

Conspiracy of Silence

Sexuality Education in Texas Public Schools



TEXAS
FREEDOM
NETWORK
EDUCATION
♦ FUND ♦

2015-16

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CONSPIRACY OF SILENCE: SEXUALITY EDUCATION IN TEXAS PUBLIC SCHOOLS IN 2015-16



T E X A S
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♦ F U N D ♦

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INTRODUCTION

In 2009 the Texas Freedom Network Education Fund (TFNEF) published a groundbreaking report on the state of sexuality education in Texas. The first-of-its-kind study analyzed data from a survey of almost all of the school districts in Texas. The report – *Just Say Don't Know: Sexuality Education*¹ in Texas Public Schools – exposed a “conspiracy of silence” surrounding sexuality education in a state in which teen pregnancy and teen births are among the highest the nation. State and local policies as well as a virtual industry of abstinence-only advocacy organizations and curriculum providers contributed to this silence and the ignorance it fostered among students when it came to sexual health.

Indeed, the vast majority of Texas public school districts during the 2007-08 school year, on which the 2009 report focused, taught abstinence-only education that did not provide students with medically accurate information on condoms and other forms of contraception and the prevention of sexually transmitted infections (STIs). Instead, abstinence-only programs used in schools across the state promoted myths and other misinformation, as well as fear, shaming and gender stereotypes regarding human sexuality. The report found that only a tiny percentage of school districts – 3.6 percent – provided students with at least *some* medically accurate information on condoms/contraception. That percentage was barely more than the 2.3 percent of districts that provided no sex education instruction at all.

Since the release of that report in February 2009, state policymakers in Austin have done little to improve the situation. In fact, state policy has actually moved

backwards, with the Legislature dropping health education classes from the state's high school graduation requirements. Health education classes had been where most instruction on human sexuality took place. To make matters worse, the state failed to apply for federal funding under President Obama's Teen Pregnancy Prevention Initiative (TPPI) and Personal Responsibility Education Programs (PREP), which required use of “evidence-based curricula” to address sexual health of teens.² Moreover, lawmakers have refused even to take a vote on reforming sex education policies at the state level. Under state law, school districts still must emphasize abstinence if they choose to teach about sex education at all. In fact, the Texas Education Code (28.004) has been amended only slightly since first written in 1995, and none of the edits have moved Texas sexuality education toward the preferred 21st century, evidence-based model.³ (See Defining the Terms in this section for a discussion of “evidence-based.”) Our research for the 2009 report suggested that many districts

have wrongly interpreted the law as requiring that public schools teach abstinence-only sexuality education

Two years later, in 2011, the TFN Education Fund published a follow-up report on sexuality education in Texas public schools. For that study, our researchers used limited data collected from a Texas Education Agency survey of school districts. So to get a clearer picture of how sex education in Texas public schools might have changed since the 2009 report, TFNEF conducted a new survey of the state's school districts in the spring of 2016. The data collected from this survey and from follow-up communications with school districts provide the basis for this new report.

SCOPE OF THE NEW RESEARCH

TFNEF's new survey of the state's school districts focused on the 2015-16 school year. Rather than repeat the 2009 survey of every school district in the state, a massive undertaking, TFNEF contracted with statistician James Bethel to create a representative sample of the state's school districts. That sample was representative of the diversity in geography, enrollment, racial demographics and district type (rural, urban, or non-metropolitan/smaller cities) in Texas public schools. (See Appendix A for more on Bethel and the sample of school districts he developed.)

The sample of 148 school districts represents about 15 percent of the state's 976 that have high schools and that are not charter school districts.⁴ It includes the 10 districts with the largest enrollment in the state, plus 138 districts randomly selected from the remaining 966. In analyzing the data we collected, we adjusted our calculations for the over-sampling of the largest districts.

Starting in February 2016, TFNEF sent to all 148 districts in our sample requests under the Texas Public Information Act. The requests were for information about which textbooks, third-party programs or curricula and/or speakers districts had obtained and/or used to teach human sexuality education in middle and high school classrooms. Additionally, we asked specifically for materials districts had obtained from crisis pregnancy centers or other alternative-to-abortion organizations, any materials that cover sexual orientation, gender identity/expression, or abortion, and copies of class schedules and district policies. In the end, we successfully collected data from all 148 districts in the sample (a response rate of 100 percent).⁵

However, TFNEF researchers are not flies on the walls of Texas classrooms. So while the instructional materials we obtained provide a strong indication of what students might be presented in sex education instruction, determining how individual teachers use

DEFINING THE TERMS

- **Human sexuality education**

"Sex education is the provision of information about bodily development, sex, sexuality, and relationships along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health."⁶

- **Abstinence-plus**

Programs that include information about condoms and other forms of contraception and the prevention of sexually transmitted infections (STIs) in the context of strong abstinence messages⁷

- **Abstinence-only**

Programs that teach abstinence as the only morally correct option of sexual expression for teenagers and that censor medically accurate information about contraception and condoms for the prevention of unintended pregnancy and STIs⁸

- **Evidence-based**

Evidence-based programs are those that have been proven through rigorous scientific evaluation to reduce risky sexual behavior.⁹ This report used the U.S. Health and Human Services Teen Pregnancy Prevention list of evidenced-based programs to evaluate whether programs were evidence-based.¹⁰

- **Evidence-informed**

Evidence-informed programs have not yet undergone rigorous scientific evaluation but are based on evidence from other research or best practices. These programs are preferred if an evidence-based program is not selected.

- **Crisis pregnancy centers (CPC)**

Entities often linked to anti-abortion organizations and that, reproductive health care advocates argue, provide women with misleading and inaccurate information¹¹

all of these materials from classroom to classroom was beyond the scope of this research project. Specifically, we could not determine if teachers followed a curriculum exactly as written (i.e., with fidelity) or if self-censorship by teachers occurred. This report's conclusions are based primarily on what materials districts report they had *acquired* to teach human sexuality education.

THE BIG PICTURE

After researchers reviewed the data obtained from our representative sample of school districts, it became apparent that the “conspiracy of silence” regarding sexuality education in Texas remains strong – but with some important changes since 2009. Indeed, while abstinence-only sex education remains dominant in Texas public schools, the data show an impressive increase in the percentage of school districts that have obtained abstinence-plus instructional materials – that is, materials that teach about abstinence as well as medically accurate information on condoms and other forms of contraception and STI prevention. This change accompanies the introduction of abstinence-plus programs *Big Decisions* from San Antonio-based Healthy Futures of Texas and *It's Your Game: Keep it Real* from the University of Texas Health Science Center's Prevention Research Center.

On the other hand, the data show an even larger increase in the percentage of districts that teach nothing at all about sexuality education. As a result, a large majority of Texas public school districts in this study leave their students woefully uneducated about human sexuality or with lessons that promote myths and other misinformation, as well as fear, shame and gender stereotypes.

“The “conspiracy of silence” regarding sexuality education in Texas remains strong – but with some important changes since 2009”

The following sections of this report will detail the major findings, including a statistical breakdown of the prevalence of abstinence-only and abstinence-plus sex education in our sample. We will also catalog the kinds of information students learn in their sex education classes. In many ways, unfortunately, the problems we found in those classes mirror problems identified in our 2009 report.

THE GOOD, THE BAD, AND THE UGLY

Sex Education in Texas by the Numbers

Since the release of TFNEF's 2009 report *Just Say Don't Know*, Texas sex education has seen some important changes – some encouraging, but others that have reinforced existing problems.

While more students appear to be receiving instruction that provides medically accurate information on condoms/contraception, about eight in ten Texas school districts still teach only abstinence or nothing at all when it comes to sex education.

Our study categorized school districts primarily based on what types of instructional materials they had acquired to teach about human sexuality for the 2015-16 school year.

