

VOLUME 24 NUMBER 2

STUDIOS

R E P O R T

CONSENTING ADULTS

DECEMBER 1995/JANUARY 1996

SIECUS REPORT

VOL. 24, NO. 2 • DECEMBER 1995/JANUARY 1996

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The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public. The *SIECUS Report* publishes work from a variety of disciplines and perspectives about sexuality, including medicine, law, philosophy, business, and the social sciences.

Annual SIECUS membership fees: individual, \$75; student (with validation), \$35; senior citizen, \$45; organization, \$135 (includes two subscriptions to the *SIECUS Report*); library, \$75. *SIECUS Report* subscription alone, \$70 a year. Outside the United States, add \$10 a year to these fees (in Canada and Mexico, add \$5). The *SIECUS Report* is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

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Opinions expressed in the articles appearing in the *SIECUS Report* may not reflect the official position of the Sexuality Information and Education Council of the United States. Articles that express differing points of view are published as a contribution to responsible and meaningful dialogue regarding issues of significance in the field of sexuality.

SIECUS is affiliated with the University of Pennsylvania
Graduate School of Education
3700 Walnut Street
Philadelphia, PA 19104-6216

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Design by Stein, Killpatrick & Rogan Advertising, Inc.

Additional design and layout by Alan Barnett, Inc.

Proofreading by E. Bruce Stevenson.

Printing by Seaport Graphics & Communications.

Library of Congress catalog card number 72-627361

ISSN: 0091-3995

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FROM THE PRESIDENT THE ESSENCE OF "CONSENT" IS COMMUNICATION

By Debra W. Haffner, M.P.H.
SIECUS President

Mary S. Calderone, M.D., the cofounder of SIECUS as well as its first Executive Director, frequently began her talks to college students by asking, "What is a four letter word meaning intercourse that ends in 'k'?" After an uncomfortable silence, she would answer her own question: "Talk." Then she would explain the importance of communication in human relationships, including sexual relationships.

The essence of consent for sexual relationships is communication — honest, open, direct communication — about interests, expectations, hopes, desires, and consequences. Yet, in America, children and adults are bombarded with messages that the best sexual interactions require little communication. Movies, television programs, advertisements, and music videos all give the message that sexual interactions should be spontaneous, swept away, and instantaneous. There are few portrayals of adults having discussions about the decision to engage in a sexual relationship, to set sexual limits, to use contraception, or to tacitly or verbally consent to an encounter. For example, one recent study found that a typical television viewer sees 25 instances of sexual behavior for every one instance of dialogue on responsible or preventive behavior.¹ As I once heard a speaker — whose name I unfortunately do not remember — note, "Premeditated sex in America is considered a felony."

These cultural messages follow Americans into the bedroom. Studies of adolescents show that the vast majority say that "sex just happened."² Single adults report that they avoid precoital discussion because it decreases the likelihood that a sexual interaction will take place. Many married adults report that they have little communication about sexuality with their spouses. The results are not just a lack of communication about sexuality and pleasure, but a resulting inability to stand up for and protect oneself. Using contraception and condoms is by definition a planned behavior. The lack of planning and communication contributes to the unacceptably high rates of unplanned pregnancy and sexually transmitted diseases (STDs) in this nation.

The expressed norm in America, and one that continues to dominate much of the public policy debate, is one of premarital abstinence. In fact, battles over sexuality education took place in over 40 states this past year — with many revolving around the establishment of abstinence-only curricula.³ Many states now require that schools teach "honor and respect for monogamous heterosexual marriage" and that "abstinence from sexual activity outside of marriage is

the expected norm."⁴ A version of the federal welfare reform bill includes a section that calls for abstinence education which would teach that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects."⁵

This Victorian ideal bears little resemblance to the reality of most American's lives. The vast majority of American adults have sexual intercourse before marriage, and indeed before turning 20. Three quarters of adults aged 18 to 59 have had more than one sexual partner.⁶

It is time for America to adopt a new norm for ethical, moral, sexual relationships. According to SIECUS position statements, and the Consensus Statement of the National Commission on Adolescent Sexual Health, individuals should base their sexual relationships on shared personal values, and these relationships should be consensual, nonexploitative, honest, mutually pleasurable, and if needed, protected against unplanned pregnancy and STDs. These criteria apply to relationships across the board — married and single, gay and straight, young and old.

The issues of consent are not simply a matter of men asking and women saying yes or no — or, for that matter, of women asking and men saying yes or no. They are also not limited to heterosexual relationships. Gay and lesbian couples face most of the same issues as heterosexual couples. However, there does seem to be a dissonance between men and women on these issues. One of the most distressing findings of a recent sexual behavior survey conducted by the National Opinion Research Center was the disparity between men and women reporting forced sexual experiences. Nearly one quarter of women reported that they were forced into something sexual at some time; yet, only three percent of men said that they had ever forced someone. Only two percent of men said that they had ever been forced and this was most often by another man.⁷ The authors stated that the most likely explanation was that most men who forced sex on someone did not recognize how coercive the women thought their behavior was.

Indeed, to use the expression popularized after the Clarence Thomas-Anita Hill hearings, many men still do not "get it." News reports are filled with stories of men in public office who do not understand the issues of consent. Congressman Mel Reynolds lost his job because of an exploitative relationship with a teenager. Senator Bob Packwood lost his job because he sexually harassed women

employees, campaign workers, and student interns. The captain who investigated the Tailhook Scandal was himself investigated because he had sent sexually harassing notes to two employees. In each of these cases, the principals as well as some commentators and reporters have genuinely appeared puzzled. "Sexual intercourse was not involved; what had these men done that was so offensive?" they asked. The situations in these high profile cases are repeated daily in cities and towns across America.

People need to understand that sexually healthy adults are ones who make shared and responsible decisions. As outlined by the National Guidelines Task Force, they are people who can:

- Enjoy sexual feelings without necessarily acting upon them.
- Discriminate between life enhancing behaviors and those that are harmful to self and others.
- Express one's sexuality while respecting the rights of others.⁸

America's cultural confusion fuels these conflicts. Until there is acknowledgement of these issues, consent will likely be problematic for men and women. And until parents, schools, youth agencies, health care providers, the media, and faith communities work together to help young people develop the skills to become sexually healthy adults, the next generations are likely to continue to falter and repeat the same mistakes.

It is not easy to communicate openly and honestly about sexual issues. It is difficult to temper desire with cool, levelheaded discussions about past sexual histories, sexual limit setting, and contraceptive and condom use. It takes communication to assure that a relationship is consensual, honest, and pleasurable. But the rewards are worth it.

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THE COMPLEXITIES OF SEXUAL CONSENT

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In 1993, when Antioch College's sexual consent policy was mocked by sources ranging from *The Chicago Tribune* to *Saturday Night Live*, it became clear that sexual consent was no simple issue. What does it mean to consent to sexual activity? The answers to this question are complex.

LITERATURE ON SEXUAL CONSENT IS SCARCE

There has been surprisingly little written in the social science literature about how people consent to sexual activity or even what it means to consent. In fact, one of my graduate students set out to do a literature review on how people typically consent in sexual situations but changed her topic when she found virtually no information. What little is available on consent deals mostly with special populations and nonsexual situations. This article will, therefore, start with a review of such materials before moving to a discussion on sexual consent from the viewpoint of the general population.

Sexual consent has been considered most carefully when it involves individuals with limited ability to give consent. One such area is sexual activity between people with developmental disabilities. Historically, these individuals were not allowed to engage in sexual activity, marry, or procreate.¹ Their service providers now, however, have legal obligations (1) to help them function as normally as possible, including forming adult — and possibly sexual — relationships, and (2) to protect them from harm.² The distinction between legally protected sexual relationships and abusive relationships hinges on the client's consent.

There is also literature on consent in the context of relationships involving unequal power. For example, the ethical standards of the American Psychological Association state that psychologists may not engage in sexual relationships with their clients or students.³ Even if clients or students "consent," such relationships are prohibited because these individuals are regarded as unable to freely consent or refuse in such situations. Some feminist writers have raised similar issues regarding the power disparity between women and men, questioning whether women can truly consent under such conditions.⁴

Additional literature on consent involves research. In recent U.S. history, individuals have conducted research on people without their consent with devastating consequences. Perhaps the most notorious example is the

Tuskegee syphilis study, lasting from 1932 until 1972, in which researchers from the U.S. Public Health Service went to great lengths to keep over 400 African American men with syphilis from learning their diagnosis and receiving adequate treatment. This study became "a rallying cry for reform."⁵ Currently, there are extensive federal guidelines for protection of human subjects that apply to any research conducted, supported, or regulated by the federal government.⁶ Similarly, the American Psychological Association emphasizes the necessity of getting informed consent for both research and therapy.⁷

TWO THEMES EMERGE FROM DISCUSSIONS

Two themes emerge from the discussion of consent in these contexts: (1) consent requires knowledge and (2) consent is meaningless unless given freely.

Consent requires knowledge. Federal regulations make it clear that research subjects must give informed consent. Researchers must inform prospective subjects or their legally authorized representatives about the nature of the research, its purposes, the duration of their participation, the procedures to follow, foreseeable risks or discomforts, possible benefits, and so forth, in language they can understand.⁸ Similarly, the American Psychological Association's guidelines for consenting to therapy require an informed decision maker; the prospective client must have "been informed of significant information concerning the procedure."⁹

David Finkelhor suggested that in order to give sexual consent, "a person must know what it is that he or she is consenting to."¹⁰ This includes not only information about the sexual act, but also information about the social meaning of the act. The importance of knowledge in giving informed consent highlights the importance of sexuality education that covers not only sexual "plumbing" but also the meanings associated with sexual activities and the risks and the benefits associated with sexuality. Popular media could enhance people's sexual knowledge by presenting accurate information rather than stereotypes.

Giving informed consent also requires honesty from the people involved. Lying is a strategy for getting a partner to agree to sexual activity; in one sample, 20 percent of the men endorsing nontraditional, egalitarian values and 35 percent of the men endorsing traditional, sexist values reported lying to

a woman to obtain sexual intercourse.¹¹ In such situations, there is no way the woman can give informed consent.

"Consent" is meaningless unless it is given freely. Finkelhor also said that, in order to give consent, "a person must be free to say yes or no."¹² Federal guidelines mandate that researchers obtain consent "only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence." They place special emphasis on protecting subjects who might be "vulnerable to coercion or undue influence," including prisoners and economically disadvantaged persons.¹³

Laws and court decisions regarding sexual consent between people with developmental disabilities also stress that the sexual activities must be voluntary — that is, free from coercion and occurring in an environment where the individual has the ability to say yes or no. Fred Kaeser described how service providers can implement this requirement, even for nonverbal people with severe developmental disabilities. He described an example in which service providers made sure that two adult clients who were sexually involved with each other had a system of head nods and shakes to signal whether they did or did not wish to engage in sexual activity with each other. Furthermore, the service providers were careful to observe the clients' behavior (Did they appear happy or under duress? Did they try to engage in the activity on their own?), and they relied on their own knowledge about the consequences of sexual behavior to ensure the clients' health and safety.¹⁴

CONSENT VS. ACQUIESCENCE

The discussion of consent in the previous contexts has also brought to light several factors that make it difficult for someone to freely consent to sexual activity — factors that could differentiate between merely acquiescing and freely giving consent.

