



**Raising Expectations in the Rockies:
Colorado's Abstinence-Only-Until Marriage Industry
and the Imperative for Real Sex Education**



**The Healthy Colorado Youth
Alliance**



Sexuality Information and Education
Council of the United States

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INTRODUCTION

The federal government's heavy investment in abstinence-only-until-marriage funding over the past few decades has promulgated a myriad of state policies, state agencies, and community-based organizations focused on promoting an abstinence-only-until-marriage ideology. The trickle-down effect of the funding for abstinence-only-until-marriage programs and the industry it created has impacted states throughout the nation, including Colorado.

Though a shift away from abstinence-only-until-marriage programs is taking place at the national and state levels, spurred by overwhelming evidence proving these programs to be ineffective, there continues to be a strong abstinence-only-until-marriage industry prospering in Colorado. Federal funding for such programs has begun to dry up in favor of more comprehensive approaches to sex education that include information about both abstinence and contraception, among other topics, at the same time that Colorado law has also moved in this direction; however, Colorado continues to see a steady stream of abstinence-only-until-marriage programming, and it will take time and additional advocacy efforts before all young people in Colorado are receiving comprehensive sexuality education.

In an effort to inform all of Colorado's residents about the colossal failure of these programs, the ongoing waste of taxpayer dollars, and the rebranding these organizations are doing in order to continue misinforming Colorado's youth, The Healthy Colorado Youth Alliance and the Sexuality Information and Education Council of the United States (SIECUS) have joined together to take a closer look at Colorado's abstinence-only-until-marriage industry and the effect it continues to have on Coloradan youth.

FEDERAL INVESTMENT IN ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS AND SEXUALITY EDUCATION

Federal Abstinence-Only-Until-Marriage Programs

Beginning in 1981 under the administration of President Ronald Reagan, the federal government increasingly put its support and money behind abstinence-only-until-marriage programs. By the year 2000 there existed three separate funding streams supporting these programs—the *Adolescent Family Life Act* (AFLA), the Title V abstinence-only-until-marriage program, and the Community-Based Abstinence Education (CBAE) grant program. Over the past three decades, the federal government has invested heavily in these programs, spending more than \$1.5 billion on them. Funding for these unproven programs grew exponentially between 1996 and 2008, particularly during the years of the George W. Bush administration, despite an overwhelming body of research proving them to be ineffective at achieving their stated goals.

Along with these funding streams the federal government developed an eight-point definition of “abstinence education.” Among other things, this definition requires programs to teach that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity” and that “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.”¹ Organizations using federal abstinence-only-until-marriage funds must comply with this federal definition. Despite this focus on marriage, the reality is that research from 2009 shows that 46% of all high-school-aged students in the United States have already had sex.² These adolescents need information about how to protect themselves from

unintended pregnancy, HIV, and other sexually transmitted infections (STIs) before they are sexually active. Even of those who are able to marry, fewer than 7% of men and 20% of women 18 to 50 years old were virgins when they were married, and only 10% of adult men and 22% of adult women report their first sexual intercourse was with their spouse.³ Today, there are more than 87 million American adults who are classified as single because they have either delayed marriage, decided to remain single, divorced, or entered into gay or lesbian partnerships.⁴ It is not reasonable to expect these adults to adhere to this “standard,” nor is it accurate to teach young people that all adults do adhere to it.

There is clear evidence that abstinence-only-until-marriage programs are not effective in stopping or even delaying teen sexual activity. Since the federal government began funding single-purpose abstinence-only-until-marriage promotion programs in the 1980s, an overwhelming body of research has developed proving these programs to be utterly ineffective. For example, a 2007 study on behalf of the Department of Health and Human Services, conducted by Mathematica Policy Research over nine years and at a cost of almost \$8 million, closely examined four programs supported by Title V abstinence-only-until-marriage dollars. Out of 700 programs, the four programs studied weren’t selected randomly—they were handpicked because they were thought to be the most promising abstinence-only-until-marriage programs being funded by the government. After following more than 2,000 teens for as long as six years, the evaluation found that none of the four programs was able to demonstrate a statistically significant beneficial impact on young people’s sexual behavior. Individuals who participated in the programs were no more likely to abstain than those who did not.⁵ As prominent researcher Dr. Doug Kirby has noted, “This was a very rigorous study with very clear results.”⁶

That same year, the National Campaign to Prevent Teen and Unplanned Pregnancy released *Emerging Answers 2007*, an authoritative and comprehensive review of research findings on the effectiveness of HIV and sex education programs. The report concludes that despite improvements in the quality and quantity of evaluation research in this field “there does not exist any strong evidence that any abstinence program delays the initiation of sex, hastens the return to abstinence, or reduces the number of sexual partners.”⁷

Abstinence-only-until-marriage programs have also been sharply criticized by leading medical professional organizations for being, by their very nature, antithetical to the principles of science and medical ethics. As a matter of federal law, abstinence-only-until-marriage programs are required to promote ideas that are scientifically questionable and withhold public health and lifesaving information, such as a full discussion of how to use condoms as protection from HIV transmission. As such, they may not credibly assert that they are “medically accurate.” It is little wonder, then, that leading health professional organizations—including the American Medical Association, the American Academy of Pediatrics, the Society of Adolescent Medicine, and the American Psychological Association—have raised serious ethical concerns about the government’s support for such programs.

In Fiscal Year 2009, federal funding for the three abstinence-only-until-marriage grant programs totaled more than \$160 million: the abstinence-only-until-marriage portion of AFLA at \$13 million, the Title V abstinence-only-until-marriage program funding at \$50 million, and the CBAE program funding at \$99 million. However, after nearly 30 years of strong support from the federal government for an abstinence-only-until-marriage approach, the administration of President Barack Obama and the U.S. Congress have ushered in a new era of evidence-based sex education in this

country and advocates briefly saw the end to all three funding streams, marking a notable shift in the federal approach to sex education and a significant win for teachers, students, parents, and sexual and reproductive health and rights advocates.

In December 2009, Congress passed the *Consolidated Appropriations Act of 2010*, which eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE grant program and the portion of AFLA that had been tied to the federal government’s eight-point definition of “abstinence education.” This bill marked the first time since 1981 that abstinence-only-until-marriage programs did not receive dedicated federal funding. The elimination of the CBAE program, in particular, has wielded a significant blow to the abstinence-only-until-marriage industry and as grantees—including those in Colorado—spend out their last dollars they will continue to remarket and rebrand their programs in order to access new federal funding streams.

While AFLA and the CBAE program were actively eliminated by Congress, the Title V abstinence-only-until-marriage program was allowed to expire. This program was originally authorized for five years, 1998–2002. After years of continuing resolutions extending the program, it was officially reauthorized in July 2008 for a 12-month extension. When that year was up on June 30, 2009, Congress deliberately took no action, thereby allowing the program to expire. At the time of its expiration in June 2009, nearly half the states, including Colorado, had rejected funding for this unsuccessful program. Of the states that refused the money at the time of the program’s end, over 80 percent did so based on the strong research and evaluations showing that abstinence-only-until-marriage efforts are ineffective. However, after its expiration, multiple attempts were made by conservative members of Congress to revive the program, and they were ultimately successful. In late fall of 2009, conservatives in Congress led by Senator Orrin Hatch (R-UT), managed to insert funding for the Title V abstinence-only-until-marriage program in Senate health care reform legislation (the *Patient Protection and Affordable Care Act*) and the language remained in the final legislation signed by President Obama. This extension equals another \$250 million for failed abstinence-only-until-marriage programs over the next five years (2010–2014). The Title V abstinence-only-until-marriage program continues to require states to provide an expensive match of three state dollars for every four federal dollars received, including in-kind matches.

The Title V abstinence-only-until-marriage program should never have been resurrected, particularly as part of the most ambitious and progressive social legislation in decades, and in a time when most young people have sex for the first time at about age 17 but do not marry until their middle or late 20s,⁸ leaving young adults at risk of unintended pregnancies, STIs, and HIV for nearly a decade. It was never about public health or even about pregnancy prevention—the creators of the program were clear, it “was intended to align Congress with the social tradition . . . that sex should be confined to married couples”⁹—and Colorado needs to ensure that these ideologically driven funds do not come back into the state.

Federal Funding for Comprehensive Approaches to Sex Education

Every major medical and public health organization in this country and around the globe agrees that abstinence-only-until-marriage programs are not best for young people.¹⁰ Instead, following the evidence of what works, they believe in the importance of providing comprehensive sexuality education. Beginning in 2009, the federal government finally began heeding the evidence and the urgings of the nation’s leading medical and public health organizations, parents, and advocates, and dedicated funding for more comprehensive approaches to sex education through two separate

funding streams—the President’s Teen Pregnancy Prevention Initiative and the Personal Responsibility Education Program—totaling nearly \$190 million.