- Abstinence-plus districts had the following kinds of instructional materials:
 - Evidence-based or evidence-informed programs/instructional materials, obtained from third-party sources, with medically accurate information about condoms/contraception
 - Optional supplemental materials about condoms/contraception provided by health textbook publishers (only if a district reported using such supplements)
- Abstinence-only districts had the following kinds of instructional materials:
 - Instructional materials created by the school district/district teachers that provide medically accurate information about condoms/contraception
 - Evidence-based **or** evidence-informed instructional materials, obtained from third-party sources, that do not contain accurate information about condoms/contraception, or the district has omitted the accurate condom/contraception information that **is** included in those materials
 - Instructional materials with inaccurate/incomplete sexual health information or that

provided no information or only medically inaccurate information about condoms/contraception and discouraged or disparaged their use

- A state-approved health textbook, which does not contain accurate information about condoms/contraception, as the only instructional materials for sex education (but **not** optional supplemental materials that include medically accurate information on condoms/contraception)

We faced various challenges in categorizing districts. Some districts, for example, had obtained programs or utilized speakers who present curriculum materials that include medically accurate discussions on condoms/contraception, fitting the definition of abstinence-plus material. However, in calls to speakers or presenters and in reading through local School Health Advisory Council (SHAC) recommendations and/or local school board policy, it sometimes came to light that districts might not use those materials with fidelity. In other words, some districts have acquired instructional materials with medically accurate discussions about condoms/contraception but have chosen not to teach that information. We categorized such districts as abstinence-only.

In addition, districts often use a mix of programs that include abstinence-only and abstinence-plus materials.

We categorized districts as abstinence-plus if any of the materials they acquired included medically accurate information about condoms/contraception and if they appeared to teach the programs with fidelity (i.e., if there were no district policies or other information that suggested they did not teach units on condoms/contraception). Still, it was impossible to determine if each teacher in every secondary school in a district taught the “approved” curriculum without engaging in self-censorship of certain topics.

Progress, But Ignorance Still Dominates

KEY FINDING: The percentage of Texas school districts providing abstinence-plus sex education is more than four times higher than in 2007-08.

The most encouraging finding is that the percentage of school districts that have obtained abstinence-plus instructional materials has increased more than four-fold since 2007-08: from just 3.6 percent teaching students medically accurate information about condoms/contraception to 16.6 percent doing so in 2015-16. (See Figures 1 and 2.) Some of this improvement is due to school districts obtaining materials from two Texas-based, abstinence-plus programs: *Big Decisions* and *It's Your Game: Keep it Real*. A large number of school districts also reported using the optional condom/contraception module

Figure 1
Sexuality Education in Texas Public School Districts in 2015-16

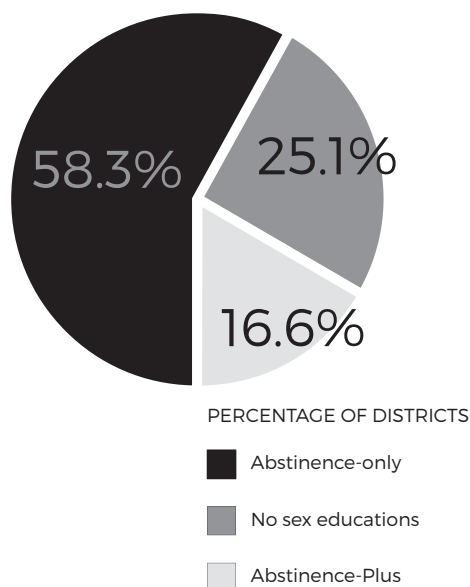
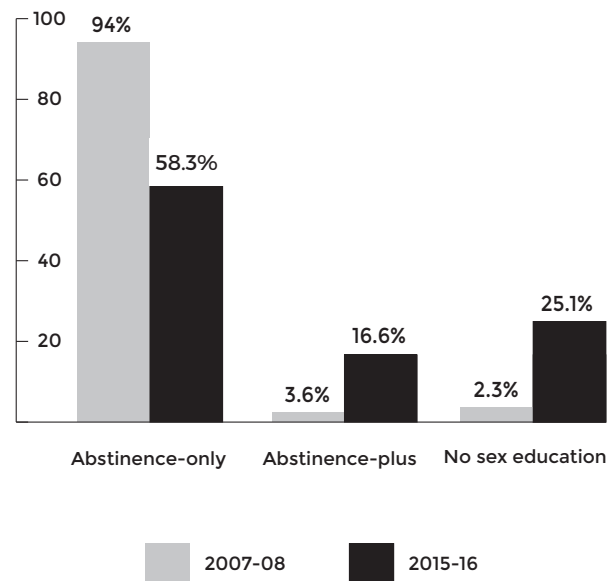


Figure 2
Changes Since 2007-08: Percentage of School Districts



provided by an otherwise abstinence-only program *Scott and White Wellness and Sexual Health* (formerly *Scott and White Worth the Wait*). (See the boxed feature on the Scott and White program in this section.) Appendix B provides lists of third-party programs districts reported acquiring for sex education.

We should note again that it is unclear how these materials are used in an individual classroom. Teachers might use them as suggested by the program vendor, or they might skip portions (including sections on condoms/contraception). What seems clear, however, is that these school districts have made a decision to make available to teachers instructional materials that go beyond simply abstinence-only sex education. That represents a step toward ending the “conspiracy of silence” about sex education in Texas schools.

KEY FINDING: More than 8 in 10 Texas school districts teach abstinence-only or nothing at all about sex education. In fact, the percentage of districts teaching nothing at all about sex education is nearly 11 times higher than it was in 2007-08.

Despite the increase in the percentage of districts with abstinence-plus materials, however, ignorance still dominates most Texas classrooms when it comes to sex education. About 58 percent of districts had obtained

exclusively abstinence-only instructional materials, including state-approved textbooks. That’s down from 94 percent in 2007-08, but the percentage of districts teaching nothing at all when it comes to sex education soared from 2.3 percent in 2007-08 to 25.1 percent in 2015-16. This means more than 83 percent of Texas school districts had only instructional materials that do not teach medically accurate information about condoms/contraception and/or discourage their use or did not teach sex education at all.

Effect of Ending the Health Class Graduation Requirement

KEY FINDING: Removing the health education course as a state graduation requirement for high school appears to have helped make sex education in Texas public schools less common.

We found a strong association between the absence of sex education and whether a Texas district offers high school health education classes. (See Figure 4.) Health classes historically have been the most common venue for sex education instruction in Texas public schools. In 2009 the Texas Legislature decided to drop health education as a high school graduation requirement. Some districts continue to teach the course as a local requirement or as an elective. Many, on the other hand, appear to no longer offer health class at the high school level.¹²

Figure 3

Most Commonly Used Third-Party Provider Programs for Sex Education in Texas

1. <i>Scott and White Wellness and Sexual Health</i> 13.8% of districts
2. <i>Aim for Success</i> 7.2% of districts
3. <i>WAIT Training/REAL Essentials</i> 5.7% of districts
4. <i>Choosing the Best series</i> 4.6% of districts
5. <i>Big Decisions</i> 3.9% of districts
6. <i>It's Your Game: Keep it Real</i> 3.1% of districts

Scott and White Wellness and Sexual Health, formerly *Worth the Wait*, remains the most commonly used sex education curriculum in Texas public schools. *Big Decisions* and *It's Your Game: Keep it Real* were among the most common programs for school districts that obtained abstinence-plus curricula.

Figure 4

Health Classes and Sex Education: Percentage of Districts

	Abstinence-plus	Abstinence-only	No sex education
Overall sample	16.6%	58.3%	25.1%
Districts with high school health classes	20.1%	70.6%	9.3%
Districts with no high school health classes	12.5%	43.8%	43.8%

We found that districts with no health class were more than four times more likely to offer no sex education at all (as compared with the overall distribution of districts). Conversely, school districts with health classes were more likely to offer either abstinence-plus or abstinence-only sex education.

This finding suggests that the decision to remove health education as a state graduation requirement has contributed to the rise in the percentage of districts that teach students nothing at all about human sexuality in high school. Indeed, Frankston ISD explicitly indicated on a phone call with a researcher that because health class is no longer a requirement, the district no longer teaches information about human sexuality.¹³ In past years the district had used presenters from abstinence-only programs such as *Aim for Success* to provide such

instruction. It is difficult to know who is better off: students who get no sex education or students who get fear and shame-based, abstinence-only instruction.