The possibility of jeopardizing a person's standard of living. Finkelhor acknowledged some difficulty in applying the criterion that consent requires the freedom to "say yes or no."¹⁵ Consider a marriage in which one spouse, who earns significantly less than the other, declines to have sexual relations. The decision could result in a divorce and a dramatic decline in her or his standard of living. This situation could preclude the ability to make a truly voluntary decision about whether to engage in sexual relations.¹⁶

This is not a gender-neutral problem. In the United States, the spouse who earns less is likely to be the wife, and divorce generally leads to a lower standard of living for women and children,¹⁷ sometimes even leading to poverty or homelessness.¹⁸ If a wife perceives her options as engaging in sexual activity or becoming poor or homeless, she may acquiesce to engaging in sexual activity. This would not be free

consent. "When material conditions preclude 99 percent of your options, it is not meaningful to call the remaining one percent — what you are doing — your choice.... Consent [in this case] is not a meaningful concept."¹⁹

The idea that a relationship and sexual behavior go hand in hand. It is often assumed that two people in "a relationship" are engaging in sexual behaviors with each other. In the United States, as in most countries, such sexual behavior (especially intercourse) is considered an integral part of the relationship. A Southern Women's Writing Collective wrote that sexual activity is part of a "package deal — with love, security, emotional support, and sex all going together," so that "sex is in fact compulsory for all women."²⁰ Such expectations can apply to men as well. Given that men are more likely than women to initiate sex, however, and given that men are more likely than women to force an unwilling partner to engage in sexual activity, women are more likely to face such pressure than are men.²¹

Cultural rewards for heterosexual relationships. American culture privileges sexual behavior that occurs in heterosexual marriage. For example, two people of the same gender cannot marry in the United States. Thus, they are excluded from many of the benefits of marriage, such as child custody and adoption, insurance benefits, and inheritance. In some cases, people may lose their jobs or homes by revealing that they are homosexual or bisexual. Only a few jurisdictions have laws prohibiting such discrimination, and some of these laws are currently under challenge. Furthermore, homosexuals or bisexuals may fear being stigmatized or rejected by coworkers or family members. Such cultural rewards for heterosexual activities and sanctions against homosexual activities are sexually coercive, perhaps not as obvious as some other forms of sexual coercion, but coercive nevertheless.²²

The effect of cultural discourses on what is acceptable. Power is not only a force outside ourselves, but also an internalized discipline that subtly regulates our lives. Women in heterosexual relationships are often "engaged in self-surveillance, and are encouraged to become self-policing subjects who comply with the normative heterosexual narrative scripts which demand our consent and participation irrespective of our sexual desire.... While the individual male's behavior in the interaction is not insignificant, the operations of power involved may transcend his particular actions."²³ These "technologies of heterosexual coercion" include "a tyranny of inferred 'normality,'"²⁴ in which women feel obligated to engage in certain sexual activities with a certain frequency in certain situations. For example, a woman might feel bad if she does not engage in sexual intercourse twice a week, or if she wishes to engage in sexual contact but not intercourse, or if she and her partner go to considerable trouble to arrange a suitable location and then she wishes to engage only in cuddling. A woman might think that she has

"led a man on" by flirting with him or going to his apartment; she might consequently feel obligated to acquiesce to his sexual initiations. She may have internalized "discourses on male sexual needs and female nurturance."²⁵

The prevailing cultural discourse about women's sexuality portrays women as passive and compliant rather than as active and desiring; women's role is thus to say yes or no—to limit and control men's sexual access to them, rather than to decide what they really want.²⁶ Conversely, the prevailing discourse about men's sexuality implies that men should always be ready to have sexual intercourse, that men must perform masterfully, that men must orchestrate and be in charge of the sexual interaction, and that all physical contact must lead to sex, which is synonymous with sexual intercourse and orgasm.²⁷ These cultural scripts may prevent both women and men from freely giving or withholding consent.

HOW DO WE KNOW WHEN SOMEONE HAS CONSENTED?

Is consent a mental act or a verbal act? That is, is it a decision that a person makes (deciding to engage in sexual activity), or is it a verbal act (telling someone else that he or she is willing to engage in sexual activity)? Both perspectives are problematic.

Consent as a mental act. If consent is a mental act — a decision — then one person can never know for sure if another person has consented.²⁸ People make inferences that may not be accurate. They often infer sexual consent from nonsexual behavior: drinking alcohol, dressing "provocatively," asking someone for a date, going to a date's apartment, or allowing a date to pay for expenses. They sometimes infer consent to one sexual behavior, such as intercourse, if a person has engaged in another sexual behavior, such as petting. Men generally rate such behaviors as more indicative of sexual intent than do women — another source of confusion.²⁹

Such inferences are made more difficult by common cultural beliefs, such as the belief that women often say no to sexual intercourse even when they mean yes. Even though data suggest that most women never do this,³⁰ this belief could allow someone to believe that a woman had consented mentally even if she refused verbally. Similarly, the belief that men are always eager to engage in sexual activity with women³¹ could result in a woman's believing that a man has consented mentally even if he had not consented verbally.

Consent as a verbal act. Alternatively, consent can be defined as a verbal act. Such a conceptualization is also not without difficulty.³² Research suggests that, of all the occasions in which people engage in sexual behavior that they consider consensual, most do not involve explicit verbal statements of consent.³³ Consider the sexual script in which a man makes advances toward a resistant woman who eventually becomes sexually aroused or the script in which two people are so

aroused that they almost literally rip off each other's clothing. Neither script includes explicit verbal consent.

The extent to which many people see explicit verbal consent as odd was illustrated recently in people's reactions to Antioch College's *Sexual Offense Policy*, which defined consent as "the act of willingly and verbally agreeing to engage in specific sexual contact or conduct" and included a guideline stating that "obtaining consent is an ongoing process in any sexual interaction. Verbal consent should be obtained with each new level of physical and/or sexual contact/conduct."³⁴ Alan Guskin, president of Antioch College, wrote, "I believe it's not just sex that has created the reaction, but the Antioch requirement that students talk about sex! Talking about it with someone whom you desire; getting consent before having sex; having to think about sexual acts that you are about to do."³⁵

Data collected at the University of Kansas revealed that few students would support amending the student code to require explicit verbal consent to sexual intercourse. Only 28 percent indicated that they would support a student code that would label sexual intercourse as rape when it occurred without the other person's giving explicit verbal consent. In contrast, 61 percent indicated that they would support a code that would label sexual intercourse as rape when it occurred after the other person had verbally expressed objections.³⁶

What guidelines should be used to decide whether someone has consented? In a new relationship, it is probably best to obtain verbal consent, unless sexual activity is "mutually and simultaneously initiated" — an exception that is included in Antioch College's *Sexual Offense Policy*. In ongoing relationships, the individuals involved can agree on what is comfortable for them; for example, they might decide to move from "assume no unless yes is stated" to "assume yes unless no is stated, but if no is stated, accept it."

CONCLUSION

Consent, as it is conceptualized for special populations and nonsexual contexts, requires both knowledge and the conditions needed to decide freely. Applying such a model to sexual consent could help ensure that fewer people acquiesce to sexual activity just because they are not in a position to refuse.

Editor's Note: Dr. Muehlenhard's article was more broadly based when first submitted and has been adapted for this issue of the *SIECUS Report*.

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TEACHING HIGH SCHOOL STUDENTS ABOUT SEXUAL ASSAULT: CONTENT AND METHODOLOGY

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Perhaps one of the most sensitive issues that sexuality educators bring to the high school classroom is that of *sexual assault*. With recent statistics showing that many young people have experienced forced sexual encounters, and that most young men are buying into the belief that such force is sometimes acceptable, this sensitive issue is quickly becoming an urgent one.

Specifically, recent studies have found that: (1) about 20 percent of high school students have experienced forced sexual contact and that 60 percent of high school males believe that such force is acceptable in some situations; and (2) almost 40 percent of high school graduates preparing to go to college have experienced at least one form of forced sexual contact on a date.¹

In light of the fact that such issues have already touched the lives of so many high school students, teaching about sexual abuse and assault is one of the many important tasks that sexuality education teachers face today.

STUDENTS NEED GUIDANCE

The prevalence of forced sexual behaviors in the lives of high school students supports the recommendation of a number of leading sexuality experts that "it...is critical that [high school students] be introduced to the dynamics of gender socialization, the structured inequality between women and men, and the interrelationship of sex and violence" as part of their health education studies.² Unfortunately, in many such classes, biology and disease dominate the lesson plans, leaving little room for discussion on how and why people act the way they do — including power, gender, and sexual assault.

The need to teach high school students about sexual assault is further complicated by the fact that, in our culture, pleasure and violence have become intertwined via popular media and certain types of pornography. So the question becomes, "How do teachers effectively explain the differences between sexual relationships which are *not* violent and those which *are* violent when popular culture so often portrays violence in a sexual relationship as normal?"

Unfortunately, neither research nor practice offers educators much guidance in the development and implementation of programs dealing with sexual assault from the perspectives of gender socialization and the interrelationship of sex and

violence. In reality, most published materials provide few facts and practically no discussion on the content and methodology of sexual assault education.

Even published materials on workshops provide little insight. For example, one report of a presentation on rape prevention said only that "a class presentation on sexual assault [was] given by two female rape counselors from a local agency."³ Other studies have provided more information about content and methodology yet have still fallen short of well-developed descriptions. For example, Kathryn Feltey et al. describe a 45-minute program led by a YWCA educator which described "gender role socialization" and then "underscored the viewpoint of the Rape Crisis Program that date rape is a logical extension of current sex role socialization practices."⁴ Examples were provided to help explain the relationship between gender roles and rape.

Terry Davis et al.⁵ cite a program in which two medical students (one male, one female) presented a workshop to high school students. Slightly more interactive than the program described by Feltey et al., this class started with a discussion of sexual assaults which received media attention and proceeded to create a group definition of such assaults. The two medical students then acted out scenarios and asked students to discuss what they saw. At the conclusion, the presenters distributed handouts on sexual assault and its prevention.

Finally, Alan McEvoy addressed the ways that education about sexual assault can best reach male students. McEvoy argues that males are more likely to respond to such education when "the issues are presented credibly." Such *credibility* is increased when males are not blamed but are seen as part of the solution. He also believes that male students are less likely to perceive male-female facilitation teams as biased as compared to an individual facilitator or two women or two men facilitators.⁶ Although McEvoy provides little direction in terms of content, his theoretical contributions on reaching male students are valuable for educators who experience difficulty in connecting with young men when discussing sexual assault.

TEACHING ABOUT ASSAULT

The following are some points which teachers may consider in developing their own sessions on sexual assault.

Clear, realistic, and relevant goals are essential. Although it goes without saying that teachers should develop clear, achievable goals for their sessions, it is worth repeating. An excerpt from a session I recently conducted on gender and sexual assault says that by the end of the "Gender and Sexual Assault Workshop," high school participants will: (1) examine beliefs about sexual assault and rape; (2) clarify their values about forced sex; and (3) understand the relationships between gender roles and sexual assault.

Clear, realistic, and relevant goals are important because educators have a limited amount of time for sexuality education, and they need to make sure that goals are achievable in the time allotted. The previous goals ask simply that the students *examine, clarify, and understand* — not that they share the same opinion — which is something that probably would not happen anyway.

These goals should also reflect the content of the sexual assault education program — since they represent what the educator wants the students to learn. The previous goals demonstrate, for example, that gender roles and beliefs about sexual assault and rape are part of that curriculum's content.

A workshop atmosphere will empower students. The traditional lecture model in which the instructor reads lists of facts and figures to students very likely will *not* work in a sexual assault workshop for high school students. Rather, they will learn best by talking with one another and exchanging ideas, beliefs, and experiences.

To facilitate this departure from this traditional learning model, Nancie Atwell takes a dramatic step by transforming the classroom into a workshop. This shift represents more than a name change, for the workshop is a way of learning through collaboration.⁷

"Workshops accommodate adolescents' needs, invite their independence, [and] challenge them to grow..." by giving them the power to teach themselves in a way that is conducive to their learning styles, says Atwell.⁸ They empower students by encouraging them to think, speak, and write with one another in small groups. Participation is maximized as collaborative learning takes place. Since teens are naturally concerned about dating and values, they will undoubtedly have much to say about sexual assault in this format.

"Gender role expectations" are key to the workshop. In reality, the topic of "Gender Role Expectations and Sexual Assault" may prove the most important part of any curriculum on sexual assault. Deconstructing gender roles is an essential element of sexual assault education because rigid gender roles and myths about gender support a belief system in which sexual assault is considered justifiable on the grounds that women somehow deserve it.

A number of researchers have arrived at the same conclusion that gender role stereotypes and expectations contribute to sexual assault.⁹ Some educators have, however, overlooked the importance of including the subject of gender roles as a centerpiece of high school curricula in this area.

Gender roles are especially important for high school students because these young people are faced daily with expectations and conformity along gender lines. It is therefore logical that a discussion of gender roles will provide a safe context in which to look at the touchy subject of sexual assault.

Out of the gender role stereotypes come many beliefs about male and female sexuality — and about sexual assault. A strong body of evidence demonstrates that such beliefs promote acceptance of sexual violence.¹⁰ Male high school students tend to hold more such beliefs than female high school students,¹¹ and many of these revolve around women's responsibility for their victimization. For example, a recent study found that many high school students are more likely to blame a rape victim if she is dressed "provocatively" than if she is dressed "conservatively."¹² It is important for high school students to examine such beliefs and then collectively deconstruct them.

Finally, educators must teach young people that our culture is setting the stage for sexual assault when it socializes males as aggressive, dominant, and forceful and women as passive, subservient, and weak. While some may argue that these roles are traditional and/or natural, such socialization is clearly destructive.

Specific methodologies are important. How can educators meet the goals of sexual assault education? As explained previously, young people have specific learning needs that call for specific methodologies. Interactive learning is necessary for them to get the most out of the lesson. The following guidelines can help teachers meet the goals of sexual assault education:

- **Move from the abstract to specific.** If teens can start by thinking about males and females, in general, they will better understand why "John" assaulted "Mary." The complexities of such assaults are difficult to untangle. By introducing the topic of sexual assault in broad, general terms, teachers will provide students with a foundation on which specific examples may be developed and understood.

- **Begin with gender and work toward sexual assault.** Because sexual assault is a sensitive subject, teachers should not open a session with the word "rape." To do so would, undoubtedly, unleash a circus of emotions and accomplish very little. By starting with a discussion on gender, teachers can build up to a discussion on sexual assault and rape. This is not to suggest that gender issues are free of baggage. But,

when handled first, they provide more focus for the eventual discussions on assault.

- **Don't lecture.** Let the students speak. They have a lot to say, and they can learn from each other by communicating. Provide structured activities in which they can learn from each other. When inaccuracies surface, let the students themselves correct them. Intervene only when necessary. Students certainly have thoughts and opinions about sexual assault. Provide a forum for free expression.
- **Vary the activities.** Give the students different tasks and different formats for expression. Sexual assault has emotional, legal, moral, and cultural facets. Provide students with the opportunity to explore all of these issues.