With the advent of the Obama administration, new federal funding streams supporting more comprehensive approaches to sex education have also been created. Along with eliminating CBAE and AFLA funding for abstinence-only-until-marriage programs, the *Consolidated Appropriations Act of 2010* dedicated \$114.5 million to a new grant program, the President’s Teen Pregnancy Prevention Initiative. The new initiative grants funding directly to public and private entities to implement medically accurate and age-appropriate evidence-based programs or innovative approaches that will effectively “reduce teenage pregnancy [and] behavioral risk factors underlying teenage pregnancy.”¹¹

While recent health care reform legislation, the *Patient Protection and Affordable Care Act* (P.L. 111-148), included an extension of the failed Title V abstinence-only-until-marriage program, it also created the Personal Responsibility Education Program (PREP), which will offer individual states grants for comprehensive sex education programs that provide young people with complete, medically accurate, and age-appropriate sex education in order to help them reduce their risk of unintended pregnancy, HIV/AIDS, and other STIs. Programs funded by PREP are also required to foster the development of life skills so that young people can make informed decisions and lead safe and healthy lives. The program totals \$75 million per year in mandatory funding for Fiscal Years 2010–2014. Drafters of the legislation were careful to define key terms in the legislation—such as “age appropriate” and “medically accurate and complete”¹²—with the hope that programs funded under this legislation would not fall prey to the same misinformation and misuse of taxpayer dollars as federally funded abstinence-only-until-marriage programs. PREP also includes much-needed funding dedicated to tribes and tribal organizations, research and evaluation, and innovative approaches; it is the first-ever dedicated funding stream for comprehensive sex education, and will support efforts by states to provide their young people with real sex education. Colorado is eligible to receive almost \$800,000 for Fiscal Years 2010 and 2011, which would help create the infrastructure necessary to institutionalize comprehensive sex education throughout the state.¹³

THE STATUS OF SEXUALITY EDUCATION AND ADOLESCENT HEALTH IN COLORADO

Sex Education Laws and Policies in Colorado

The creation of federal funding streams supporting more comprehensive approaches to sex education reflects the recent shift that has taken place at the state level to prioritize the sexual health of young people with strategies and approaches that rely on sound science instead of ideologically held beliefs. Over the past few years, a growing number of states have shifted away from an abstinence-only-until-marriage approach to sex education and toward a more comprehensive approach. Since 2005, an increasing number of states have rejected federal funding for such programs and enacted legislation to strengthen stipulations for sex education provided in public schools by instituting requirements that instruction be science-based, medically accurate, and age appropriate. Colorado policy reflects this trend. In 2007, the state rejected Title V abstinence-only-until-marriage federal funding and has since remained out of the program. In May of the same year, after receiving bipartisan support from the Colorado state legislature, Governor Bill Ritter signed into law *House Bill 1292* (HB07-1292), which established science-based content standards for sex education provided in public schools, family resource centers, and teen pregnancy prevention programs, and set minimum requirements for curriculum used to teach human sexuality by school districts. Previous Colorado law did not specify requirements for sex education.

While Colorado schools are not required to teach sexuality, pregnancy, or HIV- or STI-prevention education, districts can decide whether to teach such instruction and may address the subject in preschool through 12th grade. With the passage of HB07-1292, Colorado law states that when offered, sexuality education classes must emphasize abstinence as “the only certain way and the most effective way to avoid pregnancy and sexually transmitted diseases” and must use curricula that are science-based, age-appropriate, culturally relevant, medically accurate, and discuss contraception, including emergency contraception (EC).¹⁴ Additional requirements state that instruction must:

- Encourage parental involvement and family communication.
- Provide instruction on STIs, including but not limited to, HIV and AIDS, Hepatitis C, the link between the Human Papillomavirus (HPV) and cervical cancer, and the availability of the HPV vaccine.
- Include instruction to help students develop skills for making responsible and healthy decisions about human sexuality, personal power, boundary setting, and resisting peer pressure.
- Include discussion of how alcohol and drug use impairs responsible and healthy decision making.
- Provide instruction on the health benefits and potential side effects of using contraceptives and barrier methods to prevent pregnancy.¹⁵

The Colorado Department of Education is charged with providing guidelines as to the length of courses, the subjects included, and the manner in which these subjects are addressed. The department is also charged with providing guidelines on teacher training in sexuality education that include information about high-risk behaviors. Parents or guardians must be notified if a sexuality education course is taught and given an opportunity to review the curriculum, and may remove their children from sexuality education or STI-/HIV-education classes by sending written notice to the school.¹⁶ This is referred to as an “opt-out” policy. Some school districts, however, have an “opt-in” policy that requires school officials to receive “prior written approval from a parent or guardian before his or her child may participate in any program discussing or teaching sexuality and human reproduction” if they receive funding from the Colorado Department of Education through the Colorado Comprehensive Health Education Act of 1990.¹⁷

Since the passage of HB07-1292, the state has continued to make strides to improve the sex education provided in public schools. In 2009 the Colorado State Board of Education developed the state’s first-ever health education standards. These standards establish learning expectations for topics related to human sexuality, growth and development, reproduction, and sexually transmitted diseases, including HIV. However, fewer Colorado high school students report receiving HIV/AIDS instruction in school than students nationwide. In the 2009 Youth Risk Behavior Surveillance Survey conducted by the Centers for Disease Control and Prevention, only 82 percent of high school students in Colorado report having been taught about HIV/AIDS in school, while 87 percent of high school students across the country report having received such information.¹⁸ Within the state, more work still needs to be done to provide sexuality education, including instruction on disease prevention, to Colorado youth.

Individual school districts have also begun to implement more comprehensive human sexuality instruction into their health education programs. In fact, the Poudre School District first implemented a 10-lesson comprehensive sex education program for high school students in 2005

and does not allow guest speakers on the topic. In 2008 the Thompson School District developed an advisory board consisting of school administrators and teachers to update and revise the seventh grade human sexuality curriculum. The board approved the revised curriculum in 2009, but the district still utilizes materials and guest speakers from a crisis pregnancy center. The St. Vrain Valley School District also revised its sex education policy in response to community efforts to improve sex education in the schools, but the district still uses materials and guest speakers from abstinence-only programs. Throughout Colorado, local health departments and community-based organizations are also working to assist and support local school districts in implementing comprehensive sexuality education curricula consistent with HB07-1292. As administrators and teachers change, consistent support and follow up is necessary to ensure continuity of comprehensive curricula.

Most recently, in June 2010, the Denver Public Schools Board of Education unanimously passed a resolution stressing the importance of providing comprehensive sexuality education throughout the entire district. The *Resolution Concerning Colorado Adolescent Sexual and Reproductive Health* identifies the lasting impact education has on lifetime decision making and community wellness as one reason to provide comprehensive sexuality education in public schools and states the positive impact such education can have on “youth delaying sexual activity until they are ready, avoiding unwanted consequences of sexual behavior, learning medically accurate information about their health, and promoting positive messages concerning growth, development, body image, gender roles, and all aspects related to healthy relationships and sexual behavior.”¹⁹ It also advocates for the Denver Public Schools and other organizations to seek out federal support—financial and otherwise—to implement comprehensive sexuality education goals and names community partnerships as essential in implementing those goals. Finally, the resolution acknowledges the right of parents to make health-related decisions for their children.²⁰