Overall, 23.7 percent of school districts reported using only a state-approved health textbook for sex education. None of the state's largest school districts used just a textbook. Those textbooks – approved by the State Board of Education in 2004 – include virtually no information on condoms/contraception. On the other hand, five districts reported using optional textbook supplements (typically softcover booklets provided by publishers) that include information on condoms/contraception. Again, we could not determine if teachers actually used these materials with fidelity, but at least their respective districts showed a willingness to teach these types of material.

Figure 5

**Differences by Enrollment Ethnicity:
Percentage of Districts**

	Abstinence-plus	Abstinence-only	No sex education
Overall sample	16.6%	58.3%	25.1%
Majority non-white districts	23.4%	60.0%	16.5%
Majority non-Hispanic white districts	11.4%	57.0%	31.6%

School districts in which the majority of students are non-Hispanic white appeared to be less likely to offer sex education or have instructional materials that teach medically accurate information about condoms and other forms of contraception.

Figure 6

**Sex Education by District Type:
Percentage of Districts**

	Abstinence-plus	Abstinence-only	No sex education
Overall sample	16.6%	58.3%	25.1%
Urban/suburban	31.0%	57.2%	11.8%
Non-metro	19.4%	58.3%	22.2%
Rural	4.9%	59.0%	31.6%

Students attending urban/suburban schools appeared far more likely to have access to sex education materials that include information on condoms/contraception or to any sex education at all compared to rural schools.

Variation Across the State

KEY FINDING: Districts with an enrollment that is majority white appear to be less likely to use abstinence-plus materials or teach any sex education at all than districts with majority non-white enrollment.

Regarding which districts were more likely to teach certain kinds of sex education, we found significant variation based on enrollment demographics, enrollment size and whether districts were urban, non-metropolitan or rural. For example, school districts in which ethnic minorities make up the majority of enrollment appeared to be twice as likely as districts with majority non-Hispanic white enrollment to take an abstinence-plus approach to sex education: 23.4 percent to 11.4 percent. They were also about half as likely to teach no sex education at all: 16.5 percent for majority non-white districts to 31.6 percent for majority non-Hispanic white districts. The percentages of majority non-white and majority white districts taking an abstinence-only approach were about the same. We should note, however, that due to the relatively small sample size, the results for ethnic distribution are not strongly significant by the usual statistical standards. (See Figure 5.)

KEY FINDING: Students in small and rural districts are much less likely to have medically accurate information about condoms/contraception or any sex education at all in school.

We found a highly significant relationship between whether a district is urban/suburban, rural or non-metropolitan and the type of sex education offered to students. (See Figure 6.) Urban/suburban districts were substantially more likely to offer abstinence-plus sex education and less than half as likely to offer no sex education at all compared to rural and non-metropolitan (small cities) districts. By comparison, rural districts are far less likely to offer abstinence-plus sex education or any sex education at all.

The data paint an especially stark picture when considering differences among school districts by enrollment. (See Figure 7.) In general, students in the largest school districts were far more likely to have access to sex education materials that provide medically accurate information about condoms/contraception. Students in the state's smallest districts were far more likely to get no sex education at all.

Our data show eight of the state's ten largest school districts (by enrollment) reported sex education instructional materials that teach about condoms/contraception. (See Figure 8.) That represents nearly 890,000 students, or about 17 percent, of the 5.2 million

enrolled in Texas public schools (based on 2014 data).¹⁵ Just two of the ten largest districts took an abstinence-only approach to sex education. On the other hand, some districts that had abstinence-plus instructional materials also had abstinence-only materials that suffered from many of the problems noted throughout the rest of this report. Again, we do not know exactly how teachers use these materials from classroom to classroom.

Figure 7
Variation by Enrollment: Percentage of Districts

District Enrollment Size	Ab-Plus Materials	Ab-Only Materials	No Sex Education
<500 (40 districts)	2.5%	65%	32.5%
500-999 (29 districts)	6.9%	44.8%	48.3%
1,000-1,599 (18 districts)	22.2%	55.6%	22.2%
1,600-2,999 (16 districts)	25%	56.3%	18.8%
3,000-4,999 (13 districts)	15.4%	76.9%	7.7%
5,000-9,999 (9 districts)	44.4%	55.6%	0%
10,000-24,999 (7 districts)	42.9%	57.1%	0%
25,000-49,999 (6 districts)	33.3%	66.7%	0%
>50,000 (10 districts)	80%	20%	0%

The likelihood of having abstinence-plus instructional materials and teaching any sex education at all was generally higher for larger school districts.

Figure 8

Sex Education in the Ten Largest School Districts (by enrollment)

School District	Abstinence-Plus Materials	Abstinence-Only Materials
Houston	<ul style="list-style-type: none"> • <i>Glencoe Health Human Sexuality</i> (textbook supplement) • <i>Big Decisions</i> • <i>It's Your Game...Keep it Real</i> • <i>HealthSmart</i> • <i>Safer Choices</i> • Peggy Smith, Baylor College of Medicine Teen Health Clinic • <i>Change Happens</i> • Bee Buys Inc. 	<ul style="list-style-type: none"> • <i>Holt Decisions for Health</i> (textbook) • <i>Glencoe Health</i> (textbook)
Dallas	<ul style="list-style-type: none"> • <i>Scott and White Wellness and Sexual Health Contraception Module</i> 	
Fort Worth	<ul style="list-style-type: none"> • HealthSmart 	
Northside (San Antonio)	<ul style="list-style-type: none"> • <i>Holt Sexuality and Responsibility</i> (textbook supplement) • District-created material • San Antonio AIDS Foundation 	<ul style="list-style-type: none"> • <i>Holt Lifetime Health</i> (textbook) • <i>Choosing the Best Path</i>
Austin	<ul style="list-style-type: none"> • <i>Big Decisions</i> • District-created material 	<ul style="list-style-type: none"> • <i>Holt Lifetime Health</i> (textbook)
Aldine	<ul style="list-style-type: none"> • <i>It's Your Game...Keep it Real</i> 	<ul style="list-style-type: none"> • <i>Glencoe Health</i> (textbook)
Fort Bend		<ul style="list-style-type: none"> • <i>Glencoe Health</i> (textbook) • <i>Choosing the Best Path and Journey</i>
Cypress-Fairbanks	<ul style="list-style-type: none"> • <i>Scott and White Wellness and Sexual Health Contraception Module</i> 	<ul style="list-style-type: none"> • <i>Glencoe Health</i> (textbook) • District-created material
Katy		<ul style="list-style-type: none"> • <i>Holt Lifetime Health</i> (textbook) • <i>Glencoe Health</i> (textbook) • District-created material
North East (San Antonio)	<ul style="list-style-type: none"> • <i>Big Decisions</i> • San Antonio AIDS Foundation 	<ul style="list-style-type: none"> • <i>Holt Decisions for Health</i> (textbook) • <i>Holt Lifetime Health</i> (textbook) • <i>Choosing the Best Way, Path, and Life</i>

The eight largest school districts that use abstinence-plus materials in their classrooms account for about 17 percent of the total enrollment in Texas public schools ¹⁴

SCOTT AND WHITE WELLNESS AND SEXUAL HEALTH PROGRAM: PART OF THE EVOLVING LANDSCAPE OF SEX EDUCATION

Among the changes in sex education since our 2009 report is the partial evolution of the most commonly used program in Texas: Scott and White's curriculum formerly called *Worth the Wait*.

Worth the Wait was originally funded with federal Title V abstinence-only funds, which meant, by definition, the program could not provide information that conflicted with a strict eight-point definition of "abstinence-only" instruction mandated under these grants.¹⁶ Since our 2009 report, however, the curriculum has obtained a new name, *Scott and White Wellness and Sexual Health Program*, and it has evolved to include more robust information about contraception.