CONCLUSION

Misinformation about gender and sexual assault abounds among high school students. Education to prevent such assault is an essential component of any high school sexuality education curriculum. There is, however, insufficient research on the effectiveness of such programs. Also missing from literature are specific recommendations that can provide educators with a framework with which to develop effective lessons.

Yet, even with so little information available, educators can develop effective lessons for high school students. Those lessons that will work best will employ a workshop model of learning and will address the centrality of gender roles in discussions of sexual assault.

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NEW MONOGRAPH AVAILABLE: WAS IT RAPE? AN EXAMINATION OF SEXUAL ASSAULT STATISTICS

Was It Rape? An Examination of Sexual Assault Statistics is the latest monograph in the Sexuality and American Social Policy series cosponsored by the Kaiser Family Foundation and the American Enterprise Institute in partnership with The Alan Guttmacher Institute, The Population Council, and the U.S. Centers for Disease Control and Prevention.

The monograph presents two sides in the debate over the prevalence of sexual assault in the United States, an issue about which the nation's consciousness has been raised as a result of recent, widely publicized studies indicating a rise in the rates.

Neil Gilbert of the University of California at Berkeley writes that these figures overstate the problem, in part because they are based on overly broad definitions of sexual assault. Bernice Sandler of the National Association of Women in Education takes an opposing view, arguing that these high figures reflect a long overdue change in the definition of sexual assault.

Copies of *Was It Rape?* are available by calling the Kaiser Family Foundation's publications request line at 800-656-4533.

A SAMPLE LESSON PLAN ON SEXUAL ASSAULT (Two Hours)

GOALS AND OBJECTIVES

By the end of this lesson, participants will:

- explore issues of power and gender.
- examine at least three myths about sexual assault.
- be able to define sexual assault in terms of power.
- understand the relationship between gender role expectations and sexual assault.

LESSON PLAN

Materials

One copy of a story on sexual assault for each student, 8 1/2 X 11 sheets of paper (each with one sexual assault myth clearly written with marker), tape, lists of gender roles.

Welcome

Allow students to make comments or ask questions. Explain that this lesson involves the reading of a short story on sexual assault followed by group discussions and full class analysis. Hand out copies of the story.

Short Story on Sexual Assault (40 minutes)

Read the students a story from youth literature about sexual assault (such as *The House on Mango Street* by Sandra Cisneros¹). Read to the class. Encourage them to read along on their own.

Give the students a chance to read it over again to make sure that everything is clear. Offer to answer any questions that might help clarify the story, and then give the students an opportunity to respond by asking, "What did you think of the story?" Allow everyone time to make a comment, and then lead the discussion with some questions about sexual assault in the story. Be prepared for several answers to these questions and to devote some time for discussion.

Next, ask the class to focus on gender issues in the story. "How do the females think, act, feel?" "How do the males think, act, feel?" "Did you notice anything about the gender roles?" "Were there any racial issues?" Explain. Ask the students to examine the power issues in the story. "Who had power?" "Who didn't?" "Did the power shift?" Discuss.

Myths (45 minutes)

Using the sexual assault in the story, the facilitator can introduce myths of sexual assault. Ask the class to count off

so that they are divided into groups of four. Assign each group to an area where they will find a sheet of paper with a statement such as: "It can be rape even if she says yes." "Men can be raped too." "A man can rape his wife." Ask each group to discuss their thoughts/feelings/opinions. After about eight minutes, ask the groups to rotate clockwise to the next sign. This should be done so that each group discusses at least four signs. Then bring the class back together.

The facilitator can then begin the discussion by asking for comments from the class. Then ask the following questions: "Which of the signs was the most difficult to discuss?" "Why?" "Which was the easiest?" "Why?" "What did you notice about the opinions that you had?" "Were they typical or not?" "Which of the signs was the most important to you?" "Least important?" "How did it feel discussing the signs?"

On a more abstract level, the facilitator may ask: "How can power make the statements on the signs true or false?"

Gender Roles and Sexual Assault (25 minutes)

Ask students to make lists of male and female gender role expectations. Put these lists on the wall and remind the class that they represent expectations rather than truths.

Next, ask the class to consider gender role expectations, power, and sexual assault. Emphasize that in trying to live up to gender role expectations to avoid punishment and seek reward, individuals behave in accordance with expectations and often at the expense of others. We often treat members of the other gender as if they embody their gender role although they probably deviate in many respects. Ask what items on the male list look as if they might contribute to sexual assault. Ask what items on the female list might contribute to sexual assault. Remind the class that these are expectations and not innate characteristics. Discuss and give a journal assignment.

Assignment

Ask students to define sexual assault in their own words, and to incorporate the concept of power.

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(Editor's Note: This is a Lesson Plan which the author developed when teaching students in Philadelphia, PA.)

DEFINING "COERCION" AND "CONSENT" CROSS-CULTURALLY

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This article—"Defining 'Coercion' and 'Consent' Cross-Culturally"—is excerpted from *Sexual Coercion and Reproductive Health: A Focus on Research* published by the Population Council in New York City earlier this year.

In its foreword, the authors talk of contributing to a better understanding of sexual coercion as well as its causes and consequences. They ultimately seek to equalize and improve partnerships and point to two important facts: (1) women, though they are usually the victims of coercion, are ultimately the agents of change; and (2) men, though they commit the majority of abuse against women, are the people with whom women must create coalitions to eradicate violence and abuse.

Pointing out that coercion (and subsequent abuse) are linked to such health issues as teenage pregnancy, high-risk sexual behavior, STDs, and neonatal and maternal mortality, the authors conclude that family planning/reproductive health services are the logical vehicles to provide people with help and guidance on this issue. This is not a point, however, on which all such services agree — with some feeling they are not equipped and others feeling they are not appropriate.

Although this excerpt focuses exclusively on coercion and consent from different cultural viewpoints, the booklet itself looks at these issues from a variety of perspectives: their relationship to reproductive health; the consequences for family planning/reproductive health services; the origin of sexual aggression; issues relating to research/methodology; and recommendations for future work. — **Editor**

Any effort to investigate sexual coercion in different cultural contexts requires confronting the difficult issue of how to define "consent" for the purposes of research. Some individuals argue, for example, that there is no such thing as "marital rape" in their culture; marriage by definition grants men unrestricted sexual access to their wives. Others would argue that women have a right to refuse unwanted sex regardless of what

male-defined norms of marriage and "culture" might say.

Indeed, all societies have forms of sexual violence that are socially proscribed and others that are tolerated, or in fact encouraged, by social custom and norms. Most societies condemn sex between adults and children and forced sexual intercourse with an unmarried virgin. Many, however, openly or tacitly accept forced sex within marriage or against women who are sexually experienced or perceived as provocative. Amazingly absent from most cultural definitions of abuse are the volition, perceptions, and feelings of the woman or girl. Often the context of an act (who did it to whom and under what circumstances) is more important in defining its "moral acceptability" than the act itself or its impact on the woman. (See box titled "Transgressive or Tortured Rape?")

One way to conceptualize coercive sex is along with a violence continuum from transgressive to tolerated coercive sex. (See box titled "Coercion Continuum" with viewpoints based on two different societies.) At one end...those acts that are clearly perceived as wrong by those in power and are swiftly punished; at the other...those acts that are tolerated or condoned, regardless of how the woman experiences the event. Generally, whether sexual coercion is seen as normative or transgressive depends on whether a woman is sexually chaste, who she "belongs to" (is she married, still living at home, independent), who the perpetrator is (does he have sanctioned sexual access to the woman), and the nature of the sexual act (*penetrative versus non-penetrative*).

Within any one society there may be contested areas where the lines are in transition. In the United States, for example, the line between acceptable and nonacceptable levels of coercion among dating partners is clearly changing. Acts that would have been cited as the girl's fault or ascribed to "bad manners" on the part of the boy 20 years ago are

increasingly being labeled "date rape." The social definition of acceptable behavior is culturally defined and therefore subject to change. The dominant definition that holds sway at any one time, however, has nothing to do with whether coercion actually occurred. This is a subjective reality that can only be determined by the woman.

Patricia Rozec, a psychologist who studies sex and violence cross-culturally, suggests that female choice should be the benchmark for definitions of rape. She prefers the concept of *choice* to *consent* because it does not implicitly assume that men initiate all sexual overtures. Rozec rejects the tendency in anthropology to accept male-defined social norms rather than women's experience when defining rape cross-culturally. "It is not uncommon," she notes, "to find reports of an exceedingly violent male practice that an ethnographer is reluctant to label as rape simply because it is socially condoned.... While it is important to accurately and respectfully record life in other cultures, it is also important not to embrace androcentrism in order to avoid ethnocentrism."¹

In general, participants [at a recent seminar on sexual coercion and women's reproductive health cosponsored by the Robert H. Ebert Program on Critical Issues in Reproductive Health and the Violence, Health and Development Program] endorsed the idea of a universal standard for identifying coerced sex across cultures. Sensitivity to culture is important when designing strategies to change cultural beliefs and attitudes: education programs must start where people are and help them come to adopt more progressive beliefs. But respect for culture should not be allowed to compromise the ultimate goal: voluntary, safe sexuality for all people. (Almost all societies have indigenous moral codes that could be used against sexual violation of

women. Despite the prevalence of male dominance and abuse of male sexual power among those following all major and minor religions, no religion or social code of ethics condones or perpetuates sexual violence.)

In an article on domestic violence in Ghana, Ghanaian lawyer Ofeibea-Ofboagye argues that "a culture that teaches male mastery and domination over women must be altered":

The changes in Ghanaian culture that I envision can be compared in a way to the weaving of the traditional Ghanaian kente cloth. We must add to and subtract from the fabric of our society in order to create a masterpiece. I think we can accomplish this by undoing some of the cultural norms and replacing them with others, different but equally strong and beautiful.²

This approach is consistent with the rapidly expanding women's human rights movement, which seeks to preserve the positive elements of all cultures but to dismantle those cultural beliefs and practices that harm women and deny their right to bodily integrity. Women at the forefront of this movement point out that culture is always changing; appeals to culture are often merely an excuse to justify practices oppressive to women. As Nahid Toubia, executive director of the Research, Action & Information Network for Bodily Integrity of Women observed at the seminar, "Why is it only when women want to bring about change for their own benefit that culture and custom become sacred and unchangeable?"

The [seminar participants] also grappled with appropriateness of calling certain encounters *rape* or *coerced sex* when a woman herself would not use [these terms]. The [participants]

TRANSGRESSIVE OR TORTURED RAPE?

Transgressive or non-normative rape is defined as "illicit, uncondoned genital contact that is both against the will of the woman and in violation of social norms for expected behavior."³ This definition depicts the stereotypical rape that consists of a surprise attack on a virtuous woman. In fact, the wrongness of rape is often determined not by the nature of the act committed but by the marital or moral status of the woman.

Tolerated or normative rape is defined as "genital contact that the female does not choose, but that is supported by social norms." Coercive sex is supported by social norms when "there is no punishment of the male or the female only is punished; if the rape itself is condoned as a punishment of the female; if the genital contact is embedded in a cultural ritual such as an initiation ceremony; or when refusal is disapproved or punished by the community."

Cultural responses to rape frequently reflect the attitude that only women of good character deserve protection from rape. This notion is codified in certain Latin American countries—including Costa Rica, Ecuador, and Guatemala—whose laws recognize rape of only honest and chaste women. The distinction between types of women may also be implied. In Pakistan, courts have ruled that testimony of women of "easy virtue" has less weight. To assess a woman's virtue the court uses, among other things, a finger test to see if her vagina accommodates two fingers easily. If so, sex is said to be habitual and a woman's testimony loses weight.⁴

felt that research definitions should be based on behavioral definitions of what actually occurred rather than on whether a woman acknowledges the event as "rape" or not. Women frequently internalize their culture's mythology about rape and may not feel that their experience, while painful, "qualifies" as rape. As Dr. Toubia observed, "Just because a woman doesn't call it rape doesn't mean she doesn't feel violated. She may not have the language, or she may never have been asked."

The truth in this statement becomes clear when one listens to the words of women who are "reframing" their experiences of coercive sex in light of new information. Consider the following quote from a Latin American woman being interviewed about her sexual life:

My sex life in marriage has been dominated by rape, rape, rape — and nothing to do with love. I didn't know that what I experienced was rape. I first found out about that when I went into therapy — that what I described was nothing other than rape. I thought that rape was something that happened in a dark, remote street in the middle of the night. I didn't know that it could also happen in a marriage bed.⁵

A similar "reframing" is evident in the sexual initiation stories of exiled Iranian women living in the United States. When interviewed by anthropologist Mary Hegland about

their wedding nights in Iran, most described the experience as violent and highly traumatic.⁶ Many gave graphic details of being held down by relatives while the man forced himself on her. While the women said the term "rape" would never be applied to this experience in Iran, they freely used terms like "rape" and "torture" to describe the experience, after being exposed to this language in the United States. This new language merely gave voice to feelings they already had.