Adolescent Health in Colorado

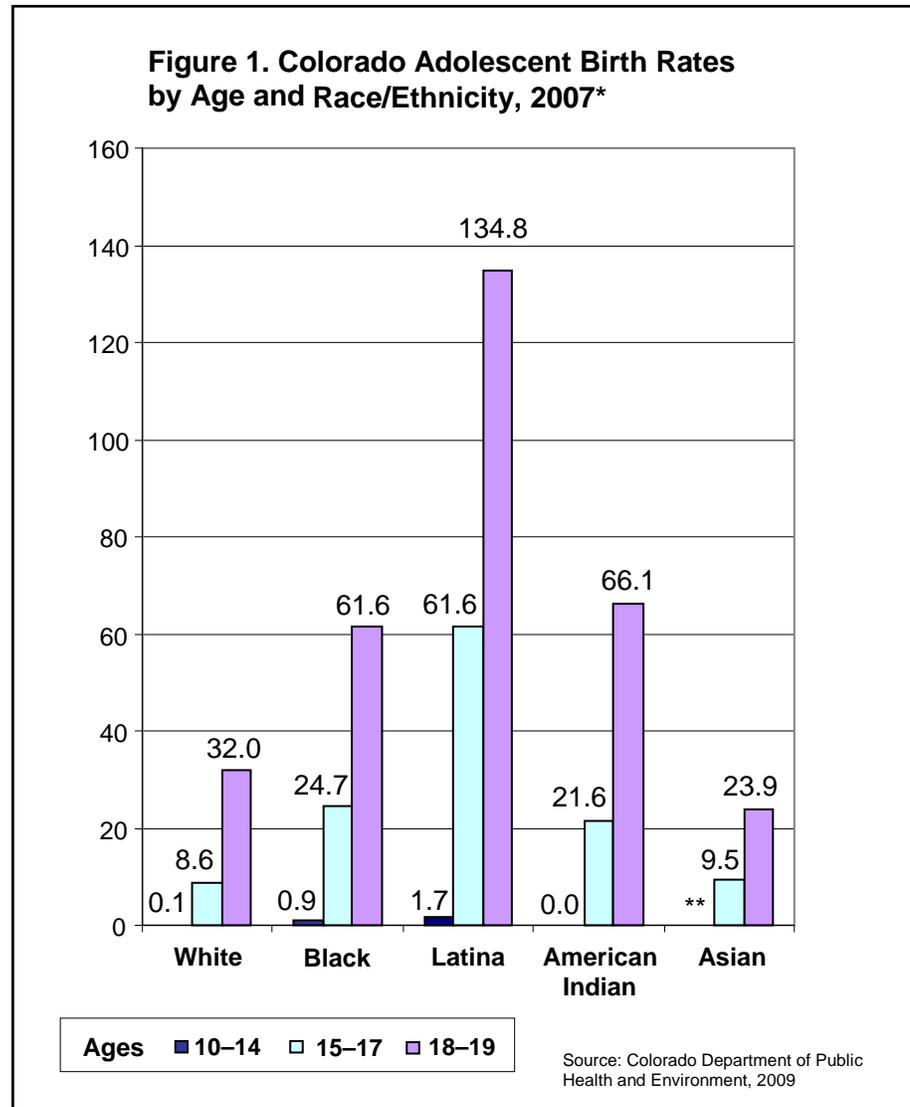
While poor sexual health outcomes are not exceptionally high among Colorado youth, neither are they exceptionally low; the state can and must do more to improve the health and safety of its youth. In comparison to adolescents across the country, young people in Colorado experience median rates of unintended teen pregnancy and sexually transmitted diseases, including HIV. In 2006, the United States teen birth rate among young women ages 15–19 increased for the first time in 15 years by three percent from 40.5 to 41.9 births per 1,000 young women after having steadily declined between 1991 and 2005.²¹ In 2005, Colorado’s teen birth rate ranked 20th in the United States, with a rate of 42.6 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.²² Colorado’s teen birth rate also increased between 2005 and 2006, from 42.6 to 43.8 births per 1,000 young women ages 15–19.²³ While the U.S. teen birth rate continued to increase between 2006 and 2007, Colorado’s teen birth rate leveled out; however, the teen birth rates of some individual counties did experience increases, including Adams, Denver, El Paso, Pueblo, and Weld Counties—five of the state’s ten most populous counties. Since 2001 there have been nearly 48,500 births to teen mothers in the state.²⁴ In the United States, parenting is a primary reason for school dropout among young women, signifying the desperate need for expansion of accessible services to these young families.²⁵

HIV and other STIs also impact young people in Colorado. Out of the 34 states with confidential, name-based HIV infection reporting, Colorado ranks 19th in cases of HIV/AIDS diagnosed among young people ages 13–19. In 2007, the most recent year for which data is available, there were a total of 17 young people ages 13–19 diagnosed with HIV/AIDS in Colorado.²⁶ Young people in Denver are particularly impacted by HIV infection. In 2007 Denver County had an HIV infection rate of

14.0 per 100,000 young people ages 15–19—the highest rate out of the seventeen Colorado counties comprising the Front Range Urban Corridor geographic region, including Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, El Paso, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, Teller, and Weld counties.²⁷ The state’s rate of Chlamydia and gonorrhea among young people are similar to the rates of HIV. Colorado ranks 24th in reported cases of Chlamydia among young people ages 15–19 in the United States and ranks 35th in reported cases of gonorrhea among the same age group. In 2008, there were a total of 6,103 cases of Chlamydia and 931 cases of gonorrhea reported among young people ages 15–19 in Colorado.²⁸

Some Colorado youth populations are disproportionately impacted by high rates of teen birth and STIs even though sexual activity is relatively consistent among all ethnic groups. In 2007, the state’s highest rates of teen birth were among young black and Latina women. Reported cases of Chlamydia and gonorrhea are also higher among black and Latino youth. In 2007, the highest percentage of Chlamydia infection among young people ages 10–19 in Colorado was among Latino youth, and the highest percentage of gonorrhea infection among young people of the same age group was among black youth.²⁹ Culturally relevant comprehensive sexuality education provided in public schools and communities as well as comprehensive sexual health services are

needed to address the sexual and reproductive health needs all of Colorado’s young people. As well, comprehensive sexuality education is one foundational piece of the puzzle needed in Colorado to combat health disparities among underserved populations. Such instruction must provide young people with the tools and skills to make informed decisions about their sexual health, such as



*Special thanks to Colorado Youth Matter for permission to adapt its graph design.

**Number of births is fewer than three and held confidential; therefore rate is not calculated.

delaying sexual activity and childbearing until they are ready, and must also address young people's sexual and reproductive rights, including their right to parent with dignity, to an education and career opportunities, and to their individual desires and goals in forming the relationships and families they choose.

Methodology of the Report

Despite gains made at the state level and the work of local schools to implement sexuality instruction consistent with the recent law, abstinence-only-until-marriage programs are still prevalent in the state; and providers of these programs continue to operate and maintain relationships with local school districts. In the face of the state's changing political climate and even the elimination of federal community-based grants for abstinence-only-until-marriage programs, these organizations have rebranded themselves in order to continue providing programming across the state, particularly in public schools.

This report focuses on the programming and curricula administered by the state's four former-CBAE grantees, which each received funding in fiscal year 2009—the last year for which CBAE funding was disbursed—totaling more than \$2.2 million. These organizations—Friends First (\$599,939), Life Network (\$402,700), WAIT (Why Am I Tempted?) Training (\$599,450), and the YMCA of Pueblo (\$599,600)—are the major abstinence-only-until-marriage organizations operating in Colorado. The majority of these organizations have relied on significant federal funding to support their operations for a number of years, and several have received multiple abstinence-only-until-marriage grant awards from federal funding streams. In fact, Friends First is also a former AFLA grantee and received \$497,284 in AFLA funding for abstinence-only-until-marriage programs in addition to its CBAE grant for fiscal year 2009. In addition to Friends First, Colorado had one other AFLA grantee, Colorado State University, which was previously awarded two separate AFLA grants. Together the grants provided the university with more than \$1.1 million in funding for abstinence-only-until-marriage programs in Fiscal Year 2009 (see Table 1).

The CBAE program was designed to be the most restrictive of the three federal abstinence-only-until-marriage grant programs. From its inception, programs funded under the CBAE grant were required to teach all eight points in the federal statutory definition of “abstinence education.” Indeed, the guidance released for the grant program in 2006 stated that grantees could not provide program participants with positive information about contraception or safer-sex practices, even in other settings and with non-CBAE funds. The guidelines also broadened the definition of abstinence from avoiding sexual intercourse to abstaining from all “sexual activity,” which “refers to any type of genital contact or sexual stimulation between two persons, including, but not limited to sexual intercourse.”³⁰ Over the years the program has remained just as stringent, requiring grantees to deliver a biased and ideological message promoting marriage and disparaging the use of condoms and contraception as well as safer-sex practices—the least of which through omission of such topics from program activities and discussion. By law, programs funded under the CBAE grant are prohibited from providing young people with objective and complete information about sex and sexual health practices. Thus, programs supported by such funding are wholly inadequate in their inclusivity and sensitivity to all youth—in particular, those who are lesbian, gay, bisexual, transgender, and questioning (LGBTQ)—and by their very nature leave all young people ill-equipped to make informed and healthy decisions.