We got no reply to an email request for a review copy of the most recent version of the curriculum. So the following information is based on an analysis we conducted in 2011.¹⁷

A PowerPoint module entitled "Contraception & Teens: Providing the FACTS!" includes more than 80 slides describing a dozen of the most commonly used methods of contraception. There is even a slide that includes basic instructions (from the Centers for Disease Control) on "Correct Use" of condoms, information that is missing from abstinence-only curricula.¹⁸

While this contraception module is apparently provided to all districts that use the program, an accompanying letter from the curriculum developers addressed to presenters provides instructions on how to "hide" individual slides. The letter states:

*"A variety of slide combinations can be used to tailor a presentation to a specific audience."*¹⁹

We sought for this study to find out whether schools actually use the contraception module. Our initial survey indicated that 21 school districts use the *Wellness and Sexual Health Program* (or still used the curriculum developed under its previous *Worth the Wait* name). In response to follow-up questions, 10 of those 21 districts indicated they use the contraception module.

While we have been unable to locate any published reviews of the most recent version of the full curriculum, in 2011 we asked two experts in the field to evaluate the contraception module. The curriculum was still called *Worth the Wait* at the time.

Dr. Susan Tortolero, director of the University of Texas Prevention Research Center at the University of Texas School of Public Health, concluded:

"The current contraception module included in the WTW materials does include basic, accurate information about various methods of contraception, so I would label the

program as an abstinence-plus approach. The program would not qualify as an evidence-based curriculum, but it is encouraging that information about contraception is now a part of their materials."

Texas State University health education professor David Wiley (co-author of our 2009 report and this report) agreed with this conclusion but points out a number of inadequacies in the *Worth the Wait* curriculum:

"While it's true that WTW has added contraceptive information, the overall theme and tone of WTW is still very much abstinence-only. In addition, WTW continues to rely on misleading or biased information from non-scholarly sources. One example: WTW materials cite 'studies' that allegedly demonstrate the benefits of marriage, including statements like '[married people are] twice as likely to be happy' and 'adolescents in married families [are] less likely to be depressed.' These questionable claims do not come from peer-reviewed literature or academic sources. Rather they come from political activists that push a conservative agenda: the Heritage Foundation, a right-leaning policy think tank, and a book by Maggie Gallagher, former president of the virulently anti-gay National Organization for Marriage. Taken as a whole, I don't believe WTW materials provide a balanced message – based in legitimate research – to help youth abstain from sex and to help sexually active youth use contraception consistently and correctly."

Clearly, the curriculum still has its critics. But the program's decision to include basic, factual information on contraception has tracked the significant shift toward a more responsible approach to sex education – one that has an enormous impact on the sex education landscape in Texas. For the purpose of this report, we categorized the 10 school districts that reported using the *Scott and White Wellness and Sexual Health Program's* contraception module as abstinence-plus.

Figure 9

Slide from the Scott and White Wellness and Sexual Health Program



KEY FINDING 1

Abstinence-only programs and school districts still mislead students by promoting the falsehood that condoms and other contraception are ineffective and using them is a high-risk behavior.

Encountering accurate and helpful information about condoms and other contraceptives is rare in the abstinence-only programs used in Texas schools. In fact, the opposite is usually true – programs often contain misinformation and outright lies. While contraception use is not (usually) explicitly discouraged, most abstinence-only programs have two equally problematic strategies for dealing with it: telling students in various ways that that contraception is ineffective or censoring information about contraception altogether. This finding echoes the conclusions in our 2009 report.

‘CONTRACEPTION DOESN’T WORK’

In ways ranging from subtle insinuation to blatantly false statistics about the effectiveness of condoms, many abstinence-only programs used in Texas schools send students a persistent message: contraception doesn’t work.

Sometimes the directive comes from the top, as in Katy ISD’s district-wide policy, which bluntly states that all human sexuality education in the district:

“Shall support sexual abstinence... [as] the only effective way to prevent crisis pregnancies and sexually transmitted diseases” and “Shall present contraception as high-risk behavior.”²⁰ (emphasis added)

Such a sweeping and reckless directive puts educators in a bind. If they choose to present medically accurate information about the efficacy of contraception, could they be accused of violating district policy? Further, including contraception in the same category with

legitimate “high-risk behaviors” like drug use or unprotected sex seriously misleads students about the meaningful risk-reduction that accompanies consistent contraception usage. To equate consistent and correct contraception use with other high-risk behaviors is scientifically inaccurate and educationally dangerous.

More often, however, the denigration of contraception is not a deliberate decision made by district officials, but rather it is incorporated into the various programs used in the district. Consider the case of *Life Decisions*, used by Boles ISD. Its website advises students to wait to have sex because “**sooner or later, birth control will fail.**”²¹ This tactic of telling students that failure is inevitable (without discussing the role of consistent and correct use of contraception in keeping failure rates low) is clearly intended to dissuade students from using birth control.

Condoms are singled out for special disparagement in many abstinence-only programs used in Texas. Denton ISD, for example, uses a slideshow from Human Relations Media titled “Safer Sex” that states “**a latex condom gives some protection against certain STIs, but it can still break or slip off.**”²² While technically true, the materials provide no context to explain why or how often condoms can slip or break (which occurs only around 2 percent of the time when used correctly and consistently²³), leaving students with the false impression that condoms can commonly break or slip off, leaving them at risk for STIs or pregnancy. The most common cause of condom failure is user error, but that information is often intentionally withheld from students. In fact, most students get no instruction at all about how to store and use condoms properly, which would seem to make their failure more likely.

Some anti-condom propaganda that we discovered in abstinence-only programs in Texas seems more likely to amuse students than make them seriously consider important issues surrounding sexuality. A program created by an Austin-based crisis pregnancy center, *Austin LifeGuard* makes the absurd argument that condoms are too complicated:

“[C]onsistent condom use is uncommon, and consistent AND correct use is even more rare [sic]. That’s not surprising, given that correct use requires a 6-step procedure that begins after erection occurs.”²⁴

And the *180 Degrees* program from Real Options for Women states on its website that “**...condoms don’t protect...the heart.**”²⁵ It is important to acknowledge that many students in the schools using these programs will soon be, or are already, sexually active. These are not serious approaches to what should be a serious topic.

LIES, DAMNED LIES, AND STATISTICS

Statistics, which should be an unbiased tool for instruction in any classroom, are instead often misused – or simply falsified – in Texas classrooms, seemingly in service of an anti-contraception agenda.

The Texas Education Code requires school districts to teach contraception failure rates in terms of typical-use rates, not laboratory or perfect-use rates.²⁶ Typical-use failure rates refer to how often condoms and contraception fail to prevent a pregnancy when used inconsistently and incorrectly. User failure, such as mishandling condoms or not taking contraception as prescribed, contributes to high user failure or typical-use failure rates. Laboratory rates refer to how often condoms fail when they are used as designed every time.²⁷

“Teachers may be placed in an untenable position by wanting to share correct, age-appropriate information but are restricted by a district policy that has no foundation in the Texas Education Code or in science.”

Given this emphasis in the Education Code, it is not surprising to find that many school districts present only the failure rates that arise from inconsistent or incorrect use. Though accurate, giving students typical-use statistics is problematic when presented without any context explaining what those rates represent (i.e., user failure). Students deserve the full context so they can make informed decisions to protect themselves from pregnancy and sexually transmitted infections (STIs). Indeed, to effectively address condom failure rates, proper condom use must be taught. Unfortunately, there was little evidence this actually occurs in Texas schools. And though state law does not prevent schools from presenting this fuller, more informative context, many districts in our sample appear to have interpreted the Education Code as a prohibition against teaching perfect-use rates, or for that matter, any discussion of contraception.

But beyond the limitations of the Education Code, some districts include programs that cite failure rates that are factually inaccurate. The Esteem program quotes a story from CNN from 2000 that reports **condom usage has a 50 percent chance of failure over four years.**²⁸ Exaggerating the failure rate is clearly meant to discourage condom use by students. According to the Centers for Disease Control and Prevention (CDC), condom usage has an 18 percent failure rate in preventing pregnancy

when used inconsistently and incorrectly and only 2 percent when used consistently and correctly.²⁹ Human Relations Media's presentation on STIs, used in Denton ISD, goes so far as to warn students that they are at **"risk of contracting an STI if: [they] rely on condoms or other forms of birth control for STI protection."**³⁰ The message Denton ISD students receive is condom and contraception usage is inherently risky behavior, with no support to learn how to use them properly.