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SOCIETY 1	
COERCION CONTINUUM	
TOLERATED <ul style="list-style-type: none"> • Forced sex with a prostitute • Forced sex with a woman who "asks for it" • Forced sex with a woman who does not physically resist • Forced sex by a man who is drunk 	TRANSGRESSIVE <ul style="list-style-type: none"> • Rape by a stranger • Sexual contact by an adult with a child • Sexual contact between family members
AREAS IN TRANSITION	
<ul style="list-style-type: none"> • Forced sex by a spouse • Forced sex within a dating relationship • Sexual harassment by an employer 	
SOCIETY 2	
COERCION CONTINUUM	
TOLERATED <ul style="list-style-type: none"> • Forced sex within marriage • Forced sex with a minor if you agree to marry the girl • Assumed sexual availability of all unattached, mature women • Forced sex with a servant • Punitive sex 	TRANSGRESSIVE <ul style="list-style-type: none"> • Incest • Forced sex with a virgin outside of marriage • Forced sex with someone else's wife without permission
AREAS IN TRANSITION	
<ul style="list-style-type: none"> • Women lending/wife exchange 	

TEACHING OUR TEACHERS TO TEACH: A SIECUS STUDY ON TRAINING AND PREPARATION FOR HIV/AIDS PREVENTION AND SEXUALITY EDUCATION

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The teaching of comprehensive sexuality education from kindergarten through 12th grade begins with the proper training of the teachers. Too often, they do not have the skills, knowledge, or inclination to teach such courses. Few have received training in sexuality education, and even fewer have received certification as sexuality educators.

Colleges and universities need to provide training in HIV/AIDS prevention and sexuality education for pre-service teachers, and must ensure that this training is comprehensive. To assess such efforts, SIECUS developed this study of undergraduate teacher preparation programs and their ability to provide sexuality education based on the six key concepts outlined in its *Guidelines for Comprehensive Sexuality Education: Kindergarten — 12th Grade*. These concepts are human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.¹

Specifically, this report reviews the amount and type of sexuality education at a sample of 169 institutions offering undergraduate preparation of teachers. It is based on a review of course catalogs to allow for a systematic comparison of a sample of programs using the same criteria. (This method of studying catalogs rather than professionals was previously used by Bensley and Pope in 1994.²)

The study addresses three questions:

- Do teacher certification programs offer courses designed to prepare pre-service teachers to teach health education, sexuality education, and HIV/AIDS prevention education?
- Are courses required or elective?

- Are sexuality education programs comprehensive?

Just a few short years ago, there was little consensus about which topics and messages constitute comprehensive sexuality education. In 1990, SIECUS convened the National Guidelines Task Force to develop the *Guidelines for Comprehensive Sexuality Education: Kindergarten — 12th Grade* to provide an organizational framework. These *Guidelines* reflect a comprehensive approach to sexuality education, and are used to create new programs and improve existing ones at both the state and local levels. They are also used by teachers in providing a theoretical basis for classes and by others working in the areas of teacher preparation and in-service education.

SIECUS believes comprehensive sexuality education is an important component of every grade in all schools and that specially trained teachers can complement the education provided by families as well as by religious and community groups. SIECUS recommends careful development of school-based education programs to respect the diversity of values and beliefs represented in the community.

SIECUS also believes that curricula and resources should be appropriate to the age and developmental level of students. Teachers responsible for sexuality education must receive specialized training in human sexuality, including the philosophy and methodology of teaching sexuality education. Because sexuality issues touch on so many developmental issues relating to children and youth, SIECUS has, since 1965, urged that all prekindergarten through 12th grade pre-service teachers receive at least one course in human sexuality.

Editor's Note: This report was made possible by grant number U 87/CCU 210194 from the U.S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. Its contents are the sole responsibility of the authors and do not represent the official views of the U.S. Centers for Disease Control and Prevention.

KEY FINDINGS OF NEW SIECUS STUDY

Teaching Our Teachers to Teach: A SIECUS Study on Training and Preparation for HIV/AIDS Prevention and Sexuality Education reveals that the nation's elementary and secondary school teachers are not adequately prepared at the pre-service level to provide HIV/AIDS prevention and sexuality education to students.

Key findings of this sample survey of 169 colleges and universities which provide undergraduate training of teachers include:

- 94 percent of schools offer at least one sexuality course, and 87 percent offer at least one health education course.
- Only 14 percent of the colleges and universities require a health education course for all pre-service teachers.
- No schools require a sexuality education course for all pre-service teachers.
- Almost no elementary (2 percent), secondary (1 percent), or physical education (6 percent) certification programs require any courses on sexuality.
- Only 61 percent of the institutions require students in health education certification programs to take sexuality courses.
- No schools require students in health education certification programs to take a course covering HIV/AIDS.
- Only 9 percent of health education certification programs required a sexuality education methodology course.
- Only 3 percent of physical education certification programs — and no elementary or secondary education certification programs — require sexuality education methodology courses.
- Only 12 percent of schools offered any courses that mentioned HIV/AIDS in the course descriptions.
- Not one school required a course that mentioned HIV/AIDS in their course descriptions for all pre-service teachers.

BACKGROUND

Concern about teacher training for sexuality education dates back to the beginning of the century. As early as 1912, the National Education Association called for programs to prepare teachers for sexuality education. In 1955, the National Association of Secondary School Principals reported that there seemed to be a trend toward increased number of courses for the preparation of sexuality educators. In 1968, the permanent Joint Committee of the National School Boards Association and the American Association of School Administrators said that the implementation of sexuality education programs in the schools "places a responsibility on local school boards and state departments of education and teacher training institutions to provide qualified teachers."³ Organizations such as SIECUS have long called for improved teacher training in sexuality education.

The vast majority of those who teach sexuality education are not sexuality educators. In fact, physical education teachers account for the largest number of those providing sexuality education in middle and high schools — followed by health educators, biology teachers, home economics teachers, and school nurses.⁴ Classroom teachers are most likely those who provide health-related instruction in elementary school.⁵

Although over three-quarters of those teaching sexuality education classes report some undergraduate training in this area, there has been no study of the content of their training.⁶ A survey of 156 inner-city elementary teachers showed that

only 19 percent report any pre-service training in health education. Only one had received training within five years.⁷

In most studies, teachers report they do not feel adequately trained to teach HIV/AIDS prevention and sexuality education. They report concern about their ability to teach personal skills,⁸ about their knowledge of HIV/AIDS (particularly as it relates to having a child with AIDS in the classroom)⁹, or their knowledge of STDs.¹⁰ They also feel they need help in teaching such subjects as sexual orientation and risk behaviors that include drug use and safer sex practices.¹¹ Most of those teaching HIV/AIDS prevention and sexuality education have received their training in short workshops or seminars.¹²

Few states have either training or certification requirements for teachers who offer sexuality or HIV/AIDS prevention lessons. Although the vast majority require or recommend teaching about sexuality or HIV/AIDS, only 12 states, the District of Columbia, and Puerto Rico require any certification for teachers of sexuality education, and only 12 states and the District of Columbia require certification for teachers of HIV/AIDS prevention education. Only six states and Puerto Rico require teacher training for sexuality educators; nine states, the District of Columbia, and Puerto Rico require training for teachers of HIV/AIDS prevention education.¹³

If HIV/AIDS prevention and sexuality education programs are to prove effective, teachers must receive professional training in how to teach these subjects. The best way to train teachers initially in this area is through pre-service

training. Given the large numbers of teachers with undergraduate training who teach sexuality and health education, undergraduate teacher training programs need to be evaluated for their existing curricula on comprehensive sexuality education. This pre-service professional training will become the foundation upon which to base effective HIV/AIDS prevention and sexuality education curricula in schools.

METHODOLOGY

Problem

This study addresses three questions about pre-service teacher preparation: (1) Do teacher certification programs offer courses designed to prepare pre-service teachers to teach health education, sexuality education, and HIV/AIDS prevention education? (2) Are such courses required or elective? (3) Are sexuality education programs comprehensive?

Sample

SIECUS selected the 1994 *Membership Directory* of the American Association of Colleges for Teacher Education (AACTE) as its sample source. The organization's 700-plus member institutions comprise a broad cross-section of those preparing teachers across the United States and account for more than 85 percent of all new teachers entering the profession each year in the United States. Members range from very small religious colleges to large state universities located in all 50 states, the District of Columbia, the Virgin Islands, Puerto Rico, and Guam.

SIECUS used a two-stage, systematic sampling strategy to select institutions for this study. First, researchers selected every fourth institution in the *Membership Directory*. Next, they selected the first institution in each state listing (or the next one if the first was already selected). Four states and territories had only one school listed and therefore contributed no new institutions to the sample in the second stage. This sample selection process resulted in 231 institutions selected for the study.

SIECUS requested undergraduate course catalogs from the 231 institutions. Six were eliminated as ineligible because they did not offer undergraduate teacher training. From the remaining 225, a total of 169 usable catalogs were received. An additional 28 institutions replied, but they did not provide sufficient information about courses for inclusion in the survey. In general, these schools only sent letters. There was no response from the remaining 28 schools. The final response rate for complete, eligible surveys was 75 percent. All catalogs covered the 1993, 1994, or 1995 school years.

The final analysis is, therefore, based on a sample of 169 institutions offering undergraduate teacher preparation in the United States that appear representative of AACTE member institutions.

Criteria for Including Courses

Based on the title and description, courses were selected if they were:

- Available to students pursuing undergraduate teacher preparation (required, recommended, and elective courses),
and
- The main focus of the course could be classified as either *health education* or *human sexuality*,
or
- The main focus of the course was a sexuality-related key concept delineated by the *Guidelines for Comprehensive Sexuality Education: Kindergarten—12th Grade*.

Researchers abstracted 819 courses offered by the following departments: teacher education, health education, physical education, psychology, sociology, biology, religion, women's studies, human development and family studies, and home economics. All courses were chosen because they had the potential to discuss sexuality issues based on course titles and descriptions. The sample includes both general issue and methodology courses. Health education courses with a broad focus were abstracted and were classified as health education courses (n=434). Health courses with a very specific focus which was not sexuality-related (such as nutrition or first aid) were not included in the sample. Those that specifically mentioned one or more key concepts as a focus of the course were classified as human sexuality courses (n=385). (See Table 1.)

TABLE 1: FOCUS OF COURSE BY NUMBER OF COURSES OFFERED AND REQUIRED

Focus of course	Number of courses offered at all schools	Percent of courses required for at least one certification program
General health education	434	81% (n=350)
Human sexuality	385	16% (n=60)
HIV/AIDS issues	24	33% (n=8)

Survey Instrument

Using the *Guidelines for Comprehensive Sexuality Education, Kindergarten — 12th Grade*, SIECUS staff developed a survey instrument to obtain information from the catalogs. This instrument gathered information on course content as well as general institutional characteristics such as type of institution, location, student population, and teacher certification programs offered. Two general course categories were selected: health education and sexuality, since they were most likely to include sexuality-related components.¹⁴

Content Analysis

Each program was reviewed in two ways to determine if it included the six key concepts and topics identified in the *Guidelines*. First, the number of key concepts listed in the

course description was totaled and then used to determine the degree of comprehensiveness of any single sexuality-related course. Second, the number of different concepts presented across all of the school's abstracted courses was added. This number was interpreted as the comprehensiveness of the institution's entire sexuality education curriculum for teachers.

Course titles were also analyzed to gauge the overall focus of the course and to provide a second method for evaluating the sexuality education that teachers in training are offered. Since this content analysis is not as dependent on the level of detail in the catalogs, it provides some validation of the findings based on course descriptions.

Data Analysis

The abstracted surveys were coded, scanned (using the Teleform 3.1 program), and entered into SPSS-PC+ (a social science statistical computer package) for analysis. Course titles were also analyzed qualitatively, using content analysis techniques for grouping themes and key words.

Limitations

The use of catalogs to evaluate teacher training programs has limitations. The information abstracted for each course is based solely on the description listed in the catalog. It may not include all of the topics covered in a specific course and does not include a syllabus, underlying philosophy or orientation, required readings, instructor background, and instructor emphasis. SIECUS did not have data available on how many students actually take these courses, or how well they perform when they do take them.

Because this analysis is based solely on information abstracted from course descriptions and titles in institutional catalogs, the content analysis inevitably reflects the level of detail in the catalog as well as the breadth of the courses reviewed. Some courses may actually cover more of the key concepts than appear in their descriptions. Others may be listed but not offered during every academic year. Required courses are more likely available annually while elective courses are often taught on a rotating basis. Some schools list courses even though they are taught only every two to three years.

Thus, while the analysis is probably a conservative estimate of the comprehensiveness of sexuality education in undergraduate training, the overall analysis probably *overstates* the number of available sexuality-related courses.

RESULTS

Institutional Characteristics

This sample of 169 colleges and universities that prepare pre-service teachers is composed of 52 percent public, 5 percent private secular, and 43 percent private religious colleges and universities in the United States. Half (50 percent) had student populations of 3,000 or less; 7 percent had a student population greater than 15,000.

Almost all the colleges and universities offering teacher preparation programs offer certification in elementary (98 percent) and secondary education (98 percent). Many also offer certification in physical education (64 percent), health education (41 percent) and joint physical/health education (12 percent). Only 2 percent offer family life education certification programs. These are offered through their home economics departments. None of the required course descriptions in the family life education certification programs explicitly mention topics related to sexual health, sexual behavior, or personal skills. In addition, 6 percent of the institutions offer other teaching certification programs that have some sexuality or HIV/AIDS course requirements. The other majors represented in this category are home economics, special education, and child development and family studies. (See Table 2.)