Table 1. Former Colorado Abstinence-Only-Until-Marriage Grantees*

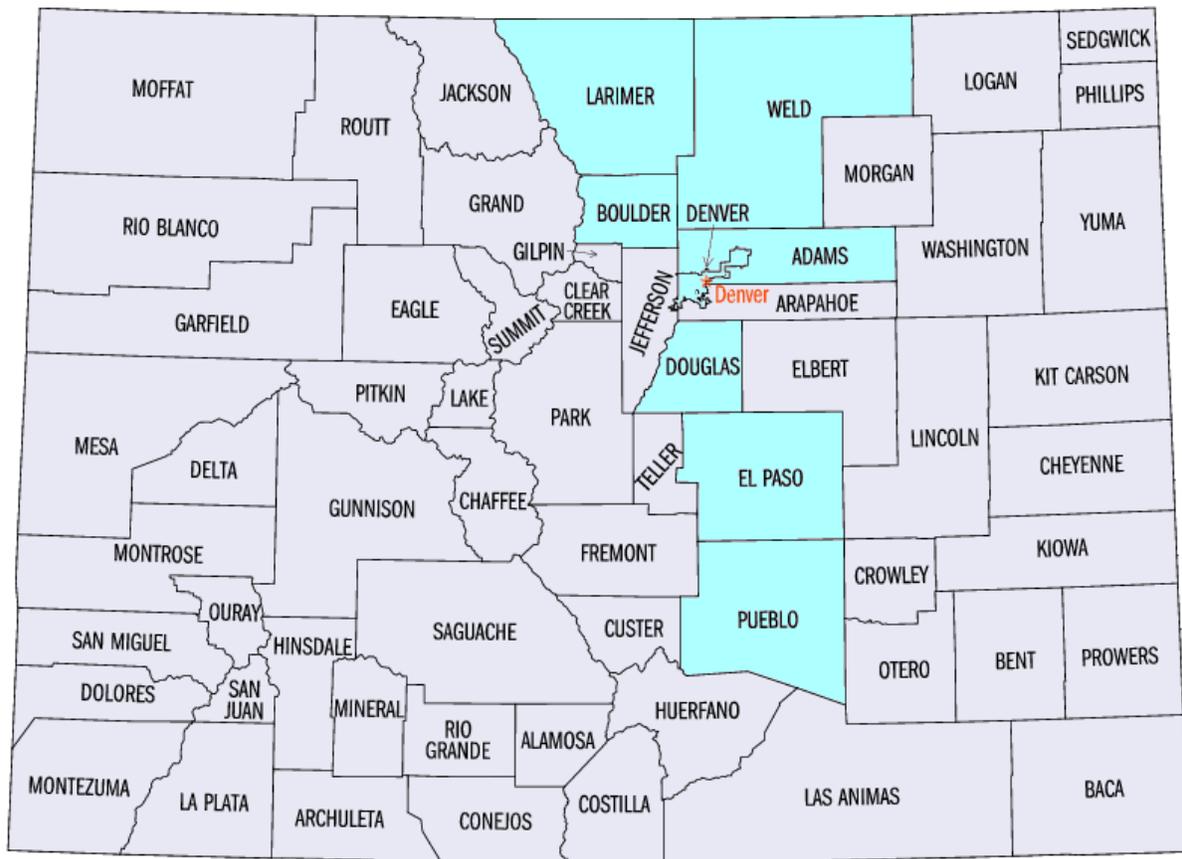
Abstinence-Only-Until-Marriage Grantee	CBAE (Grant Years)	AFLA (Grant Years)
Colorado State University— Cooperative Extension		\$410,843 (2007–2012)
Colorado State University— Fort Collins		\$700,000 (2008–2013)
Friends First	\$599,939 (2008–2013)	\$414,800 (2007–2012)
Life Network	\$402,700 (2008–2013)	
WAIT Training	\$599,450 (2006–2011)	
YMCA of Pueblo	\$599,600 (2008–2013)	

Note: *Table depicts organizations in Colorado that were recipients of CBAE and AFLA federal abstinence-only-until-marriage funds at the time that the grant programs were ended through the Fiscal Year 2010 appropriations process. The grant years listed reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009—the last year for which funding was disbursed.

While federal funding for the CBAE program was completely eliminated by the *Consolidated Appropriations Act of 2010*, grantees have up to two years—until September 30, 2011—to spend disbursed funds. Furthermore, these organizations have strong ties to other abstinence-only-until-marriage curricula providers and extreme conservative political and religious groups that help to sustain their programs. Most of all, due to the relationships they have fostered within certain communities and school districts, their programs are relied upon by teachers and continue to be administered in Colorado classrooms—despite being inconsistent with the state’s sex education policy.

While their activity is not limited to specific counties, these four former-CBAE grantees focus their programming in Colorado’s nine most populous counties, all located in the state’s central valley region to the east of the Rocky Mountain range. These counties are Adams, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, and Weld and, while each county has its own unique outlook, they represent some of the most ethnically diverse areas of the state. They are also demographically similar, with large youth populations relative to other regions of the state, and represent areas of the state most impacted by unintended teenage pregnancy and STIs.

Figure 2. Map of Colorado Counties Targeted by Abstinence-Only-until-Marriage Providers



In an effort to raise awareness on the issue, this report aims to inform local advocates, community members, parents, youth, and school administrators of the ineffective programs provided to young people by the state’s prominent abstinence-only-until-marriage program providers. Through information gathered from the four CBAE-funded organizations and annual reports obtained through a Freedom of Information Act request, as well as additional on-the-ground research, this report provides an in-depth look at the program and curricula used by these organizations, their partnerships with other ultraconservative groups, and the communities, school districts, and populations they target. What is made clear by the report is that these organizations promulgate an extreme religious, conservative, and ideologically driven agenda through their abstinence-only-until-marriage programs. These programs do not provide young people with full and complete sexual health information—nor are they intended to do so—but instead aim to promote one specific set of social values. These ideologically held beliefs honor the sanctity of marriage to the exclusion of diverse unions and family formations. The promotion of one set of social values based on religious belief is not appropriate in a public school setting—where many of these programs are administered. In addition, messages contained in abstinence-only-until-marriage programs typically rely on fear- and shame-based messages to convince young people to remain abstinent. These messages condemn

sexual activity outside of marriage and disparage the use of condoms and contraception. Such instruction is harmful to young people and contradicts public health knowledge of effective prevention methods for unintended pregnancy and STIs. These abstinence-only-until-marriage program providers fail to provide sexuality education that is comprehensive, objective, and appropriate for all young people and that empowers youth to make informed decisions and practice safe and healthy behavior.

In recent years, Colorado has shown an increased dedication to improving the lives of its young people through ensuring that sex education provided in schools is comprehensive. In particular, The Healthy Colorado Youth Alliance is a nonpartisan, nonprofit coalition of organizations and individuals who support positive health and academic outcomes for all youth through access to science-based, comprehensive, medically accurate, culturally sensitive, and age-appropriate sexuality education.

In addition to organizations like The Alliance, local advocates, parents, youth, and school administrators must continue to take responsibility in supporting the work of schools that do provide comprehensive approaches to sex education and remain vigilant against abstinence-only-until-marriage programs, which do not adequately address the needs of all young people. This report identifies the ineffective activities of Colorado's most prominent abstinence-only-until-marriage program providers in an effort to inform concerned Coloradans of the tactics employed by these ultraconservative groups as well as providing recommendations on how to combat efforts to undermine the provision of comprehensive sexuality education and support healthy youth development.

ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS AND THEIR PROVIDERS IN COLORADO

The Web of Abstinence-Only-Until-Marriage Program Providers

Many abstinence-only-until-marriage curricula providers in Colorado have long histories of working closely with one another and also have ties to larger ultraconservative national organizations. The four former-CBAE grantees—WAIT Training, Friends First, the YMCA of Pueblo, and Life Network—are immensely interconnected, appearing in one another's CBAE grant applications through memorandums of understanding or letters of support. In addition to their collective statewide presence, these four organizations also have ties to national organizations with extreme political views, including Focus on the Family, which also is based in Colorado.

WAIT Training, one of the main providers of abstinence-only-until-marriage curricula in the United States, is based in the metro Denver area and operates in more than 25 counties and 50 communities statewide. This nonprofit organization began in 1992 and provides abstinence-only-until-marriage programming and curricula with the intent to “instill the skills and character needed to prepare individuals for a faithful, lifelong and mutually satisfying relationship in marriage.”³¹

WAIT Training operates the “Healthy Futures, Healthy Families” abstinence-only-until-marriage program, which targets African American youth, Latino/a youth, and youth in rural areas of Colorado. The program follows a “Community Saturation Model” that involves community stakeholders, parents, teachers, and schools in efforts to promote abstinence-only-until-marriage for youth. Through “Healthy Futures, Healthy Families,” WAIT Training partners with school districts

and community-based organizations, including HIV-prevention organizations, faith-based organizations, community health clinics, and hospitals, to disseminate its abstinence-only-until-marriage curricula.³² In fact, WAIT Training distributes its curriculum to the YMCA of Pueblo to use in the organization's programming. The Pueblo YMCA is also a CBAE grantee and operates two abstinence-only-until-marriage programs in partnership with the Pueblo Youth Project (PYP).