Even when teachers or presenters have access to materials that include perfect-use rates, students may never see that information. Cypress-Fairbanks ISD uses teacher resources from the CDC that contain the actual effectiveness and breakage rates of condoms when they are used properly and consistently. However, **the "teacher's guide" instructs teachers NOT to distribute such material to students.**³¹ It's difficult to ascertain how often this sort of censorship of medically accurate, age-appropriate information about condoms and contraception happens in Texas, but it is clearly a barrier in many districts. Once again, teachers may be placed in an untenable position by wanting to share correct, age-appropriate information but are restricted by a district policy that has no foundation in the Texas Education Code or in science.

CENSORING INFORMATION ABOUT CONTRACEPTION

Perhaps the most common way abstinence-only programs in Texas deal with contraception and condoms is simply to ignore them altogether. We found that 46.1 percent of districts did not mention contraception at all, let alone provide an in-depth lesson, either because they use abstinence-only programs or textbooks that ignore the topic or because they provide no human sexuality education. This censorship is something even the students occasionally recognize as the elephant in the room. For example, Cross Roads ISD uses the Henderson County HELP Center to present the evidence-based abstinence-only program *Making a Difference* for students in Grades 6-8. In a conversation with TFNEF researchers, a representative of the Henderson County HELP Center noted that students had asked about condoms and contraception in the past. Presenters, the representative said, would simply respond that abstinence is the only 100-percent effective way to prevent STIs and pregnancy. Presenters gave that answer, said the representative, because they "live in a very conservative area."³² Once again, the conspiracy of silence from adults in addressing student health needs is alive and well.

Nowhere is this censorship more notable – and tragic – than in instruction dealing with HIV/AIDS. Even some abstinence promoters will acknowledge the

critical importance of condoms as a tool to prevent the transmission of HIV – but not many abstinence-only programs in Texas schools. Nacogdoches ISD, for example, provided TFNEF a slideshow discussing STIs and HIV/AIDS. A slide labeled "Teens At Risk" reads: **"HIV can be prevented through ABSTINENCE from sexual activity and from injecting drugs."**³³ The presentation is silent on other methods for protecting against HIV transmission.

It is not as if school districts and programs do not have ample opportunity to talk about condoms and contraception. Along with slideshows and presentations, districts utilize activities to discuss how STIs and HIV/AIDS spread among a population. Calhoun County ISD is one such district. "HIV Transmission Game" has students pass candy around to represent having sex.³⁴ Students are given bags full of candy with some bags also containing candy that represents HIV. Some students are told to not pass candy around (to represent being abstinent). Two other students only trade candy with each other, representing being in a monogamous relationship. The remaining students trade candy with each other, keeping track of their trading partners. At the end of the game, the teacher asks each student with the HIV candy to stand up, as well as anyone who traded candy with anyone who has the HIV candy. This game demonstrates quite well how HIV can spread among a sexually active group of people who do not use protection. But here again, the game does not include any discussion of how condoms are effective at reducing the risk of contracting HIV through sexual activity, leaving students with the impression that any and all sexual activity is dangerous.

KEY FINDING 2

Fear- and shame-based instruction remains extremely common in Texas sex education classes, particularly in classrooms relying on abstinence-only curricula.

The use of fear- and shame-based instruction remains, as we found in our 2009 study, extremely common in Texas sex education materials. The tone and content of most abstinence-only materials we reviewed are predominantly negative – human sexuality is mostly described in terms of dangerous or shameful consequences (and those are regularly exaggerated). The problem with this fear-based approach – beyond the lack of evidence that it is at all effective in changing behaviors – is that it is rarely accompanied by information about prevention strategies. As a result, students are told repeatedly that sex is extremely dangerous, physically and emotionally, but are given no tools to negotiate these high-stakes decisions safely.

EXAGGERATING THE CONSEQUENCES OF SEXUAL ACTIVITY

It is important to teach students about the potential health consequences of sexual activity. Informing young people about the serious and very real risks of sex – including sexually transmitted infections (STIs) and unintended pregnancy – is a necessary component of any sex education program. This strategy is called “fear arousal” and can be effective in teaching students about risky behaviors.

However, what we found goes well beyond mere fear arousal. The tendency among abstinence-only programs to greatly exaggerate or inflate these risks is a recurring problem in Texas classrooms. And the goal is clear: scaring students into remaining abstinent. The *Esteem* program essentially tells students that sexual activity can lead them to suicide:

“There is a bond formed between sexual partners that are [sic] thought to be strengthened by the release of hormones during sexual intimacy. Since most teens have short

relationships, teens are prone to emotional distress every time a relationship ends. Some teens find these emotional break-ups to be so overwhelming that they may become depressed or even commit suicide.”³⁵

Scare tactics are especially prevalent in instruction related to STIs. Sometimes the frightening information Texas students encounter about STIs is outright false. Calhoun County ISD tells students that **they can contract Hepatitis B from kissing**. (According to the CDC, kissing cannot spread Hepatitis B.³⁶)

But more often, a legitimate risk is exaggerated, presenting students with wild, worst-case scenarios of an STI infection. In a *REAL Essentials*’ video, for example, a **woman tells her story of contracting chlamydia after having sex as a teenager.³⁷ Later, after she gets married, she suffers from an ectopic pregnancy resulting in a miscarriage and tube removal. The woman tells the camera that chlamydia was the cause of her ectopic pregnancy and sterility.** Nowhere in the video is there a mention of getting tested and treated for STIs after having sex, and *REAL Essentials* does not provide students with information about how to properly use condoms. The message is clear that STIs will forever haunt a person and there’s nothing they can do once they have contracted an infection.

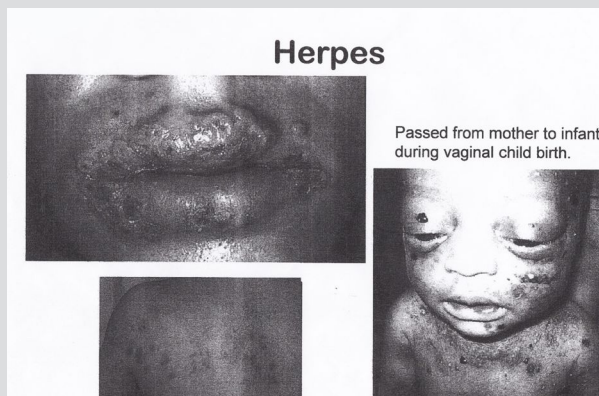
Unsurprisingly, many abstinence-only programs often single out HIV/AIDS for special fearmongering, commonly depicting it as a death-sentence. Given the very serious consequences of contracting HIV, you might think districts would not need to rely on exaggeration and that providing accurate information about it would be paramount. But that is not so in Texas. Brownwood ISD, for example, tells students **that there is no cure for HIV/AIDS and that**

Fear-based lessons and regular disparagement of contraception send a paralyzing double-message to students: sexual activity inevitably leads to traumatic consequences, and you are powerless to protect yourself.

its consequences include death. Untreated HIV will almost always become AIDS, leading to various infections that can eventually prove fatal. However, the Brownwood ISD lesson is extremely misleading as modern HIV treatments can dramatically improve the quality of life and life expectancy for those living with HIV.³⁸ In fact, there is now an FDA-approved medication that is effective at reducing the risk of HIV infection in the first place when used as prescribed.³⁹ However, few if any abstinence-only programs mention these life-saving advancements in HIV treatment and prevention. Indeed, the *REAL Essentials* program even includes the bizarre and inaccurate claim that mutual masturbation puts someone at risk of acquiring AIDS.⁴⁰

While discussions about teenage pregnancy, and to some extent STIs, highlight negative consequences of sexual activity for women, some abstinence-only programs instead choose to focus on financial and legal consequences for men. *180 Degrees* and *Esteem* both warn students that sex can lead to pregnancy, causing the father to be responsible for child support.^{41,42} Male students are then advised to remain abstinent because they could otherwise

DISEASED BODY PARTS



Not just content with words, many sex education programs in Texas rely on images of diseased genitalia and other body parts to scare students. As a result, the lesson transmits a message to students that the diseased body parts depicted in the pictures are what common STIs look like and anything less than that is not something to worry about. In the 21st century, almost all STIs have some treatment that can keep them from becoming the worst-case scenarios often depicted in these photos.