TABLE 2: PERCENTAGE OF SCHOOLS OFFERING CERTIFICATION BY CERTIFICATION PROGRAM (N=169)

Certification program	Percentage of schools offering certification
Elementary education	98% (n=166)
Secondary education	98% (n=165)
Physical education	64% (n=108)
Health education	41% (n=69)
Health and Physical education combined	12% (n=20)
Family life education	2% (n=3)
Other teacher certification programs*	6% (n=10)

*These certification programs contain some sexuality education coursework. The certification programs represented are home economics, special education, and child development programs.

Courses in Health, Sexuality, and HIV/AIDS

Almost all of the institutions offer at least one class to pre-service teachers in general health education (87 percent) or human sexuality (94 percent). Most, however, do not offer classes that cover HIV/AIDS (only 12 percent offer courses that mention HIV/AIDS in their course descriptions). (See Table 3.) Only 9 percent of the general health education course descriptions contain specific language related to sex-

TABLE 3: FOCUS OF COURSE BY PERCENTAGE OF SCHOOLS OFFERING OR REQUIRING COURSEWORK (N=169)

Focus of course	Percent of schools offering at least one course	Percent of schools requiring at least one course for at least one certification program	Percent of schools requiring at least one course for all certification programs
General health education*	87% (n=147)	79% (n=133)	14% (n=23)
Human sexuality	94% (n=159)	33% (n=56)	0
HIV/AIDS issues	12% (n=21)	4% (n=7)	0

*These figures exclude courses in first aid, nutrition, and other specific topics not directly relevant to human sexuality.

uality or HIV/AIDS. In general, sexuality is mentioned as one topic among others such as mental health, stress reduction, substance abuse, disease prevention, or nutrition.

Many of the institutions offer several general health education courses (excluding first aid, nutrition, and other topics not directly relevant to human sexuality): 56 percent offer one to three courses; 24 percent, four to five courses; and 6 percent, six or more courses. Many also offer several sexuality courses: 74 percent offer one to three courses and 20 percent, four to five courses. One school offers seven courses. Only 11 percent of the schools offered one course covering HIV/AIDS. Three schools offered two courses. (See Table 4.)

TABLE 4: NUMBER OF COURSES OFFERED BY SCHOOLS IN THE AREAS OF HEALTH, SEXUALITY, AND HIV/AIDS (N=169)

Number of courses	General health education courses*	Sexuality courses	HIV/AIDS issues courses
0	13% (n=22)	6% (n=10)	88% (n=148)
1	22% (n=38)	30% (n=50)	11% (n=18)
2-3	34% (n=58)	44% (n=75)	2% (n=3)
4-5	24% (n=41)	20% (n=33)	0
6-9	6% (n=10)	1% (n=1)	0

*These figures exclude courses in first aid, nutrition, and other specific topics not directly relevant to human sexuality.

This study also looked at how many courses are designed to help pre-service teachers learn the pedagogy and methodology of health education, sexuality education, and HIV/AIDS prevention education. Most schools (72 percent) offer classes in health education methods. Few schools (12 percent), however, offer methods courses in sexuality education. Only 4 percent offer courses which include methods training in HIV/AIDS prevention education. (See Table 5.)

Course Requirements in Health, Sexuality, and HIV/AIDS

One way to measure whether pre-service teachers will

TABLE 5: PERCENTAGE OF SCHOOLS OFFERING AND REQUIRING TEACHING METHODS COURSES (N=169)

Focus of methods course	Percent of schools offering at least one course	Percent of schools requiring at least one methods course for at least one certification program	Percent of schools requiring at least one methods course for all certification programs
General health education methods	72% (n=121)	63% (n=106)	2% (n=3)
Sexuality education methods	12% (n=20)	8% (n=13)	0
HIV/AIDS prevention education methods	4% (n=6)	4% (n=6)	0

receive training in a certain area is to look at required courses. Most schools (79 percent) require at least one general health education course for at least one certification program, and many (33 percent) require at least one sexuality course for at least one certification program. (See Table 3.) Hardly any (4 percent) require courses covering HIV/AIDS for any programs. Of all abstracted courses, 81 percent of the health education courses, 16 percent of the sexuality courses, and 33 percent of the courses covering HIV/AIDS are required for at least one certification program. (See Table 1.)

Only 14 percent of the surveyed schools require a health education course for all pre-service teachers. (See Table 3.) None require courses covering HIV/AIDS or sexuality courses for all pre-service teachers, although one does recommend sexuality courses for all teacher certification programs.

Almost three-quarters (72 percent) of the schools offer courses in the pedagogy and methodology of health education for their pre-service teachers. Twelve percent of schools offer a course in the pedagogy and methodology of sexuality education. Only 4 percent of schools offer methodology courses which include HIV/AIDS prevention education for any teacher certification program.

Most schools in the sample (63 percent) require a course in health education teaching methods for at least one pre-service certification program. Only three (2 percent) require a methods course for all pre-service certification programs. Less than one in ten of the schools (8 percent) require sexuality education teaching methods courses for any certification program. Only 4 percent require teaching methods courses which specifically indicate HIV/AIDS prevention education content for any program. (See Table 5.)

Requirements for Certification Programs

There are few required courses in the areas of health education, human sexuality education, or HIV/AIDS prevention education for most certification programs. Although elementary classroom teachers almost always handle health education issues,¹⁵ less than half of the schools (48 percent) require a health education course for pre-service elementary teachers. Only 2 percent require a sexuality course, and only 3 percent require courses covering HIV/AIDS.

Figures indicate that secondary pre-service teachers (those without a specific specialization in health or physical education) are far less likely to receive pre-service training: only one in six schools (16 percent) require health education courses for pre-service secondary educators while only 1 percent require a sexuality course, and only 2 percent require a course covering HIV/AIDS. (See Table 6.)

Health and physical education teachers are most likely to provide sexuality education at the middle and high school level.¹⁶ Pre-service teachers enrolled in health and combined health and physical education certification programs are the most likely to be required to take courses in

TABLE 6: PERCENTAGE OF SCHOOLS REQUIRING SUBJECT BY CERTIFICATION PROGRAM

Certification program	Percent of schools requiring health education*	Percent of schools requiring human sexuality	Percent of schools requiring HIV/AIDS education
Elementary education (N=166)	48% (n=80)	2% (n=3)	3% (n=5)
Secondary education (N=165)	16% (n=27)	1% (n=1)	2% (n=3)
Health education (N=69)	86% (n=59)	61% (n=42)	0
Physical education (N=108)	57% (n=62)	6% (n=6)	1% (n=1)
Health and physical education combined (N=20)	100% (n=20)	30% (n=6)	5% (n=1)
Family life education (N=3)	2 schools	3 schools	0
Other teacher certification programs (N=10)	10% (n=1)	30% (n=3)	0

*These figures exclude courses in first aid, nutrition, and other specific topics not relevant to human sexuality.

health education and sexuality. However, requirements differ among degree programs. Eighty-six percent of schools require a general health education course for pre-service health educators* and 61 percent require a sexuality course. For pre-service teachers in combined health and physical education programs, all schools offering such programs require health education, and 30 percent require sexuality education. Fifty-seven percent of schools require a health education course for pre-service physical education teachers but only 6 percent require a sexuality course.

Surprisingly, in 1993-95, almost no schools required health or physical education pre-service teachers to take a course covering HIV/AIDS. No school requires a pre-service health education teacher to take a course covering HIV/AIDS. Only one school requires a pre-service physical education teacher to take a course covering HIV/AIDS, and one school requires pre-service teachers enrolled in combined health and physical education programs to take such a course. (See Table 6.) In fact, only 12 percent of schools offer any courses covering HIV/AIDS. (See Table 3.)

Methods courses are even less likely to be required. Although one-third (35 percent) of schools require pre-service elementary education students to take a health education methods course, none require a sexuality education

*SIECUS expected this figure would rise to 100 percent if health courses in nutrition, first aid, or other specific topics that include no sexuality information were included.

methods course, and only 2 percent require a course which includes HIV/AIDS prevention education methods. Pre-service secondary education students are even less likely to be required to take a health education methods course; only 4 percent of schools require them. No schools require sexuality education methods courses for pre-service secondary educators, and only 1 percent of schools require courses that include HIV/AIDS prevention education methods. (See Table 7.)

TABLE 7: PERCENTAGE OF SCHOOLS REQUIRING METHODS COURSES BY CERTIFICATION PROGRAM

Certification program	Require health education methods*	Require sexuality education methods	Require HIV/AIDS education methods
Elementary education (N=166)	35% (n=58)	0	2% (n=4)
Secondary education (N=165)	4% (n=6)	0	1% (n=2)
Health education (N=69)	77% (n=53)	9% (n=6)	0
Physical education (N=108)	30% (n=32)	3% (n=3)	1% (n=1)
Health and physical education combined (N=20)	85% (n=17)	20% (n=4)	5% (n=1)
Family life education (N=3)	0	100% (n=3)	0
Other teacher certification programs (N=10)	0	30% (n=3)	0

*These figures exclude courses in first aid, nutrition, and other specific topics not relevant to human sexuality.

Even those teachers most likely to teach health, sexuality, and HIV/AIDS prevention education are not always required to take methodology and pedagogy courses in HIV/AIDS prevention and sexuality education. Although 77 percent of schools require pre-service health educators to take a health education methods course, only 9 percent require a sexuality education methods course and none require a course that includes HIV/AIDS prevention education methods. Pre-service teachers in combined health and physical education programs are required to take health education methods courses in 85 percent of schools that offer such programs, but sexuality education methods courses are required in only 20 percent of schools, and courses including HIV/AIDS prevention education methods in only one school. Pre-service physical education teachers are required to take health education methods courses in 30 percent of schools, but only 3 percent of schools require a sexuality

education methods course, and only one requires a course which includes HIV/AIDS prevention education methods.

All three of the schools that offer a certification in family life education require a sexuality education methods course, but none require a health education methods course.

KEY CONCEPTS

A comprehensive sexuality education program covers human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.¹⁷ The majority of courses (90 percent) offered to pre-service teachers list three or fewer of the key concepts. Human development, relationships, and society and culture are the most likely concepts included in course descriptions. Only 7 percent of schools list all six key concepts through some combination of courses offered; only four individual sexuality courses (1 percent) list all six key concepts in their course descriptions. In other words, pre-service teachers in 93 percent of the institutions will not receive coverage of the six key concepts even if they take every available course.

Of the courses offered to pre-service teachers:

- 4 cover all 6 key concepts;
- 33 cover 4 to 5 key concepts;
- 166 cover 2 to 3 key concepts;
- 143 cover 1 key concept;
- 39 were not specific enough to determine.

Of the courses required for at least one pre-service certification program:

- no courses cover all 6 key concepts;
- 3 cover 5 key concepts;
- 1 covers 4 key concepts;
- 10 cover 3 key concepts;
- 15 cover 2 key concepts;
- 15 cover 1 key concept;
- 16 were not specific enough to determine.

MAJOR FOCUS OF SEXUALITY COURSES

SIECUS also conducted a content analysis of course titles to supplement the course description analysis. While the course

description may indicate a range of topics, the title itself indicates the central focus of the course. (See Table 8.) In some cases, the title also indicates the disciplinary or philosophical perspective from which the course is taught.

There were six general title categories for human sexuality courses: "Sex, Sexual and Sexuality"; "Marriage, Family, and Relationships"; "Gender/Sex Roles"; "Reproduction/Fertility"; "HIV/AIDS"; and "Others" (social problems/deviance, health, sexual assault or abuse, and gay and lesbian studies).

Sex, sexual, and sexuality (51 percent)

There were 179 courses with the words "sex," "sexual," or "sexuality" in the titles, excluding those within the other specified categories. The majority were simply titled "human sexuality" or other variations. An additional 16 courses included "family life education" in the title indicating a methods/teaching perspective. Only one course included "sexually transmitted diseases" in its title. Most course titles did not clearly identify a disciplinary or philosophical perspective. Of those that did, the greatest number were psychological (18 courses), followed by methodological (14 courses), religious/moral (10 courses), and sociological (eight courses).

Marriage, family and relationships (34 percent)

There were 131 titles (34 percent) that indicated a focus on relationships. The vast majority had marriage and family in their titles. Other relationship-related terminology included "courtship," "dating," "love," and "mate selection." Again, most of the titles did not indicate a disciplinary or philosophical perspective. Of those that did, a sociological perspective was most common (18 courses), followed by religious/moral (four courses), psychological (two courses), and methods/teaching (two courses).

Gender/sex roles (7 percent)

There were 26 courses (7 percent) with "sex roles" and/or "gender" in their titles. The most common perspective was psychological (five courses), followed by philosophical (two courses) and sociological (two courses). One course each indicated a biological or religious perspective.

Reproduction/fertility (3 percent)

There were 12 courses (3 percent) with a human reproduction or fertility focus evident in the titles. There were only two specific perspectives mentioned — biological (three courses) and sociological (two courses). Only one course title ("Natural Family Planning") specifically mentioned contraception.