A local nonprofit organization, PYP aims to teach youth how to “abstain from high-risk activities,” which include sex before marriage.³³ The YMCA of Pueblo's CBAE application states that for over six years, they have been collaborating with the PYP to address the “adolescent pregnancy problem” in Pueblo County by providing abstinence-only-until-marriage programming to middle school and high school students.³⁴

Friends First, based in Littleton, Colorado, is another national abstinence-only-until-marriage program provider. The organization was founded in 1993 to address the increasing trend of “out-of-wedlock childbearing and incidence of births to teen mothers.” The organization's initial programming focused on mentoring youth and encouraging them to delay the onset of sexual behavior. Friends First now serves as a national resource in training for other abstinence-only-until-marriage curricula providers, and a former board member of Friends First worked with WAIT Training to develop the first *WAIT Training* curriculum in the 1990s. During the 2008–2009 project period of its CBAE grant, Friends First contracted with the Northeast Church of Christ in Denver to offer the *STARS* (Students Teaching about Relationships and Success) Mentoring Program to high school and middle school students.³⁵

Life Network, also a prominent abstinence-only-until-marriage provider in Colorado, is a faith-based organization with clear religious objectives. The organization describes itself as a “sanctity of human life ministry that impacts and transforms people with the love of Christ.”³⁶ In its mission statement, Life Network states that it “exists to enforce the value placed on human life by our Creator, from conception to natural death.”³⁷ The organization has provided abstinence-only-until-marriage programming in Colorado public schools for the past 18 years through its subsidiary, Education for a Lifetime. In addition to operating Education for a Lifetime, Life Network also runs two crisis pregnancy centers in Colorado: the Colorado Springs Pregnancy Center and the Old Colorado City Pregnancy Center. Crisis pregnancy centers typically advertise as providing medical services and then use anti-abortion propaganda, misinformation, and fear- and shame-based tactics to dissuade women facing an unintended pregnancy from exercising their right to choose. Together, the Colorado Springs Pregnancy Center and the Old Colorado City Pregnancy Center operate an organization called Bridges of Hope, a group for people experiencing the “pain of abortion.”³⁸ This organization furthers their message of fear and shame around issues of abortion and reproductive choice under the guise of treating “post-abortion syndrome,” which is not recognized as a legitimate medical condition by either the American Psychological Association or the American Psychiatric Association;³⁹ while anti-choice advocates assert the existence of the condition—characterized as “severe long-term emotional harm caused by abortion”—and claim that it occurs frequently, research shows that significant psychological stress after an abortion is no more common than after childbirth.⁴⁰ Nevertheless, crisis pregnancy centers such as Bridges of Hope continue their attempts to scare women out of exercising their right to choose an abortion by providing false and misleading information about the mental health effects of the procedure, referring to studies that have been found to have severe methodological flaws or citing anecdotal evidence of “post-abortion syndrome.”

Life Network’s funding—and, by extension, Education for a Lifetime’s funding—comes from several local sources such as Christian radio stations, as well as from the national, far-right organization Focus on the Family,⁴¹ which promotes marriage and abstinence-only-until-marriage programs and is a longtime opponent of comprehensive sexuality education. Its mission is “[t]o cooperate with the Holy Spirit in sharing the Gospel of Jesus Christ with as many people as possible by nurturing and defending the God-ordained institution of the family and promoting biblical truths worldwide.”⁴² Focus on the Family began in 1977 with their increasing concern for the American family and has since become an internationally known organization with “firm beliefs about both the Christian faith and the importance of the family.” Its ministry is based upon six guiding principles, one being the belief that “sexuality is a glorious gift from God to be offered back to Him either in marriage for procreation, union and mutual delight or in celibacy for undivided devotion to Christ.”⁴³

The collaborative efforts of abstinence-only-until-marriage program providers often take place through partnerships with local and national organizations, and these connections are also found when these providers are in need of evaluations for their programs. For example, Friends First had an evaluation completed by Z. Harry Piotrowski of Inquiry through Measurement, Evaluation, and Statistical Analysis Services, an organization that has similar contractual agreements with several other abstinence-only-until-marriage programs and crisis pregnancy centers, and develops their evaluations with the guidance of Stan Weed of the Institute for Research and Evaluation.⁴⁴

Stan Weed is an abstinence-only-until-marriage program evaluator. By his own words, Weed has spent more than 20 years working on these issues, interviewed more than 500,000 teens, and studied more than 100 abstinence-only programs. Yet, of all the evaluations Weed has conducted claiming the efficacy of such programs, only one has been published in a peer-reviewed journal. Weed was also the only witness at an April 2008 Committee on Oversight and Government Reform hearing to investigate the effectiveness of federally funded abstinence-only-until-marriage programs who defended the government’s continued investment in them. The hearing’s other witnesses, who included the president of the Institutes of Medicine and the chair of the Committee on Adolescence at the American Academy of Pediatrics, called for an end to federal funding for the programs and said that funds should instead be spent on comprehensive sexuality education that has been proven to be effective. During the hearing, despite Weed’s insistence that abstinence-only-until-marriage programs should continue to be federally funded, he admitted that they have not, up to this point, “done abstinence well” and repeatedly backed away from the legislatively mandated abstinence-only-until-marriage approach and instead said programs should be “abstinence-centered.”⁴⁵

Targeted Populations of Abstinence-Only-Until-Marriage Programs

Upon examination of the abstinence-only-until-marriage programs provided to Colorado’s youth, there are apparent distinguishing characteristics among them. One common practice is the targeting of specific populations deemed by program providers to be “at-risk,” including Latino/a students, teen parents, low-income youth, and single-parent families. For example, the YMCA of Pueblo and Pueblo Youth Project target Latino/a youth in Pueblo County through a program called Healthy Relationships 7-9-11. This program was developed through a collaboration between the Pueblo YMCA and PYP to provide the WAIT Training abstinence-only-until-marriage curriculum to seventh-, ninth-, and 11th grade students in Pueblo County’s School Districts 60 and 70.⁴⁶ In its CBAE grant application, the YMCA of Pueblo explains that this program addresses the “unique cultural and environmental needs of our community.”⁴⁷

The YMCA of Pueblo and Pueblo Youth Project also conduct a Quinceañera Program, which is intended to “target the Hispanic females of Pueblo County ages 12–17” through local Catholic churches.⁴⁸ The program works to “reinforce the traditional quinceañera [sic] values of purity and virginity until marriage” and encourages parents and their daughters to set expectations and boundaries for dating. As the Pueblo YMCA states in its grant application, “Since 75.9% of teen births in Pueblo County are to Hispanic females ages 13–17, we feel this program is vital in helping reduce teen pregnancies in the Hispanic community by building healthy relationships between Hispanic females and their parents/guardians.”⁴⁹

At the end of the course there is a graduation ceremony at which each girl pledges her commitment to abstinence until marriage in front of her family, friends, and peers and is presented with a purity ring “as a reminder of her promise to save her virginity for her future husband.”⁵⁰ Friends First operates a similar Quinceañera program “to address the specific needs of the Hispanic community.”⁵¹ Such programs undermine and remake a cultural tradition of Latino communities in order to further an ideologically driven mission. While the purpose of the Quinceañera is to mark a rite of passage for young women, particularly in the context of church and family, a “virginity pledge” has not been a traditional element of the ritual. Research has found that virginity pledges are at best ineffective, if not harmful. While under certain circumstances virginity pledges can help a select group of young people delay intercourse, pledges taken by an entire class as part of a lesson have not been found to be effective. Moreover, even when they work, pledges only help young people delay intercourse for approximately 18 months (far short of marriage). Research has also found that young people who took a pledge were one-third less likely to use contraception when they did become sexually active than their peers who did not pledge. Far from providing a solution to the complex problems of unintended pregnancy and disease transmission, these pledges undermine the use of contraception among teens, potentially exposing them to greater harm.⁵²

In addition to targeting the Latino community, the YMCA of Pueblo and Pueblo Youth Project also chose to focus on teen mothers through a partnership with A Caring Pregnancy Center, a local crisis pregnancy center. Using the WAIT Training curriculum, these organizations partnered together to provide “a 12-hour dose of abstinence education [to] single teen moms” in order to encourage them to practice a “secondary abstinence” for the purpose of avoiding additional out-of-wedlock pregnancies. A Caring Pregnancy Center was later able to secure its own funding to continue the program without support from the YMCA of Pueblo and PYP. The Pueblo YMCA and Pueblo Youth Project then shifted their efforts to focus on teen outreach during summer vacation.⁵³

When specific youth populations are targeted by abstinence-only-until-marriage programming, they are being unfairly characterized as the “problem,” the cause of society’s ills, and therefore the ones most in need of reform. These stereotypes are inherent in some programming targeted toward youth populations labeled “high- risk,” which further stigmatizes underserved populations. Effective sex education programs must acknowledge the underlying social, political, and economic factors that contribute to higher rates of unintended pregnancy and STIs among certain demographics as well as utilize culturally relevant curricula to meet the needs of specific youth populations.