Photos from Calhoun County ISD instructional materials

be financially ruined by a teenage pregnancy. While it is important to note the financial responsibilities of parenthood, there is no evidence to suggest that educating about possible financial burdens limits risky sexual behavior of youth.

Spring Branch ISD and Claude ISD present a lecture from a police officer entitled “Sex and the Law” to discuss the *legal* consequences of sexual activity. Claude ISD provided us with a description of the presentation. Sgt. Bill Davis, a retired police officer, advocates strict abstinence for students by explaining that **“people in Texas are held accountable for their actions from the age of ten-years-old until they die...Because of this accountability, Sgt. Davis very candidly and professionally discusses various criminal laws dealing with sexual encounters that relate to teenagers and young adults.”**⁴³ It’s unclear what potential criminal and civil violations Sgt. Davis enumerates in his presentation or what training he has as a health educator, but not all teenage sexual activity is illegal in Texas. (The age of consent in Texas is 17, but teenagers aged 14 to 17 can legally engage in sexual activity if the other person is no more than three years younger or older than themselves.)⁴⁴

The ultimate failure of this heavily fear-based pedagogy is that students in Texas public schools leave uninformed or under-informed about their real risk factors for contracting STIs and the consequences of sexual activity. Combine this with regular disparagement of contraception, and these programs send a paralyzing double-message to students: sexual activity inevitably leads to traumatic consequences, and you are powerless to protect yourself. Moreover, with the availability of information in today’s world, students could easily learn that the sexual health information provided to them is either exaggerated or completely false. Besides the problem of leaving students to find reliable information on the Internet on their own, this leads to credibility problems for teachers and all the messages they deliver about health risks.

SHAMING SEXUALLY ACTIVE STUDENTS

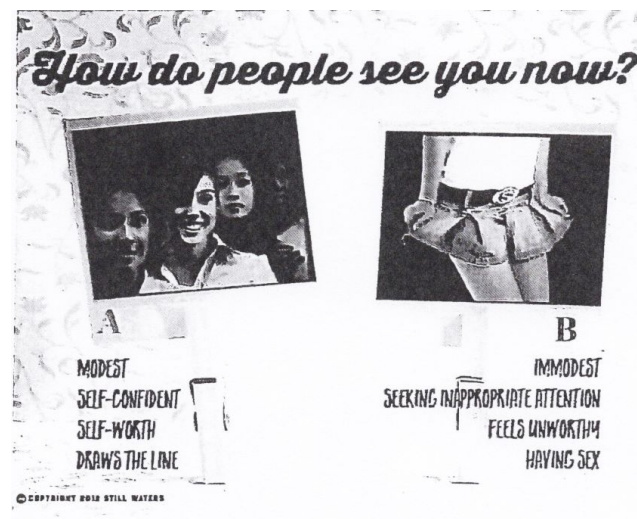
Many abstinence-only programs in Texas utilize a number of exercises and materials designed to associate sexual activity with feelings of shame and guilt. At the core of this pedagogy seems to be a belief that sexually active students are devoid of self-control, self-restraint and even basic character. Following this logic, in many abstinence programs the decision to become sexually active is depicted as placing teens, their families and society at risk. Further, single-parent households are sometimes singled out for particular stigma in service of a strict, abstinence-only message. Because we know a significant number of

students in any Texas classroom fall into these categories (sexually active and/or from single-parent families), the targets of these shaming messages are often sitting in the class – hearing their own teacher call into question their character (or the character of their parents).

One common claim Texas abstinence-only programs make is that premarital sex destroys or weakens someone’s ability to have a lasting relationship in the future. Often this is done through interactive exercises that make the point in a particularly visceral way. *REAL Essentials* explains that **glue (i.e., sex) is a bonding agent that works best on a surface that is “clean and dry” (i.e., virgins). The activity implies that virgins can expect and count on a lifelong marriage; people who have sex before marriage cannot count on the same.**⁴⁵ *Choosing the Best* includes a similar exercise using adhesive tape. The exercise involves placing tape on a student’s skin, then removing it to show what has transferred from the skin to the tape. What remains on the tape is supposed to represent the emotional baggage resulting from sex.⁴⁶ The efficacy of such exercises in changing adolescent behavior is an open question, but one certain effect is demoralizing students who are already sexually active with a message that they are dirty or damaged. This is particularly troubling given that 63 percent of 12th-graders in Texas report being sexually active at least once in their lives.⁴⁷

A related theme in many abstinence-only programs is an obsession with the concept of “purity” as a moral ideal, particularly for women. The most troubling example we encountered comes from *I Am Enough*, a program

Figure 10
Copy of Slides from *I Am Enough*



These slides from the *I Am Enough* curriculum show another way some abstinence-only programs tell sexually active students that they are “impure.”

sponsored by the Still Waters Pregnancy Resource Center, a crisis pregnancy center, which **tells students they are going to talk about abstinence and “keeping the body pure.”** The presentation shows two pictures, one of **young women dressed in buttoned-up, collared-shirts above the words “modest, self-confident, self-worth, draws the line.”** The other picture shows a woman’s legs in a short skirt above the words **“immodest, seeking inappropriate attention, feels unworthy, having sex.”** (See Figure 10.)

In contrast to arguments centered on student health, this is an explicit moral – bordering on religious – argument for abstinence. And it’s a shocking one. Not only are sexually active teens told they are impure, they are also labeled immodest. This sort of instruction might be more appropriate in a religious setting, but it has no place in a public school classroom.

The silver bullet for avoiding risk and staying healthy, according to most of these programs, is marriage. But there is a dark side to much of the marriage promotion you find in Texas classrooms – namely the demonization of nontraditional families. *REAL Essentials*, for instance, promotes abstinence as a means to an idealized marriage: **“Marriage offers a tremendous number of life-affirming and pro-social benefits.”** But the program immediately pivots to a list of the social ills caused by single-parents families: **“(M)ost poor children live in single parent families... Children in intact families are less likely to have problems in school... 70% of people in prison are without dads.”**⁴⁸ Accusing and blaming teenage and single parents for incredibly complex social problems is both dubious and offensive. Most teens had nothing to do with their parents’ divorce, and it is unclear why blaming and shaming them has any realistic educational purpose.

Some sex education classes also teach Texas public school children, in various ways, that virgins and sexually active teens have fundamentally different “characters.” The reason one person “succeeds” (i.e., remains abstinent) and another “fails” (i.e., has sex) is rooted in personality traits. Students who have sex are characterized as **“dirty,” “irresponsible,” “not smart,” “uncaring about their future” and “uncontrolled,”** among other negative traits.⁴⁹

Along with having their intelligence and personal ethics maligned, sexually active teens also learn that they lack self-respect and self-esteem. Abstinent teens, by contrast, have these traits in abundance. This is why, for example, Brownwood ISD can claim that a **lack of self-confidence leads to premature sex** and Cypress-Fairbanks ISD can say **that a student should respond to pressure to be sexually active with: “I practice abstinence from sex**

to show respect for myself” (emphasis added).

Some abstinence programs used in Texas schools fixate on a student’s “reputation.” Predictably, teens in such programs deserve a “bad reputation” if they choose to be sexually active. Nacogdoches ISD, for instance, tells students they should practice abstinence because **“sexually active teens risk being labeled by peers as ‘easy.’”** Cypress-Fairbanks ISD even takes this a step further by listing an **advantage of abstinence as “freedom from a loss of reputation.”** Instead of establishing a baseline respect for all people’s decisions, these programs almost encourage bullying and gossiping among students. These types of messages do nothing to encourage safer sex for sexually active teens and do nothing to help students make decisions to lead healthy lives.