HIV/AIDS (2 percent)

There were nine courses (2 percent) with the words "HIV" and/or "AIDS" in the title. Of these, one course indicated a psychosocial perspective; none indicated a methods/teaching perspective.

TABLE 8: FOCUS OF HUMAN SEXUALITY COURSES BY TITLES (N=385)

Focus	Percentage of all human sexuality courses
Sex, sexual, and sexuality	51% (n=195)
Marriage, family, and relationships	34% (n=131)
Gender/sex roles	7% (n=26)
Reproduction/fertility	3% (n=12)
HIV/AIDS	2% (n=9)
Others*	3% (n=12)

*This category consists of courses falling into four categories: (1) social problems/deviance; (2) health; (3) sexual assault or abuse; and (4) gay and lesbian studies.

Others (3 percent)

The remaining 12 courses (3 percent) fell into four categories: (1) social problems/deviance; (2) health; (3) sexual assault or abuse; and (4) gay and lesbian studies. Five titles mentioned social problems or deviance with one from a religious perspective. There were four courses with health-related titles with only one indicating a methodological approach. Two titles mentioned sexual assault or abuse. One mentioned "lesbian/gay." This was the only course that indicated a focus on lesbian and gay issues or sexual orientation.

DISCUSSION AND CONCLUSIONS

The study's conclusions, while not surprising, show that there is still much work needed in the area of teacher preparation for HIV/AIDS prevention and sexuality education in the United States.

It is encouraging that almost all schools with teacher preparation programs offer at least one course in health education and sexuality issues. It is surprising, however, that few offer methodology courses and disappointing that only 12 percent of schools have a course description that even mentions HIV/AIDS.

The findings clearly illustrate that pre-service teachers are not adequately prepared to teach HIV/AIDS prevention and comprehensive sexuality education. Despite parental support and state-mandated demands for such education, those charged with this task do not have the proper tools to do so, leaving the responsibility to state and local departments of education and to the teachers themselves.

Specifically, only 14 percent of the surveyed institutions require health education courses for all of their pre-service teachers and none require a sexuality course. For health education certification programs, only 61 percent of schools require sexuality courses and none require courses covering HIV/AIDS. For elementary, secondary, or physical education certification, almost no institutions require sexuality courses (2 percent, 1 percent, and 6 percent, respectively) or courses covering HIV/AIDS (3 percent, 2 percent, and 1 percent respectively).

Pre-service health educators were most likely to be required to take pedagogy and methodology training in sexuality education. Even still, only a minority (9 percent) of health education certification programs required a sexuality education methodology course. Previous research indicates that teachers with undergraduate preparation in areas other than health education are the most likely to teach these topics.¹⁸ Yet, only 3 percent of physical education certification programs and no elementary or secondary education certification programs required sexuality education methods courses.

The number of programs that require, or even offer, training in HIV/AIDS is even lower than for sexuality education. Not one school required a course that mentioned

HIV/AIDS in their course descriptions for all pre-service teachers. Only 12 percent offer any courses that mentioned HIV/AIDS in their course descriptions. Even though most states have laws mandating HIV/AIDS prevention education in public schools, few colleges and universities provide their pre-service teachers with the skills they need to provide such education.

Most pre-service teachers have *elective* sexuality and health education courses available to them. Yet, they often have little time in their structured environment to take them. Even when they do have time, they will probably not find them comprehensive in scope but rather focusing on one or two sexuality-related themes such as relationships, society and culture, or sexual development. Of the sexuality courses offered at the surveyed institutions, only four (1 percent) were comprehensive in scope, covering all six key concepts. Teachers need broadly focused courses to help prepare them to teach such classes.

RECOMMENDATIONS

Augment the Number of Sexuality and HIV/AIDS Courses Offered. More colleges and universities must offer a complete course of study on human sexuality to pre-service teachers. They must also offer courses covering HIV/AIDS. In addition, they must offer courses on the methodology and pedagogy of HIV/AIDS prevention and sexuality education.

Improve Course Requirements for Health, Sexuality, and HIV/AIDS Prevention Education. At the very least, those who will teach sexuality education should receive training in human sexuality (including HIV/AIDS prevention) as well as the philosophy and teaching methods of sexuality education. Ideally, teachers should complete academic courses providing them with the most time-intensive and cognitively rich training.

Professional preparation programs for *all* teachers should include at least one health education survey course, and one human sexuality course which would include basic information about HIV/AIDS. In particular, all elementary, health, and physical education teachers, should be required to take courses on health education, and sexuality education, as well as methods courses in these areas.

Expand the Scope of Courses. Colleges and universities need to ensure that sexuality courses are comprehensive in scope. At a minimum, they should cover the six key concepts: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.

Enrich Teacher Certification Requirements. States should develop requirements that integrate sexuality education into existing health education certification requirements. Current requirements are not sufficient considering the vast number of professionals who are teaching sexuality

education. Current credential and accreditation bodies should integrate HIV/AIDS prevention education and sexuality education into their requirements for health educators.

CONCLUSION

Children must have access to comprehensive health education, including HIV/AIDS prevention and comprehensive sexuality education. Future generations of teachers must acquire the knowledge and skills to empower children to make healthy decisions. This study indicates there is an immediate need to improve teacher preparation in these critical areas in the United States.

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POLICY WATCH
THE 104TH CONGRESS' GOLDEN RULE
FOR SEXUALITY EDUCATION:
"HE WHO HAS THE GOLD, RULES"

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Early in the public policy history of sexuality education, the federal government thought it best to defer to local authorities. In fact, the White House Conference on Child Welfare in 1919 concluded that sexuality education was "more properly a task of the school."¹ Even today, two federal education laws prohibit the federal government from dictating the content of sexuality education classes.

Yet the 104th Congress is increasingly looking for ways to get involved in the communication of sexuality issues — particularly since such issues have moved to the fore in critical social policy debate relating to public school students, welfare mothers, and federal employees. To accomplish this, lawmakers are ignoring past admonitions — and avoiding a full debate on the issue — by using their legal right to control the purse strings for these federally funded programs.

In the past year alone, Congress has fought battles on sexuality issues in the Elementary and Secondary Education Act (ESEA), the reauthorization of the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act, and now, with increasing regularity, appropriations bills. The message is clear: if state and community programs seek federal funds, they had best toe the new party line on sexuality. And the party line is "Just say 'No.'"

THE SENATE'S "STEALTH"
ABSTINENCE PROGRAM

Ever since President Clinton made it an issue to "end welfare as we know it," the welfare reform debate has included reproductive and sexuality issues. The longest and most heated were on three subjects: the "family cap" (welfare mothers would not receive additional benefits if they had more children); teenage mothers receiving benefits only if they lived with their parents or other adults; and the "illegitimacy ratio" (states would receive funding perks if illegitimate births decreased in their state). The House bill included such provisions, but the Senate bill excluded them when it took up the measure in September. The Senate did, however, add language on a federal "abstinence-only" program.

The program is defined as "an educational or motivational program" of "mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children

out-of-wedlock."² Specifically, the program is one that:

- "Has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- Teaches abstinence from sexual activity outside of marriage as the expected standard for all school-age children;
- 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;
- Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- Teaches the importance of gaining self-sufficiency before engaging in sexual activity."³

The Senate added the abstinence education program to the Maternal and Child Health (MCH) block grant, a federal/state effort to provide services to women (usually pregnant or having just given birth) and young children. The language says that the MCH block grant program will have to set aside \$75 million of its funding for the abstinence education program. Since the Senate increased the MCH authorization by only \$56 million (the lowest allowable allocation), the program will, at a minimum, have to draw \$19 million away from its current programs.

This abstinence education effort was initiated by Senator Lauch Faircloth (R-NC), whose original intent was to transfer \$200 million from job training programs for its use. Senator Nancy Kassebaum (R-KS) and moderate Republicans objected to the high dollar amount of the set-aside and compromised the spending level at \$75 million. After Senators Robert

Dole (R-KS) and Christopher Dodd (D-CT) reached an agreement to add \$3 billion to the welfare reform bill for child care, the abstinence education program gained bipartisan support and was included in the Senate's final version.

As the Senate and House versions of welfare reform head to conference, the fate of the Senate's abstinence program — or any other welfare reform provision, for that matter — is unclear. It is unlikely that House Republicans will object to the program. Yet, some members strongly believe that all savings from welfare reform should go to deficit reduction, not new or supplemented programs. President Clinton himself has indicated that he would approve of a bill resembling the relatively moderate Senate version but would reject the House bill. (He did not specifically comment on the abstinence program.) Another complication is the possibility that the lawmakers could fold welfare reform into the larger, more complex budget reconciliation bill.

YET MORE "ABSTINENCE" IN THE SENATE

Abstinence-only legislation has surfaced in other parts of the Senate as well. While Senate leaders were considering abstinence-only language in the welfare reform bill, Senator Dan Coats (R-IN) was introducing legislation to create a \$200 million abstinence-only program using funds from the Title X Family Planning Program and the Adolescent Family Life (AFLA) Act.

Conservative members in both the House and the Senate have indicated waning support for the current AFLA program. They believe the Clinton administration essentially gutted it when grantees were allowed to discuss reproductive and sexuality issues other than abstinence. While bemoaning the relaxation of the strict abstinence-only approach dictated by previous administrations, these members have not expressed support for the other, more widely supported components of the AFLA Program, such as services for pregnant and parenting teens and research on teen pregnancy. The Senate has yet to produce a Labor Health and Human Services appropriations bill, which sets the funding level for the AFLA Program and other health and education efforts.

NUMEROUS HEARINGS ON SEXUALITY EDUCATION

Both controversy and uncertainty continue to surround a hearing — "Parental Involvement in Social Issues in Education" — proposed by the Subcommittee on Oversight and Investigation of the House Committee on Economic and Educational Opportunities.

The original purpose of the hearing was to focus on what is taught about homosexuality in health, sexuality, and HIV/AIDS education classes, and on interactions of adult gay men and lesbians (teachers, counselors, or guest speakers) with

students. As soon as gay and lesbian activists denounced the hearing's focus, the subcommittee said it had broadened its scope to what is now essentially an attack on sexuality education and a promotion of fear-based abstinence-only programs — something that will still undoubtedly please these groups. (Such a broadening of scope is a familiar pattern already seen in the LSEA and Ryan White CARE Act legislation where a specific objection to information about homosexuality is changed to a broad objection to information on sexuality issues or where a specific objection to services to gay and lesbian youth is changed to a broad restriction on sexuality education and sexual health services and counseling.

Rep. Peter Hockstra (R-MI), chair of the subcommittee, recently set a hearing date for mid-October. However, he soon announced a delay (citing the unavailability of certain witnesses) following strong outcries from supporters of sexuality education as well as those who felt the hearing was legitimizing attacks on gays and lesbians. He has not announced a new date, although he has indicated he will give a two-week advance notice as soon as witness availability is confirmed.

Supporters of sexuality education are disheartened not only by the expressed content of the hearing but also by the anticipated lack of balance on the witness list. It appears that approximately eight witnesses will oppose sexuality education while only one to three witnesses will be invited who support sexuality education.

Also under fire is federal employee HIV/AIDS training. Controversy began in 1993 when President Clinton mandated HIV/AIDS training for federal employees conducted by organizations such as the American Red Cross. Conservative federal employees began to complain that the training was "too graphic" and "promoted acceptance of homosexuality." This past April, the President issued a "clarification of policy" stating that federal agencies are required to *offer* the HIV/AIDS training, not that all federal employees are mandated to *receive* it.

On June 23 of this year, the Subcommittee on Civil Service of the House Government Reform and Oversight Committee held hearings on "HIV/AIDS in the Workplace Training." Chair John Mica (R-FL) expressed deep concern about the training: "My constituents would be outraged to discover their tax dollars used to force federal employees to learn how to use a condom...[and] would also object to training aimed at...changing their personal attitudes and beliefs [about homosexuality]. It is no wonder that many federal workers have found these training programs offensive."⁴

In testimony before the Subcommittee, Rep. Robert Dornan (R-CA) pronounced the training as "advancing the homosexual agenda" and as an aggressive advancement of "a redefinition of the family." Rep. Jim Moran (D-VA), a subcommittee member, questioned Rep. Dornan on his "unsubstantiated claims and facts" but found his questions ignored as

the two entered into an angry exchange of personal insults. Rep. Dan Burton (R-IN), another subcommittee member, claimed that graphic "safer sex" presentations with a coed audience "where they are talking about putting a condom on an artificial erect penis" are "trash" and "just wrong!"⁵

These hearings were not enough to appease program critics. Repercussions are still being felt. While the House has yet to act legislatively against the training programs for federal employees, the Senate has unanimously passed an amendment by Senator Jesse Helms (R-NC) to the Ryan White CARE Act reauthorization bill that prohibits making HIV/AIDS prevention education training attendance mandatory for federal employees.

AND WHERE DO WE GO FROM HERE?

Supporters of comprehensive sexuality education and sexual rights can expect to see this type of legislation move rapidly through Congress — often without debate or even warning. They can also expect to see more of it.