Another example of targeting “high-risk” populations comes from Friends First, whose programming serves in part to address the “broken nature” of single-parent homes. In its grant application, Friends First refers to the “low rate of functional families” as a potential barrier to the proposed education program, further explaining that many of the students the organization works with come from “single-parent, never married families.”⁵⁴ Despite this stated sensitivity to students

from single-parent families, the program focuses its message on the “negative consequences to children born out of wedlock”⁵⁵ and upholds the notion that abstinence until marriage is a panacea that will bring “freedom from broken relationships,”⁵⁶ thus inferring that abstinence will increase marital stability, decrease depression, and increase adult happiness.⁵⁷ WAIT Training also references single-parent homes through its fatherhood program, which is intended to “teach young boys how to be men of integrity, character and honor through lessons on how to treat women, parent children, complete their education, be a valuable asset in the workplace and serve their communities.”⁵⁸ These programs present one family structure as morally correct and beneficial to society, while, in reality, any Coloradan classroom is likely to have children of never-married or divorced parents as well as children of gay, lesbian, and bisexual parents who cannot legally marry in Colorado. In fact, the divorce rate for Colorado is 4.7 per 1,000 population in comparison to the national average of 4.0 per 1,000.⁵⁹ Telling these students that their families are the cause of societal problems will likely alienate them and could cause negative feelings about themselves and their families.

Common Characteristics of Abstinence-Only-Until-Marriage Curricula

Abstinence-only-until-marriage program providers in Colorado use many of the same curricula commonly used nationwide, including *WAIT Training*, the *Choosing the Best* series, *Game Plan*, *STARS*, and *ASPIRE: Live Your Life. Be Free*. These curricula promote marriage, rely on messages of fear and shame, and present biased information about gender, sexual orientation, and pregnancy options in a way that is harmful and exclusive to many youth.

SIECUS reviewed the first edition of the *WAIT Training* curriculum and found it to contain little medical or biological information and almost no information about STIs, including HIV/AIDS. It contained information and statistics about marriage, many of which are outdated and not supported by scientific research. Like *WAIT Training* and *ASPIRE*, the *Choosing the Best* series condemns sex before marriage. The series is one of the most popular abstinence-only-until-marriage programs in the country and comprises a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOUL MATE*.

SIECUS also reviewed *Game Plan* and found that in addition to promoting marriage it fails to provide important information on sexual health including how students can seek testing and treatment if they suspect they may have an STI. Finally, the format and underlying biases of the curriculum do not allow for cultural, community, and individual values, and discourage critical thinking and discussions of alternate points of view in the classroom. For example, *Game Plan* compares sex to fire, noting, “In a fireplace, fire is beautiful and gives warmth to a home. Outside of the fireplace, it can cause serious harm.” It continues, “What about sex? In a marriage relationship, sex can be beautiful. Outside of marriage, it can cause serious harm.”⁶⁰

The *STARS* curriculum, used in after-school abstinence-only-until-marriage programs, was designed to be implemented by high school student mentors and an adult coordinator to a middle school student audience. The high school mentors are first trained at a four-day national or regional conference run by Friends First, at which they are required to sign a pledge to abstain from all sexual activity, drugs, and alcohol while involved in the program. In general, the peer education model has the potential of being a promising way to engage young people; however, like many of the other curricula used in Colorado, this program relies on fear, shame, and a rigid set of values and opinions that it imposes on all students. Very little effort is made to help young people clarify their own values or make decisions for themselves about relationships, and instead, the authors convey

messages like “it seems there are pitfalls at every turn in regards to premarital sex,” and “as long as students expose themselves to the risks, they will pay the consequences. The consequences of sexually transmitted infections are far greater than the mess of a raw egg. They potentially risk their future fertility and their life!”⁶¹

Throughout these curricula, common themes can be found in the stories, activities, and examples offered to students. For example, abstinence-only-until-marriage programs used in Colorado often emphasize the importance of a married, two-parent household with a mother and father. *Game Plan* shares Dan and Griska’s story:

We saw each other for the first time on October 12, 1989. We were married on April 6, 1991. Our first child was born on January 14, 1994. First comes love, then comes marriage, and then came Aileena, Rey-Nathan, Stephen, Ethan, and Evan in the baby carriage. Following the hidden wisdom in that schoolyard chant will hopefully give our children a foundation on which to build their lives.⁶²

Game Plan acknowledges that some students may not be interested in marriage, but the fact that most young adults who choose to marry do not do so until after high school and that most gay and lesbian students cannot legally marry in this country is never mentioned. Instead, the curriculum suggests that teachers should “encourage students that it is wise to keep their options open. Our ideas often change as we mature.”⁶³

Social science research shows that it is simply not true that only married, heterosexual couples can successfully raise children. What is important for the well-being of all children is that they are loved, nurtured, supported, and cared for. These qualities of good parenting are not dictated by sexual orientation or marital status. Just as growing up in a household led by two heterosexual, married parents does not ensure that a child will become a happy, productive member of society, neither does growing up in a family of another form ensure he or she will not.⁶⁴

One activity included in the first edition of the *WAIT Training* curriculum promotes marriage by having youth engage in a mock wedding ceremony, “complete with a wedding dress, tuxedo, band and all the trimmings.”⁶⁵ Not only does this lesson promote marriage, but it makes the assumption that all students will choose to get married someday and ignores LGBTQ students who do not have the right to legally marry. In addition to the mock wedding, an activity at the end of the unit instructs students to plan their “perfect wedding” as if money was no object. *WAIT Training* explains in its CBAE application that previous participants have enjoyed the activity—especially the boys, who “really get into [it]—wanting the Pope to marry them and the Rolling Stones to play at their reception!”⁶⁶ Instead of focusing on developing healthy relationships, whether in the context of marriage or not, *WAIT Training* focuses on the excitement of a wedding day without addressing the realities of a marital or long-term commitment, thus promoting an unrealistic view of the significance of marriage. In the *ASPIRE* program students are asked which life decision—college, career, or marriage—will have the most impact on their life. The “correct” answer is marriage because “College is for a few years, and you may have a number of careers. But marriage is for life.”⁶⁷ A couple’s decision to form a family and enter into a lasting union, including a legal marriage, is to be commended, supported, and affirmed by society. However, messages about marriage and relationships included in these curricula exclusively promote marriage and are therefore not only discriminatory but violate basic American principles of civil rights and equality. In the most fundamental way, marriage promotion threatens the rights of LGBTQ individuals, youth, and

families, and wrongly disparages young people growing up in single-parent homes or nontraditional family structures.

Another theme that appears in abstinence-only-until-marriage curricula used in Colorado is the perpetuation of gender stereotypes that narrowly define male and female gender roles and characterize women as subordinate to men. These stereotypes are presented as universal truths, and students are not encouraged to examine their own beliefs about gender or question the validity of these stereotypes. For example, the first edition of the *WAIT Training* curriculum explains that “men sexually are like microwaves and women sexually are like crockpots. . . . A woman is stimulated more by touch and romantic words. She is far more attracted by a man’s personality while a man is stimulated by sight. A man is usually less discriminating about those to whom he is physically attracted.”⁶⁸ Providing students with such blatant generalizations about men and women does not help them to build healthy relationships but instead imposes upon young people unsupported claims about how men and women are different and messages about how each gender *should* behave.