KEY FINDING 3

Abstinence-only programs continue to teach stereotypes and dangerous misinformation about gender and sexual assault.

TFNEF's 2009 report *Just Say Don't Know* revealed that many abstinence-only programs used in Texas schools taught outdated stereotypes and misinformation about gender and sexuality.⁵⁰ That misinformation essentially communicated harmful messages to students: women are sexual gatekeepers for uncontrollable boys and are somehow at fault if they become victims of sexual assault. In this study we see improvement on how some school districts address sexual assault. But some abstinence-only programs still promote the kinds of stereotypes that communicate the same dangerous messages to students.

NATURE VS. NURTURE: INNATE DIFFERENCES BETWEEN MEN AND WOMEN

Gender stereotypes abound in the abstinence-only programs that dominate Texas public schools. Some present mostly simplistic caricatures. The *REAL Essentials* program, for example, informs students:

"There are differences between men and women. I want you all to look at your fingernails. Most women look at their fingernails like this. (Hand outstretched) Most men, on the

*other hand, look at their fingernails like this. (Fingernails curled in and wrist turned over),"*⁵¹

Similarly, the 6th grade curriculum from ESTEEM has students write out which gender matches a description in an activity called "Usually." Descriptions include: "can bear children," "are usually more expressive," "process emotions more slowly," "like to shop," and "like to play video games."⁵² After the students match gender to descriptions, the class discusses why a student's answer might or might not be "typical." (See Figure 11.)

Except for the actual biological differences presented (i.e., “can bear children”), this activity reinforces stereotypes about gender identity.

But some abstinence-only programs go beyond such simplistic stereotypes and often promote misinformation about gender roles for men and women when it comes to relationships and sexuality. For example, the I Am Enough curriculum from Still Waters Pregnancy Resource Center tells boys that they were created to be leaders who protect women, while girls are told they should wait for Prince Charming to find and marry them. This idea is echoed by Brownwood ISD’s presentation (from district-created materials) that tells women “**Calling Guys/Chasing – Gives an ego boost but wears off.**” It also explains that a woman’s “**job is to let a boy/man impress you! Not the other way around.**” As a result, the curriculum insists, women should “**SHUT UP and be mysterious. Guys love a challenge.**” (See Figure 12.) We found similar

suggestions that men are meant to pursue and women are meant to be impressed in our original research on human sexuality education in Texas in 2009.⁵³

Related to the idea that men are naturally pursuers and women are the pursued, programs like *Scott and White Wellness and Sexual Health* promote the idea that men are sexual beings while women desire love over sex.⁵⁴ *REAL Essentials* teaches a similar idea and even compares men to “microwaves” who are aroused visually and quickly. Women, on the other hand, are “slow cookers” who respond slowly to an emotional connection.⁵⁵ These comparisons suggest that women are the gatekeepers of male sexuality – that they are responsible for controlling the behavior of overheated men, who are naturally sexual beings – boys will be boys, after all, with virtually no self-control.

Figure 11
Usually

ESTEEM’s “Usually” activity reinforces stereotypes about differences between men and women.

Figure 12
Advising Girls: “Shut up!”

Brownwood ISD’s sex education curriculum reinforces gender stereotypes with tips about how women can attract a man.

FEMME FATALE: THE PROBLEMS WITH SEXUAL WOMEN

On the other hand, some programs portray women who are sexual beings and desire sex as manipulative and unnatural. Brownwood ISD's curriculum makes this point painfully clear in its presentations for eighth-grade students. In the presentation for boys, a slide reads:

"Know that some girls are in it for the SEX! Get emotional kick/baby. That Girl You REALLY Like and Respect is Taking Notes."

The clear warning is that women who desire sex are not respectable and, worse, are likely seeking men out for nefarious reasons. In a presentation for girls, the Brownwood ISD curriculum employs a slide that reads:

*"Most girls want to be respected. Most girls want to be dated. Most girls want to be taken home to meet his mother. Being too sexual in the way you dress and act will not accomplish these things. So really girls...do you want to be the one he would rather Marry [sic] or the 5 minute thrill?"*⁵⁶

These kinds of lessons communicate distressing messages, intended or not: that women should feel shame about their sexuality and that men are perhaps not entirely responsible for their own sexual behavior. Moreover, these lessons can persuade women that they are somehow responsible for sexual assault or abuse if they did not stop a man's sexual advances or may have, in fact, lured men into assaulting them by **"being too sexual."**

SOME PROGRESS ON TALKING ABOUT SEXUAL ASSAULT AND RAPE

Indeed, the promotion of these kinds of stereotypes and gender roles can be particularly harmful when it comes to the issue of sexual assault. TFNEF's 2009 report found that almost no abstinence-only programs or school districts in Texas discussed sexual assault or rape in a meaningful way in their human sexuality curricula.⁵⁷ What information students learned from such programs often suggested that women who act or dress in sexual ways are encouraging assault. But in reviewing the material submitted by school districts for this report, we found that Texas public schools have made some progress in teaching students important information about rape, sexual assault and consent. Moreover, the addition of age-appropriate and informative discussions about rape and sexual assault was not restricted to districts using abstinence-plus curricula. They were also present in some abstinence-only programs.

For example, despite promoting potentially harmful messages about women's sexuality elsewhere, *REAL Essentials* does tell students:

*"Any time a person's protest against engaging in sexual activity is ignored, sexual assault has occurred. The rapist could be anyone – an acquaintance, classmate, co-worker – even a boyfriend... No matter who the perpetrator is, sexual assault is an act of violence and a violation of personal rights."*⁵⁸

REAL Essentials makes it clear that everyone, including significant others, must respect a person's sexual limits. This is a good message for teens to hear. See Figure 13 for how Cypress-Fairbanks ISD addresses this issue.

Austin ISD, which developed and uses its own material in combination with the abstinence-plus program *Big Decisions*, defines consent in a slide show as **"both people freely and willingly agree to engage in the activity by stating their mutual understanding and agreement."**

Figure 13
Dating Bill of Rights

Dating Bill of Rights	Handout
I have the right:	
1. To ask for a date	
2. To refuse a date	
3. To suggest activities	
4. To refuse any activities, even if my date is excited about them	
5. To have my own feelings	
6. To say I think a friend's information is wrong or his or her actions unfair	
7. To tell someone I don't like him or her to interrupt me	
8. To have my limits respected	
9. To spend my money the way I want to, even if it is foolish	
10. To tell my partner I want affection	
11. To be heard	
12. To refuse to lend money	
13. To refuse affection	
14. To refuse sex with anyone who just took me out on an expensive date	
15. To tell my partner I want sex	
16. To refuse sex anytime	
I have the responsibility:	
1. To determine my limits	
2. To respect the limits of others	
3. To communicate clearly and honestly	
4. To not violate the limits of others	
5. To ask for help when I need it	
6. To be considerate, but not submissive or aggressive	

Cypress-Fairbanks ISD provides students a "Dating Bill of Rights" that outlines both their rights and responsibilities in a relationship. This Bill of Rights is a good example of how the conversation about rape and sexual assault in Texas sex education has improved somewhat since 2009.⁵⁹

A person who is drunk, drugged, unconscious or mentally disabled is not legally able to consent to sexual contact.” Next to the text is a large picture that says “**No means NO!**”⁶⁰ Both Austin ISD and *REAL Essentials* provide good examples about how programs can educate their students about rape and consent in an accurate and appropriate manner without resorting to messages of shame.

