder.blogspot.com

¹ 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 2010 began on October 1, 2009 and ended on September 30, 2010.

² Va. Code Ann. § 22.1-253.13:1(c), <<http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.26.htm#26.010>>.

³ 8 Va. Admin. Code § 20-131-170, <<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-131-170>>.

⁴ Va. Code Ann. § 22.1-207.1, <<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-131-170>>.

⁵ 8 Va. Admin. Code § 20-170-10(8), <<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-207.1>>.

⁶ *Family Life Education Board of Education Guidelines and Standards of Learning for Virginia Public Schools* (Richmond, VA: Commonwealth of Virginia Department of Education, 2009), accessed 15 April 2010, <http://www.doe.virginia.gov/testing/sol/standards_docs/family_life/familylife_guidelines_standards.pdf>, 9.

⁷ Va. Code Ann. § 22.1-207.2.

⁸ 8 Va. Admin. Code § 20-170-10(9).

⁹ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

¹⁰ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

¹¹ *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.

¹² *Ibid.*, Table 3.2.

¹³ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁴ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹⁵ *Ibid.*

¹⁶ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁷ *HIV Surveillance Report, 2008*, Table 20.

¹⁸ *Ibid.*

¹⁹ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention,

July 2011), accessed 27 September 2011,

<<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

²⁰ “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.

²¹ 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.

²² 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.

²³ “Lighthouse Outreach Mission,” Lighthouse Outreach Incorporated, accessed 5 September 2011, <<http://lighthouse-outreach.org/about-us/lighthouse-mission.html>>.

²⁴ Administration for Children and Families, “Teen Pregnancy Prevention: Summary of Personal Responsibility Education Program Innovative Strategies Programs Funded in FY2010,” U.S. Department of Health and Human Services, 14 October 2010, accessed 5 September 2011, <http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm>.

²⁵ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007). Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007). For more information, see SIECUS’ review of the *Choosing the Best* series at <http://www.communityactionkit.org/curricula_reviews.html>.

²⁶ “Virginia Abstinence Education Program – State Plan,” Virginia Department of Health, accessed 29 August 2011, 10.

²⁷ Ibid., 9–11.

²⁸ Ibid., 37.

²⁹ “Cuidate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.

³⁰ “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.

³¹ “Virginia Abstinence Education Program – State Plan,” 37.

³² Ibid.

³³ “Promoting Health Among Teens! Abstinence-Only,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>>.

³⁴ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html>.

³⁵ “Teen Health Project,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=576&PageTypeID=2>>.

³⁶ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.

³⁷ Ibid, 9.

³⁸ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.

³⁹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁴⁰ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.