In another example, the *Choosing the Best SOUL MATE* curriculum includes a parable that is intended to illustrate positive relationship dynamics. The story begins, “Deep inside every man is a knight in shining armor, ready to rescue a maiden and slay a wicked dragon. When a man feels trusted, he is free to be the strong, protecting man he longs to be.” Unfortunately for this knight, his princess is not one to sit back and allow herself to be rescued. Instead, she has ideas about how he might best slay the dragon. When the second dragon attacks, she suggests that instead of the sword he uses a noose. This works and “everyone is happy, except the knight who doesn’t feel like a hero this time. He would have preferred to use his sword.” The princess’s continuing suggestions (for the third dragon she recommends poison) make the knight doubt his own instincts and feel ashamed despite the fact that he continues to slay dragons. Then one day he hears another maiden in distress. Though he initially doubts himself, at the last minute he remembers how he used to feel “before he met the princess” and uses his sword. He never does return to the princess. Instead, he lives happily ever after with the maiden, “but only after making sure she knew nothing of nooses or poison.” The moral of this story: “Occasional suggestions and assistance may be all right, but too much of it will lessen a man’s confidence or even turn him away from his princess.”⁶⁹

The suggestion that women should not have their own ideas—or worse, should suppress them in order to make men feel good—enforces stereotypical and discriminatory beliefs about how men and women relate to each other and may have a long-term impact on the value girls place on intelligence and self-confidence. Perhaps the princess knew more about dragons than the knight and understood that the second dragon had a skin too thick to be pierced by a sword or that the third should be poisoned because its neck was too strong to be quickly snapped by a noose. According to the curriculum, she should have kept this information to herself, despite the risk to the castle, all to ensure that she did not offend her man.

In addition to the promotion of marriage and the perpetuation of gender stereotypes, the use of fear- and shame-based messaging is also weaved throughout abstinence-only-until-marriage curricula used in Colorado. *Choosing the Best WAY* continually reinforces the message that sex before marriage is shameful and that those who have engaged in it are lesser individuals. In one video segment, a character named Alicia compares a person who has had premarital sex to pre-chewed gum. According to Alicia, every time a person has sex it is like chewing gum and then putting it in your hand. She then says she would not want to hand that wad of gum to her husband.⁷⁰ The curriculum asks students to discuss what she means by this, and instructs teachers to explain, “Gum that has

already been chewed isn't as appealing as when it is unwrapped and new."⁷¹ *Game Plan* uses similar messaging through an exercise called "Candy in the Bag," in which the teacher gives each student a piece of plastic-wrapped hard candy and tells them to unwrap it, put in their mouths for a few seconds, and then wrap it back up. The teacher then collects the rewrapped candy and mixes it with candy from an unopened bag. A volunteer is then asked to choose a piece of candy from the bag without looking and eat it. The student inevitably refuses (the instructor is told to stop them if they try to eat the candy) and the instructor asks the class what the point of the illustration was. As the curriculum suggests, "The point is, they didn't know whether or not the candy they were picking was already 'used' or not."⁷²

ASPIRE, used by Education for a Lifetime, outlines an activity in which the presenter calls a student to the stage and gives him or her two cans of soda, with instructions to drink only one. After the class is asked to remark on the outward physical similarity of the two cans, the volunteer is instructed to stand on the empty can first, followed by the full one. The empty can is crushed, which is then explained to represent someone's self-image when he or she has caved in to peer pressure and veered away from the abstinence-only course.⁷³

Several of the abstinence-only-until-marriage curricula used in Colorado's public schools, including *Game Plan*, *Choosing the Best WAY*, and *Choosing the Best SOUL MATE*, feature variations on an exercise designed to showcase the bond that occurs between a couple who has sex and how a person's ability to bond decreases with each sexual partner he or she has. One example of this type of exercise from Education for a Lifetime's program activities includes a demonstration of two pieces of strong tape being stuck together and then showing the difficulty of pulling them apart. Next, students are shown two pieces of tape that are first attached and then removed from a variety of objects, such as arms, the floor, and clothing, serving as a metaphor for sex with different partners. Finally, these two pieces of used tape are stuck to one another and easily torn apart, which represents the inability for two people to bond together after having sex with multiple partners before marriage.⁷⁴ This tape example is also illustrated in a video from *ASPIRE* that shows a piece of duct tape being stuck to different objects in a school building, such as a water fountain, a garbage can, a school locker, and a classroom door. The narrative of the video reads, "What if this duct tape represented your body? Every time it's stuck to something, you take a little bit of it with you and leave a little bit of yourself behind. Imagine if two clean pieces stuck together . . . they could stick together forever! Don't let yourself be used like this piece of duct tape. ASPIRE to make positive choices."⁷⁵

The Rebranding of Abstinence-Only-Until-Marriage Programs

Many of Colorado's CBAE grantees mentioned the state's changing political climate in their initial grant applications and the challenge this has posed for abstinence-only-until-marriage program providers in recent years. In all truth, these programs were being taught in public schools long before the influx of federal money turned local abstinence-only-until-marriage organizations into a billion-dollar industry, and they will be around once that federal money completely dries up. The industry is remarkably adaptable and will continue to remarket and rebrand its merchandise to fit the popular thinking and the available federal funding for teen pregnancy prevention and sex education. It has done it before—by removing blatantly religious messages (like the suggestion that young people take Jesus Christ on their dates for protection) and ridiculous medical misinformation (like the idea that young people who have had sex should wash their genitals with Lysol to prevent STIs) from the curricula—and it's doing it again. Today as the industry scrambles to stay relevant it has begun describing its programs as "holistic" and even comprehensive. But if one looks past their

marketing into what these programs are saying to students, the original ideology of abstinence-only-until-marriage programs remain unchanged.

In Colorado, WAIT Training exemplifies the rebranding that many abstinence-only-until-marriage program providers are undergoing nationwide in order to comply with new sexuality education policies and federal funding. In its CBAE grant application, WAIT Training specifically states that “proponents of contraceptive sex education lost little time in pushing for legislation intended to defund or otherwise cripple abstinence-until-marriage programming efforts in the state.”⁷⁶ As a result, WAIT Training has shifted its public marketing strategy to include more messaging about “poverty prevention through healthy family formation” and has altered the name of their seminars from “Why Abstinence? Why Marriage?” to “Teaching Relational Wellness to Teens.”⁷⁷ In addition, similar to the efforts made by other abstinence-only-until-marriage curricula providers, the organization has mentioned its plans to change the name of the organization in an effort to sustain its eligibility for federal funding and continue providing abstinence-only-until-marriage programming in Colorado.

WAIT Training has also developed a new curriculum supplement that reflects its efforts to rebrand and be more consistent with Colorado’s sex education policy. The *WAIT Training 80/20 Manual* is designed for middle and high school students and was created to supplement existing abstinence-only-until-marriage programs in areas where legislation, school policy, or grant requirements specify that sexuality education programs should include information about contraceptives and STIs.⁷⁸ The *Manual* attempts to adhere to these new regulations. According to WAIT Training, the “80/20” refers to 80 percent of the curriculum focusing on “healthy relationships, building personal power and self-regulation” while 20 percent is set aside for “healthy family formation and healthy family planning.”⁷⁹ SIECUS reviewed the *WAIT Training 80/20 Manual* and found that it differs from many of the abstinence-only-until-marriage curricula reviewed in past years because of its inclusion of accurate information on STIs and contraception. However, despite the fact that the authors describe the curriculum as “positive youth development” and “relationship education,” the curriculum makes little effort to help young people make decisions about relationships for themselves. Instead, the goals of the curriculum are to convince students that marriage is the only morally and socially acceptable relationship goal for young people. And though the curriculum represents vast improvements in medical accuracy, some lessons still rely on fear, shame, and judgment to make their point.⁸⁰

CONCLUSIONS AND RECOMMENDATIONS

What is clear from this report is that abstinence-only-until-marriage programs have been widely implemented in Colorado communities and classrooms and that program providers will continue to seek out ways to adapt and reframe their messages to appear consistent with state statute and community norms. These curricula, however, will continue to promote a specific political and moral agenda.

Based on the passage of HB07-1292, it is clear that Colorado is committed to aligning its education standards and policy with the body of research that shows the effectiveness of sexuality education programs that are comprehensive in scope. While the law is not a mandate, it establishes clear guidelines for school districts that do choose to offer sex education on the type of instruction that should be provided to youth. Such guidelines serve to bolster efforts by parents, schools, and

community advocates to support the well-being of young people and to provide them with the skills necessary to make informed decisions and lead healthy lives.

In order to ensure the best sexual health outcomes for young Coloradans, supporting their potential for healthy development and academic success, we need to continue to look for new opportunities to advance comprehensive sex education in the state. Colorado's government, public schools, teachers, and parents need to think comprehensively and remain vigilant to ensure that state law is being followed.