Conservative Members of Congress will undoubtedly continue to bring to the national forefront those controversies on sexuality issues currently debated in hundreds of communities nationwide. And, as the 1996 Presidential campaign takes shape, the candidates will certainly begin to articulate their opinions about education, family values, and personal

rights. Attacks on sexuality education and sexual rights will very likely become frequent and harsh.

Supporters of sexuality education and sexual rights must take advantage of every opportunity to make their views known in order to assure that every American — regardless of age, gender, marital status, income, or sexual orientation — has the right and the ability to make responsible sexual choices.

To join the SIECUS Advocates, write SIECUS at 130 West 42nd Street, Suite 350, New York, NY 10036 or call 212-819-9770, extension 311.

REFERENCES

1. D. W. Haffner, *Sex Education 2000: A Call to Action* (New York: Sex Information and Education Council of the United States, 1989).
2. *Congressional Record/U.S. Senate*, Sept. 15, 1995, pp. 513647-9.
3. Ibid.
4. J. Zuniga, "Dornan Attacks Federal AIDS Training Program," *Washington Blade*, June 23, 1995, p. 25.
5. Ibid.

CALL FOR SUBMISSIONS

The *SIECUS Report* welcomes articles, reviews or critical analyses from interested individuals. Detailed instructions for authors appear on the inside back cover of this issue. Upcoming issues of the *SIECUS Report* will have the following themes:

Sexuality in the Media.

April/May 1996 issue.

Deadline for final copy: February 1, 1996.

New Resources and Technology in Sexuality Education.

June/July 1996 issue.

Deadline for final copy: April 1, 1996.

The Politics of Sexuality Education:

August/September 1996 issue.

Deadline for final copy: June 3, 1996.

Love in a Pumpkin Shell

A video from NEWIST/CESA 7
University of Wisconsin
Green Bay, WI 54311
414-465-2599
\$195.00, purchase;
\$50.00 rental

Love in a Pumpkin Shell is a 30-minute video on physical, sexual, and emotional abuse among teens in dating relationships. Designed to heighten awareness, educate, and prevent violent dating relationships, the video focuses on teen involvement (or continued involvement) in such abusive situations.

The video sends the clear message that violence within a relationship is not a sign of love, but, rather, a manifestation of the need for power and control. This message is perhaps best summed up in the work of Donna Ferrato, a photo journalist who spent 13 years photographing scenes of domestic violence: "Violence has nothing to do with love. Nothing." The video employs Ms. Ferrato's compelling images as well as clips from interviews with her about her experiences. Other clips include interviews with young abused women and abusive men as well as dramatizations of abusive dating situations.

Perhaps the most effective component of this video is the testimony of young women involved in abusive dating relationships. "Every time he hit me it made me love him more," says one young woman in revealing the complex, sometimes irrational emotions of these teenagers. They dramatically send the message that people from all backgrounds may be abused.

The dramatizations of abuse (introduced with irritating nursery rhyme themes), which are threaded throughout the video, bring together young, attractive people who are clearly middle class and economically stable. This casting again underscores the theme that teens from all backgrounds are at risk.

Although the video targets young women, it acknowledges that violent or abusive behavior crosses gender lines, and that teen women are capable of abuse as well. Similarly, it states that dating violence can take place in same-sex relationships. These

acknowledgments emphasize the idea that all people deserve respect, and that the abusive behaviors that the video identifies — including name calling, hitting, isolating, and forced sexual relations — are unacceptable regardless of the circumstances.

By explaining and dramatizing the "cycle of violence" — the honeymoon stage, the tension-building stage, and the battering stage — the video teaches teens that abuse does not necessarily occur constantly but is cyclical. In addition, by describing "romantic" and "nurturing" love as healthy and "addictive" love as abusive and unhealthy, the video helps teens to stop equating violence with love as evidenced by the statement, "He only hits me because he cares."

The host of the video, who is responsible for presenting much of the information, is clear with her message, and speaks directly to the audience. She starts with the statement that "one in four of you is in a physically or sexually abusive relationship." This immediately draws in the viewer. She is less successful during the interview clips when she becomes confrontational and intrusive. The viewer eventually suspects that her comments were edited into the video after the interviews were completed. Her strength lies in her solid ongoing message on the importance of self esteem.

Love in a Pumpkin Shell is a very thought-provoking video with messages for teen women and men alike. It will undoubtedly prove valuable in a variety of classroom settings.

Reviewed by Evan Harris, SIECUS librarian.

Childhood Phases of Maturity: Sexual Developmental Psychology

Ernest Borneman
Amherst, NY: Prometheus Books, 1994,
325 pp., \$59.95

It is rare to find a book on childhood sexuality that truly emphasizes the primacy of the body in the first few years of life.

Childhood Phases of Maturity: Sexual Developmental Psychology follows development

from conception through age eight, and the reader is almost two-thirds of the way through the book before embarking on the fourth year of life. With a classical Freudian approach, the book's main thesis is that adults are walking a fragile line between being a healthy sexually functioning individual and someone who is fixating or regressing to some aspect of these early phases of our lives.

Ernest Borneman, an Austrian sexologist, writes in the preface that the book is based on "...the science of the sexual development of healthy children," a field his book is attempting to help define. He draws heavily on the spirit and writings of founding child psychoanalysts such as Margret Mahler, Melanie Klein, and Rene Spitz.

He weaves in his own theory, which the reader is told is based on his research findings over the course of 20 years, including experiments and observations of 4,000 children under age eight, and dream descriptions reported by child analysts. None of these findings are cited, however, although some studies are loosely grouped by chapter in a list of bibliographic resources at the end of the book.

This is an unrevised translation of a book originally published in Vienna in 1981. Borneman intended this work to inform professionals about early childhood sexuality to help them work with both parents and children. While this is clearly a laudable goal, this book presents multiple problems to American professionals who might want to use some of this material in their work.

The most basic barrier is the stiff and academic writing style which mechanically uses the work of others (the significant forerunners of the analytically based developmental thinking mentioned above). The degree to which stylistic fault can be laid at the translator's door can be gleaned from familiar phrases which surface from time to time dressed in unfamiliar garb. Phyllis Greenacre's well-known and rich description of the junior toddler's new-found exploration and exuberance as a "love affair with the world," for example, clearly loses the intended zest when presented as the child's "love relationship with the environment."

Nevertheless, as this reader inched her way through the book, some of the rich detail of infant and toddler physical, sexual, and emotional development was found embedded behind the language. Eventually, the reader also gets a sense that from the beginning, infants not only experience the world through their bodily sensations but also experiment with "aiming to give themselves pleasure." Had this revised text added even some significant psychoanalytic theory from the last 15 years, it could, for example, have referenced Daniel Stern's (1985) use of the word "volition" to describe this kind of pre-self-conscious yet nonaccidental behavior.

A far greater omission, however, is the fact that there are no scientific references to research or theoretical points (Borneman's or any others'), and there are far too few observations or vignettes. The end result is a curious text that is neither quantitative nor qualitative.

While classic psychoanalytic thinking maintains a formative hold in theorizing about sexual development, parts of the analytic world are simultaneously working at reconceptualizations of gender and sexual development. Work on subjective and intersubjective infant experience, new thinking about stage theory (Stern, 1985), and a transactional view of the effects of

early experience (Sameroff, 1983) are but a few of the basic notions which have enriched both fields.

Because the last decade has been about including, if not integrating, multiple perspectives in development, one wonders what was intended by reissuing this book in America at this moment in time without a more rigorous examination to both its research and theory.

Reviewed by Virginia Casper, Ph.D., who is a developmental psychologist on the graduate faculty of the Infant and Parent Development Program of the Bank Street College of Education in New York City.

NEW SIECUS PUBLICATION RIGHT FROM THE START: GUIDELINES FOR SEXUALITY ISSUES (BIRTH-FIVE YEARS)

Educators have long felt that the foundation for healthy adult sexuality begins during a child's earliest years. Many children are spending increasing amounts of time in non-family settings like preschool and childcare centers. As a result, caregivers other than family members have greater responsibilities in early childhood sexuality education, such as responding to the questions of young children and setting guidelines for appropriate behaviors outside the home.

In 1993, SIECUS received funding from the Dyson Charitable Fund to prepare guidelines concerning sexuality issues for children from birth to age five in childcare and preschool settings. The result is *Right from the Start: Guidelines for Sexuality Issues*.

Right from the Start provides a model for preschool sexuality education which presents information on the psychological and sexual development of young children; provides a framework for developmentally appropriate sexual learning and instruction in a variety of childcare settings; and offers suggestions and strategies for promoting and fostering healthy attitudes and behaviors.

Right from the Start is designed to help preschool and childcare centers lay the foundation for the sexual health of young children. The guidelines can be used in a variety of ways: to develop an entirely new program, or to update or expand an existing curriculum. The guidelines are also suit-

able for staff training, parent education, workshops, or the formation of new policies. Each childcare center and preschool can decide how to adapt the guidelines for their own purposes.

Right from the Start emphasizes the importance of involving parents in every aspect of using the guidelines. It builds on the six key concepts outlined in the *Guidelines for Comprehensive Sexuality Education, Kindergarten—12th Grade*: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.

Each key concept encompasses a variety of topics. For example, the concept of *human development* includes topics on "How the Body Works," "Where Babies Come From," "The Five Senses," and "Appreciating One's Body." The key messages for each topic are broken down by developmental levels: infancy (birth to age one); toddlers and preschool aged children (ages 1-4); and older preschoolers (ages 4-5). A total of 19 topics are addressed.

Each topic in the *Guidelines* includes sections on general discussion, key messages for children, key messages for older preschoolers, and how adults can help.

Right from the Start is available for \$5.75 from SIECUS Publications Department, 130 West 42nd Street, Suite 350, New York, NY 10036 or call 212-819-9770, extension 304.

A SIECUS Annotated Bibliography for General Adult Readers

Books on the topic of human sexuality encompass a wide range of concerns and issues ranging from sexuality education to censorship to sex research and beyond. This annotated bibliography is not a complete or comprehensive guide to new or in-print books on sexuality, but represents a cross section of available materials. Readers are encouraged to seek out materials according to their personal values and needs.

Many of the books included here have appendices, bibliographies, or reading lists which can serve as additional resources for readers interested in locating additional material. Other annotated bibliographies for the general public available from SIECUS include: Child Sexual Abuse Education Prevention and Treatment, Gay Male and Lesbian Sexuality and Issues, Growing Up, HIV/AIDS, Sexuality and Disability, Sexuality in Middle and Later Life, and Talking With Your Child About Sexuality and Other Important Issues.

Many of these resources are in your local bookstore or library. They are also available through the publisher. (See contact information after each entry.) SIECUS does not sell or distribute any of the listed publications.

Copies of this bibliography are available from the SIECUS Publications Department: 1-4 copies/\$2.00 each, 5-49/\$1.75 each, 50-100/\$1.50 each, 100+/\$1.25 each. Contact SIECUS Publications, 130 West 42nd Street, Suite 350, New York, NY 10036 or call 212-819-9770, extension 304.

This bibliography was prepared by Evan Harris, SIECUS librarian.

GENERAL BOOKS

The Complete Book of Menopause

*Carol Landau, Michele Cyr, and
Anne W. Mouton*

Cowritten by a team of two internists and a clinical psychologist, this book is a comprehensive source of information on menopause. Topics include physiology, psychology and information on hormone replacement therapy. 1994, 367pp., \$15.00; Perigee, 200 Madison Avenue, New York, NY 10016; 800-631-8571.

Dr. Ruth's Encyclopedia of Sex

Ruth Westheimer

This reference book provides information for people of all ages using an easily accessible encyclopedia format. Many entries are supplemented with charts, graphs, and diagrams to help illustrate the content. The book also includes a detailed index and cross-reference. 1994, 318pp., \$29.50; Continuum Publishing Company, 370 Lexington Avenue, New York, NY 10017; 212-953-5858.

The Hite Report On the Family: Growing Up Under Patriarchy

Shere Hite

This book addresses the family system and the role sexuality plays within it. It is based on 3,000 essay questionnaires from a cross section of people from different countries. The psychosexual development of young people within families is a major focus of the book. Gender roles within the family and family politics are also discussed at length. 1994, 424pp., \$22.00; Bloomsbury Publishing Ltd., 2 Soho Square, London, England, W1V5DE.

The Kinsey Institute New Report on Sex

June Reinisch with Ruth Beasley

Based on letters to the Kinsey Institute, this is a comprehensive family book containing information on a number of topics including anatomy and physiology, sexual health, sexuality across the life cycle, and sexuality in contemporary America. 1994, 540pp., \$14.95; St. Martin's Press, 175 Fifth Avenue, New York, NY 10010; 800-221-7945.

Love and Sex After Sixty

Robert Butler and Myrna Lewis

Comprehensive in scope, this resource discusses all aspects of aging and sexuality. The physical, emotional, and psychological concerns of older adults about healthy sexuality are addressed. 1993, 320pp., \$11.50; Ballentine Books, 400 Hahn Road, Westminster, MD, 21157; 800-733-3000.

The New Male Sexuality

Bernie Zilbergeld

This book discusses masculinity and male sexuality. Sections on relationships and sexual problems are included. 1992, 580pp., \$6.99; Bantam Books, 666 Fifth Avenue, New York, NY, 10103; 212-354-6500.

The Pause: Positive Approaches to Menopause

Lonnie Barbach

From the same author who revolutionized thinking about female sexuality with *For Yourself and For Each Other*, this book offers practical information to women who are managing difficult symptoms during menopause. 1993, 256pp. \$21.00; Dutton, 375 Hudson Street, New York, NY 10014; 800-253-6476.

Sex Facts: A Handbook For the Carnally Curious

Leslee Welch

In this compilation of facts and trivia about sexuality, topics range from biology to history to culture. A listing of the sources for the material appears as an appendix to the book. 1995, 99pp., \$7.95; Citadel Press, 120 Enterprise Avenue, Secaucus, NJ 07094; 201-866-0490.

Sex For Dummies

Ruth Westheimer

One of a series of consumer reference books, this textbook style resource is comprehensive and easy to use. Accessible and up-to-date, it focuses on basic sexuality information and education for adults. 1995, 400pp., \$16.99; IDG Books Worldwide, Inc., 7260 Shadeland Station, Suite 100, Indianapolis, IN 46256; 800-434-2086.

Taking Sides: Clashing Views on Controversial Issues in Human Sexuality

Robert T. Francoeur, Editor

Now in its fourth edition, this collection of viewpoints on crucial issues in human sexuality includes sections on biology and behavior, reproduction and health, and legal and social sciences. Seventeen issues are addressed, including surrogate motherhood, condom distribution in schools, gay and lesbian marriage, and government expenditure on AIDS research. 1994, 294pp., \$16.18; Times Mirror Higher Education Group, 2460 Kerper Boulevard, Dubuque, IA 52001; 800-338-5578.

Talk Dirty to Me: An Intimate Philosophy of Sex

Sally Tisdale

In this book, the author explores the definitions and contradictions built up around sexuality in our society. Part philosophy and part personal essay, the author's own expectations and views of sexuality are expressed through discussion of gender roles,

pornography, and contemporary culture. 1994, 338pp., \$12.95; Bantam Doubleday Dell Publishing, 2451 South Wolf Road, Des Plaines, IL 60018; 800-323-9872.

Women's Sexual Health

Ruth Steinberg and Linda Robinson

Designed to provide basic information on women's sexual health throughout the life cycle, this book offers brief entries on a broad range of topics. Topics covered include contraception, fertility, physical problems, cancer risk, and psychological and emotional issues. 1995, 239pp., \$12.95; Donald I. Fine, Inc, 19 West 21st Street, New York, NY 10010; 800-526-0275.

RELATIONSHIPS AND PARTNERING

Anatomy of Love: The Mysteries of Mating, Marriage, and Why We Stray

Helen Fisher

This resource examines relationships and partnering through an anthropological lens, with a focus on monogamy. Chapter titles include "Is Monogamy Natural?," "Evolution of Human Sexual Anatomy," and "The Nature of Sexual Politics." 1992, 431pp., \$12.50; Fawcett Columbine, 201 East 50th Street, New York, NY 10022; 800-733-3000.

Enabling Romance: A Guide to Love, Sex, and Relationships for the Disabled (And the People Who Care About Them)

Ken Knoff and Erica Levy Klein

Cowritten by a married couple, this book is a practical guide and a valuable resource. A large section of the book is devoted to the sexual concerns and options of those with specific disabilities and their partners. Other issues include sexual intimacy, reproduction, masturbation, and contraception. Contact information on organizations, services, and publications are

included. 1995, 211pp., \$15.95, Woodbine House, Inc., 6510 Bells Mill Road, Bethesda, MD 20817; 800-843-7323.

The Good Marriage: How and Why Love Lasts

Judith S. Wallerstein and Sandra Blakeslee

The authors of this resource interviewed 50 couples who consider themselves to have successful marriages. Narrative versions of these interviews (which are based on the questions "Tell me what's good about your marriage" and "Tell me what's disappointing about your marriage") provide the structure for the book, and are used to illustrate its main points. Marriage is discussed in terms of "tasks" such as "separating from the family of origin," "becoming parents," and "exploring sexual love and intimacy." 1995, 252pp., \$24.95; Houghton Mifflin Company, 222 Berkeley Street, Boston, MA 02116; 800-225-3362.

Lovers and Survivors: A Partner's Guide to Living With and Loving a Sexual Abuse Survivor

S. Yvette de Biexedon

Focusing on the partners of those who were sexually abused as children, this book addresses common concerns and frequently asked questions. The book acts as a guide, offering exercises partners can do together. The final chapter on "Getting Help" lists books, newsletters and journals, audiocassettes, and resource and referral organizations. 1995, 237pp., \$14.95; Robert D. Reed Publishers, 750 La Playa, Suite 647, San Francisco, CA; 94121 800-PR-GREEN.

Peer Marriage: How Love Between Equals Really Works

Pepper Schwartz

This book studies equality in marriage, and defines what the author terms the peer relationship. A chapter entitled "Passion in a Sexual Democracy" discusses the difficulties and unique rewards of sexuality within the peer relationship. Gender roles, dynamics,

and expectations are given special attention. 1994, 205pp., \$19.95; The Free Press, 866 Third Ave. New York, NY 10022; 800-257-5755.

RESEARCH

The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950

Roy Porter and Lesley Hall

A detailed study, this book takes up the subject of sexual information and advice in an historical context. Emphasis is placed on analyzing sexuality information and education books that target adults. These writings, include marriage manuals, advice books, pamphlets, and tracts. The book's scope is wide, ranging from an analysis of early works of unknown authorship such as Aristotle's *Masterpiece* to classics such as Marie Stopes's *Married Love*. 1995, 415pp., \$35.00; Yale University Press, P.O. Box 209040, New Haven, CT 06520-9040; 203-432-0940.

The Scent of Eros: Mysteries of Odor in Human Sexuality

James Vaughn Kohl and Robert T. Francoeur

This book examines odors and subliminal scents (termed sex attractants or pheromones), and how they influence numerous aspects of our sexuality and sexual behavior. While presenting important and complex research, the book is accessible to the general reader and makes science applicable to daily life. A helpful glossary and an extensive bibliography are included. 1995, 275pp. \$24.95; Continuum Publishing Company, 370 Lexington Avenue, New York, NY 10017; 212-953-5858.

Science in the Bedroom: A History of Sex Research

Vern L. Bullough

Accessible to the general reader, this overview of sexuality research takes an historical view of trends, movements, and issues. The challenges of sexology are out-

lined and the status of sexology as a science is discussed. The book provides overviews of figures in sexuality research such as Magnus Hirschfeld, William Masters, Virginia Johnson, and Alfred Kinsey. 1994, 384pp., \$14.00; Basic Books, P.O. Box 588, Scranton, PA 18512; 800-242-7737.

Sex In America: A Definitive Survey

Robert T. Michael, John H. Gagnon, Edward O. Laumann, Gina Kolata

This book reports the findings of the National Health and Social Life Survey, a national survey of adult sexual behavior. It is written for a general audience. Numerous topics are discussed, including sexual practices and frequency, partners, masturbation, and STDs. (A similar volume written for professionals is listed to the right.) 1994, 300pp., \$12.99; Little, Brown and Co., 200 West Street, Waltham, MA 02154; 800-343-9204.

Sex Is Not a Natural Act and Other Essays

Leonore Tiefer

The social construction of sexuality is explored in this collection of essays, which offers a view of sexuality in American culture. Chapter titles include "The Kiss," "Advice to the Lovelorn," and "Sexual Biology and the Symbolism of the Natural." 1994, 232pp., \$19.95; Westview Press, 5500 Central Avenue, Boulder, CO 80301-2877; 303-444-3541

Sexual Attitudes: Myths and Realities

Vern L. Bullough and Bonnie Bullough

Topics such as masturbation, menstruation, prostitution, and homosexuality are examined through an historical and cultural lens. The authors discuss the changing views of issues in sexuality by looking closely at the influence of science, the law, and the political climate. 1995, 281pp., \$29.95; Prometheus Books, 59 John Glenn Drive, Buffalo, NY 14228; 800-421-0351.

The Social Organization of Sexuality

Edward O. Laumann, John H. Gagnon, Robert T. Michael, and Stuart Michaels

This book reports the findings of the *National Health and Social Life Survey*, a national survey of adult sexual behavior. It is written for a professional audience. Detailed statistics are included. (A similar volume written for lay people is listed previously in this bibliography.) 1994, 718pp. \$19.95; University of Chicago Press, 11030 S. Langley, 4th Floor, Chicago, IL; 60628; 800-621-2736.

What's Love Got To Do With It?: The Evolution of Human Mating

Meredith F. Small

This readable study of evolution and sex behavior offers an anthropological perspective on human attachments. In her introduction, the author calls the book "...an attempt to bring the study of sex out of the closet and off the academic pedestal and integrate it among other behavioral patterns that make up the totality of human experience." 1995, 272pp., \$24.95; Bantam Doubleday Dell Publishing, 2451 South Wolf Road, Des Plaines, IL 60018; 800-323-9872.

SEXUALITY MANUALS

These books are explicit manuals for adult couples. They are readily available in most book stores.

The Good Vibrations Guide to Sex

Cathy Winks and Anne Semans

This oversized, very explicit resource contains basic information on safer sexual relations and on the anatomy. It also takes up several topics not always covered in depth in other resources of its type. A list of resources and a fairly extensive bibliography are included. 1995, 258pp., \$16.95; Cleis Press, P.O. Box 8933, Pittsburgh, PA, 15221; 412-937-1555.

The Healing Power of Sex

Judith Sachs

This book explores the connection between sexuality and good health with particular emphasis on self esteem. Exercises and quizzes are included to foster an understanding of the body, self image, and the reader's individual relationship to his or her own sexuality. 1994, 310pp., \$12.95; Prentice Hall, Mail Order Processing Center, P.O. Box 11071, Des Moines, IA 50336-1071; 800-947-7700.

The Lesbian Sex Book

Wendy Caster

This encyclopedic resource is illustrated with explicit line drawings and uses explicit slang. A broad range of topics includes health, sexual function, sexual technique, safer sexual relations, relationships, and STD prevention. 1993, 191pp., \$14.95; Alyson Publications, 40 Plympton Street, Boston, MA 01228; 800 253 3605.

Lovers For Life: Creating Lasting Passion, Trust and True Partnership

Daniel Ellenberg and Judith Bell

This manual focuses on sexuality within long-term relationships, and includes chapters entitled "Why Monogamy?" and "Getting Through the Hard Times." Written in collaboration by a husband and wife, this resource addresses both men and women, giving equal time to the concerns of each. The book offers exercises that partners can do together and alone. 1995, 304pp., \$13.95; Aslan Publishing, 3356 Coffey Lane, Santa Rosa, CA 95403; 800-275-2606.

A Pocket Guide To Loving Sex

Jane Hertford

Illustrated with explicit drawings, this small-format manual offers easy-to-follow explanations of sexual behaviors. 1995, \$9.95, 96pp.; Carroll & Graf Publishers, 260 Fifth Avenue, New York, NY 10001; 212-889-8772.

The New Joy of Sex

Alex Comfort

First published in 1972, this classic resource has been updated to reflect changing concerns about sexuality. This small-format edition is illustrated with explicit drawings and includes an array of information on technique and sexual health. 1995, 87pp., \$12.00; Random House, Inc., 400 Hahn Road, Westminster, MD 21157; 800-726-0600.

The New Joy of Gay Sex

Dr. Charles Silverstein and Felice Picano

Using an encyclopedia format, this manual for gay men covers a wide range of topics. The resource is illustrated with explicit drawings and uses explicit slang. 1992, 220 pp., \$19.00; HarperCollins Publishers, 10 East 53rd Street, New York, NY 10022; 800-331-3761.

CARNEGIE COUNCIL PUBLISHES CONCLUDING REPORT TITLED GREAT TRANSITIONS: PREPARING ADOLESCENTS FOR A NEW CENTURY

A report just published by the Carnegie Council on Adolescent Development (CCAD) indicates that young people are least likely to receive adult support and guidance from the ages of 10 through 14 — the time when they most crave and require it.

The report titled *Great Transitions: Preparing Adolescents for a New Century* goes on to say that if the nation continues to neglect this age group millions of young adolescents will become "lifelong casualties" of drug and alcohol abuse, teen pregnancy, AIDS, suicide, violence, and inadequate education.

The report also says that the situation can be turned around by the cooperation of pivotal societal institutions — families, schools, health care agencies, community organizations, and the media — that can use existing knowledge to adopt broad-based solutions to the problems threatening young adolescents.

Great Transitions explains how adolescents' problems come in packages that demand comprehensive solutions to address their fundamental needs as well as targeted solutions to provide them with specific information and skills to resist destructive influences. With pivotal institutions working together to shape adolescent development, society can ensure healthier outcomes for millions of adolescents now in jeopardy. Solutions must include social supports to build strong families, positive peer support, community and youth programs, and more effective schools.

The report marks the culmination of nearly a decade of research by the Carnegie Council on the health, education, and well-being of adolescents in the United States.

Copies of *Great Transitions* are available for \$10.00 from Carnegie Council on Adolescent Development, P.O. Box 753, Waldorf, MD 20604. Phone 202-429-7979.