The Healthy Colorado Youth Alliance and SIECUS, therefore, recommend the following policy actions for the state of Colorado:

1. **Make HB07-1292 a Reality.** Individual schools need to be given support by the state in order to ensure that sexuality education being taught in their schools is comprehensive and in line with Colorado state law. School districts should then implement policies to align their sexuality and health education with the instructional guidelines established by HB07-1292. Additionally, school districts should mirror the Denver Public Schools Board of Education and pass resolutions and policies that set standards for schools and identify commitments to providing all students with comprehensive sexuality education.
2. **Continue to Reject Title V Abstinence-Only-Until-Marriage Funds.** Abstinence-only-until-marriage programs are fiscally irresponsible; and, particularly in today's economic climate, Colorado cannot afford to waste limited resources on ineffective programming that requires an expensive state match. Failing to provide young people with the information they need not only has grave ramifications for their health but also creates a financial burden on taxpayers. It has been estimated that the public cost associated with teen birth in Colorado was at least \$167 million in 2004.⁸¹ Furthermore, the cost for treatment of the over nine million cases of STIs and HIV that occurred among young people ages 15–24 nationwide in 2000 was \$6.5 billion (in year 2000 dollars).⁸² Colorado needs to continue investing in age-appropriate, evidence-based, and medically accurate sexuality education programs to address these urgent public health concerns.
3. **Apply for Personal Responsibility Education Program (PREP) Funding.** PREP is the first-ever funding stream dedicated to comprehensive sex education programming and addresses the skills necessary to help young people in Colorado lead successful lives. A PREP-funded program will, by definition, be consistent with HB07-292 and will allow Colorado's government to work with schools and community partners to prepare young people to make healthy decisions and institute programs that truly reflect local community values. PREP does not require a state match, and will support schools in their efforts to foster healthy youth while facing the challenges of limited education funding by requiring evidence-based teen pregnancy, STI-, and HIV-prevention programs that also address life skills.
4. **Implement the State Academic Standards for Comprehensive Health Education with Evidence-Based Programs and Principles.** While Colorado has made significant strides in highlighting the importance of health education for youth across the state, the standards do not emphasize science-based approaches to sexuality education. The Colorado Department of Education works with each school district to implement standards and

should ensure that health instruction provides comprehensive sexuality education that includes information about both abstinence and the correct and consistent use of condoms and contraceptives among other topics discussed.

5. **Create a Statewide Resource for Teachers and Administrators on Comprehensive Sex Education that Supports Consistent Implementation of HB07-1292.** While school districts have the responsibility of selecting curricula that best meet the needs of their student populations, teachers and administrators alike are often approached by students with questions regarding sexual health. Because not all school staff are trained in science-based, medically accurate, culturally relevant, and age-appropriate comprehensive sexuality education, a resource is needed with which these educators and administrators may adequately and appropriately respond to the needs and questions of students. A statewide resource should include at least two distinct elements:
 - Talking points, frequently asked questions, medically accurate facts, and other tools for educators and administrators that effectively answer questions in a way that is consistent with HB07-1292.
 - Model policies to support school districts in the effective and sustainable implementation of comprehensive sexuality education, resources, and services.

Colorado is on the right track, and must continue to bolster its commitment to a comprehensive sexuality education approach for the health and academic benefits of its young people as well as to address unintended teen pregnancy; the epidemics of STIs, including HIV/AIDS; and school dropout associated with early parenting and poor sexual health outcomes. The Healthy Colorado Youth Alliance is a nonpartisan, nonprofit coalition of organizations and individuals that support positive health and academic outcomes for all youth through access to science-based, comprehensive, medically accurate, culturally sensitive, and age-appropriate sexuality education. Through education and advocacy, changing and implementing public policy, and community organizing, The Alliance is poised to serve as a resource for state government agencies, communities, school districts, parents, and youth to help ensure that young people receive evidence-based, comprehensive sexual health information in school that is consistent with Colorado's state law and that they have the opportunity for a healthy future.

Sexuality education provided in Colorado's schools must prioritize the real health needs of students in order to foster their academic achievement and allow them to attain their future life goals. Our moral sense demands this of us, and Colorado's youth deserve nothing less.

GLOSSARY

Abstinence-based programs: Programs that emphasize the benefits of abstinence. These programs also include information about sexual behavior other than intercourse, as well as contraception and disease-prevention methods. These programs are also referred to as **abstinence-plus** or **abstinence-centered**.

Abstinence-only programs: Programs that emphasize abstinence from all sexual behaviors. These programs do not include information about contraception or disease-prevention methods.

Abstinence-only-until-marriage programs: Programs that emphasize abstinence from all sexual behaviors outside of marriage. If contraception or disease-prevention methods are discussed, these programs typically emphasize failure rates. In addition, they often present marriage as the only morally correct context for sexual activity.

Adolescent Family Life Act (AFLA): The *Adolescent Family Life Act* (AFLA) was quietly signed into law in 1981 as Title XX of the Public Health Service Act. In addition to providing support for pregnant and parenting teens, AFLA was established to promote “chastity” and “self-discipline.” The program has always had a pregnancy-prevention component aimed at discouraging premarital sexual behavior among teens. Since Fiscal Year 1997, however, funds within AFLA were explicitly tied to the more stringent eight-point definition of “abstinence education” found in the Title V abstinence-only program and, therefore, to a stricter interpretation of what must be taught.

Age-appropriate: Topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

Community-Based Abstinence Education (CBAE): In October 2000, the federal government created the largest and most restrictive of the three federal funding streams for abstinence-only-until-marriage programs. Through what was originally known as the Special Projects of Regional and National Significance–Community-Based Abstinence Education (SPRANS–CBAE), the federal government awards grants directly to community-based organizations and other private and public entities. Programs funded under CBAE are required to teach all eight points in the federal government’s definition of abstinence education.

Comprehensive Sexuality Education: Sexuality education programs that start in kindergarten and continue through 12th grade. These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information.

Culturally relevant: A perspective within education where teaching concepts, information, and skills function effectively within the context of the cultural beliefs, behaviors, and needs presented by students and their families and communities. Culture generally refers to integrated patterns of human behavior and society that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Fear- and shame-based programs: Abstinence-only and abstinence-only-until-marriage programs that are designed to control young people’s sexual behavior by instilling fear, shame, and guilt. These programs rely on negative messages about sexuality; distort information about condoms and sexually transmitted infections (STIs); and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options.

HB07-1292: Signed into law by Colorado Governor Bill Ritter on May 14, 2007, *House Bill 1292* requires schools that offer sexuality education to develop scientifically and medically accurate curricula that stress abstinence and also discuss the health benefits of using contraception. It applies to all Colorado district schools, charter schools, and institute schools that offer curricula on human sexuality, and also includes an “opt-out” clause, allowing parents to remove their children from sexuality education classes.

Medically accurate: Information that is verified or supported by the weight of research conducted in compliance with accepted scientific methods and is published in peer-reviewed journals, where applicable, or contains information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

Personal Responsibility Education Program (PREP): Created through the recently enacted health care reform law (the *Patient Protection and Affordable Care Act*), the Personal Responsibility Education Program (PREP) includes the first-ever state-grant program for comprehensive sex education. The program totals \$75 million a year for the period 2010–2014. The state-grant program totals \$55 million per year and funds comprehensive sex education that will teach teens how to prevent pregnancy and STIs, including HIV/AIDS, and address the skills necessary to help young people lead successful lives. Each state is allocated a minimum of \$250,000. PREP also includes funding for innovative approaches; grants to tribes and tribal organizations; and research, evaluation, and technical assistance funding.

President’s Teen Pregnancy Prevention Initiative: The *Consolidated Appropriations Act of 2010* included \$114.5 million for the President’s Teen Pregnancy Prevention Initiative. This created the first federal funding stream that could be utilized for more comprehensive approaches to sex education. Of the funding, \$110 million is available for “competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy.” Of that, \$75 million is for replicating evidence-based programs proven effective after rigorous evaluation and \$25 million is available for innovative approaches and promising models.

Science-based: A program that has been proven through rigorous, scientific research and evaluation to be effective in delaying sexual activity, reducing the number of partners, increasing condom or contraceptive use, or reducing unintended teenage pregnancy, STD, or HIV infection.

Title V Abstinence-Only Programs: The *Temporary Assistance for Needy Families Act*, better known as “welfare reform,” was signed into law in 1996. The welfare reform law added Title V, Section 510(b) of the Social Security Act, which established a new funding stream to provide grants to states for abstinence-only-until-marriage programs. With the passage of Title V came an eight-point federal statutory definition of “abstinence education.”

For more information, please visit the following resources from SIECUS:

Sexuality Education Definitions

<http://www.communityactionkit.org/index.cfm?pageId=886>

What is Comprehensive Sexuality Education?

<http://www.communityactionkit.org/index.cfm?pageId=888>

A Brief History of Abstinence-Only-Until-Marriage Programs

<http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1263>

An Explanation of Federal Funding for More Comprehensive Approaches to Sex Education

<http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1262>

¹ Section 510(b) of Title V of the Social Security Act, P.L. 104–193: “For the purposes of this section, the term ‘abstinence education’ means an educational or motivational program which:

- A. has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
- E. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G. teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
- H. teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

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