But despite this progress in discussing rape and sexual assault in a constructive, appropriate way, some school districts still have materials that suggest to students that women must take the responsibility of preventing sexual assault. North East ISD in San Antonio, for example, provided a handout from the 2003 version of *Scott and White Worth the Wait* (now called *Scott and White Wellness and Sexual Health*) titled “Preventing Sexual Assault.” The handout reads:

*“Be aware of situations that might cause others to misinterpret your behavior. An example would be a girl dancing provocatively or a girl wearing suggestive, body-exposing clothing. Make sure your actions and attire clearly reflect to others your intentions not to have sex.”*⁶¹

Passages like this reinforce the message that women are sexual gatekeepers for men and are responsible if they are the victims of sexual assault. Coupled with messages that shame sexually active teens, sexual assault survivors in Texas health education classes are left blaming themselves and feeling guilty for someone else’s actions.

KEY FINDING 4

Sexuality education in the vast majority of Texas classrooms seems to assume all students are heterosexual and LGBTQ+ people are irrelevant or do not exist.

As this report documents, the conspiracy of silence surrounding condoms and other forms of contraception is a serious problem in most health education classrooms across Texas. But our research also confirms the vast majority of sex education instruction is largely silent when it comes to providing information on sexuality and health for lesbian/gay/bisexual/transgender/queer/other (LGBTQ+) students. In fact, much of the sexuality education instruction in Texas seems to assume all students in the classroom are heterosexual and that LGBTQ+ peoples' lives are irrelevant or do not exist at all.

BACKGROUND

changes to proposed new health textbooks for Texas public

In 1995, social conservatives on and off the State Board of Education demanded publishers make hundreds of

schools. Among their many objections were passages about birth control and issues involving sexual orientation. One

textbook, for example, included a substantial discussion on sexual orientation and defined the difference between heterosexuality and homosexuality. The text also explained to students that anyone – heterosexual or homosexual – can get HIV. It also included an essay in the teacher's edition that encouraged educators and parents to treat all students – including gay students – “with compassion and respect.” The essay noted challenges gay students face and suggested resources for teachers with students who might be struggling with their sexual orientation. Social conservatives were outraged. Their opposition to

If someone were to look only at Texas sex education materials, it would appear as if LGBTQ+ Texans don't exist.

that coverage as well as passages on contraception and other issues ultimately led the publisher – Holt, Rinehart and Winston – to withdraw the textbook from board consideration rather than make the demanded changes.⁶²

Nine years later, in 2004, publishers submitted new health textbooks for consideration by the State Board of Education. This time, discussions of gay people were largely absent from all of the texts. In fact, not one of the textbooks the State Board of Education considered and ultimately adopted for use in Texas public schools even included a definition of “homosexual” in its glossary. (The board also insisted that the textbooks explicitly define marriage as a union of one man and one woman. Fortunately, one publisher rejected a board member's demand that its sixth-grade textbook tell students: “homosexuals, lesbians, and bisexuals as a group are more prone to self-destructive behaviors.”)⁶³

Given the history of open animosity toward LGBTQ+ students, we were particularly interested to see what sex education classes in Texas public schools say about sexual orientation today. Unfortunately, the answer is: not much. If someone were to look only at Texas sex education materials, it would appear as if LGBTQ+ Texans don't exist. That is because the vast majority of school districts do not discuss sexual orientation or LGBTQ+ health issues at all. Only a paltry 6 percent of school districts provided us with instructional materials that had any mention of sexual orientation or LGBTQ+ health needs. (Moreover, it is important to note that just because schools may mention sexual orientation does not mean students get any substantial or in-depth discussion or other information about the topic.) We found much of the same in our 2009 report on sex education in Texas public schools. That report found materials about sexual orientation were full of stereotypes and little useful information

that was particularly relevant for LGBTQ+ students. In some cases health education classes taught students that homosexuality and same-sex relationships were morally wrong and even illegal (despite the fact that the U.S. Supreme Court had struck down state sodomy laws as unconstitutional years earlier).⁶⁴

SILENCE ON SEXUAL ORIENTATION AND SEXUAL HEALTH

Of the few districts that for this study did provide relevant instructional materials or indicated that they provide any classroom instruction about topics related to sexual orientation, most did not discuss health issues specific to LGBTQ+ people. They primarily focused on bullying and tolerance of LGBTQ+ students. Still, Houston ISD appeared to take discussions about LGBTQ+ issues further than most districts. One of the programs the district reported using, *HealthSmart*, discusses issues of gender identity and sexual orientation. In their high school curriculum, students “**examine different aspects of sexuality, including sexual choices, sexual orientation and gender identity. They explore the physical, emotional, intellectual and social dimensions of sexual health, then categorize various examples to help them understand that human sexuality is complex and multidimensional.**”⁶⁵ News reports about the curriculum's use in other districts show that it not only defines sexual identity and gender expression, but also deals with relationship issues LGBTQ+ students may face.⁶⁶

Most major abstinence-only curricula in Texas schools do not discuss LGBTQ+ issues at all. Activities and stories about relationships and marriage use only heterosexual couples as examples, completely ignoring the existence of LGBTQ+ students and same-sex relationships. For example, Leander ISD uses a video titled “Straight Talk about Sexual Choices and Consequences,” which – true to its title – describes relationships and sexual activity exclusively from a heterosexual perspective.⁶⁷

This virtual silence on relationships and sexual health issues relevant to LGBTQ+ students is often the result of district policies and cultures. A teacher guide in Katy ISD, for example, explicitly bars teachers from discussing sexual orientation at all (as well as other topics like abortion, masturbation or sexual intercourse).⁶⁸ North East ISD in San Antonio provided a written policy that also forbids teachers to discuss such topics:

*“The issues of homosexuality, abortion, sexual deviation, and other controversial matters shall not be part of the curriculum and shall be left to the family or clergy.”*⁶⁹

Other districts, while perhaps not having a written policy that bars teachers from talking about sexual orientation,

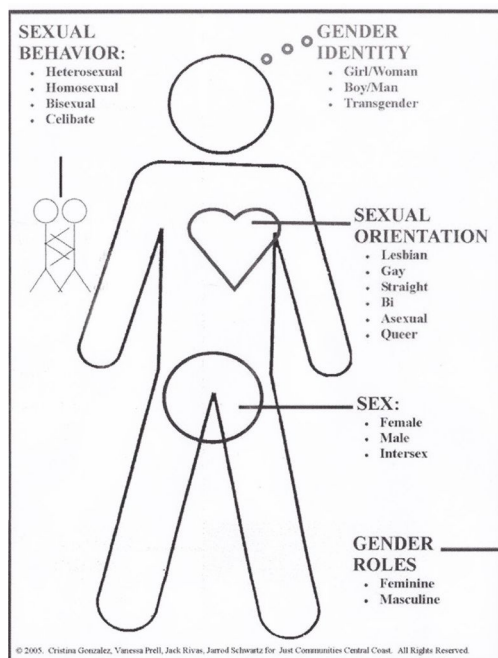
in other ways block teachers from discussing the topic. In a phone conversation with a TFNEF researcher, the superintendent from Springtown ISD said that he **discourages teachers from talking about sexual orientation because he worries they will put their political spin on the topic.**⁷⁰

BARELY A MENTION: WHAT LGBTQ+ STUDENTS LEARN IN TEXAS SEX EDUCATION

Unfortunately for most LGBTQ+ students in Texas who get any relevant instruction at all, the most information they learn about their sexual health needs is that they might be at risk for HIV. For example, Calhoun County ISD uses a game called “STDs – Fact or Fiction” to teach

about sexually transmitted infections. Students get facts that they either read to the class as is or turn into a lie. One fact is “**most AIDS patients in the United States are homosexual or bisexual men.**” According to the CDC, men who have sex with men (which includes homosexual and bisexual men) are still the group with the highest prevalence of HIV infection,⁷¹ but to reduce LGBTQ+ health issues to only a discussion on HIV transmission obscures other specific sexuality (and relationship) issues facing LGBTQ+ students. In addition, there is a big difference between becoming infected with HIV and becoming an “AIDS patient.” Such outdated approaches leave out the full spectrum of information on HIV and the treatments available today. To its credit, however, Calhoun County ISD was one of the few districts that mentioned

Figure 14
Austin ISD on Gender Identity



Austin ISD uses this visual to help explain gender identity, sexual orientation and sexual behavior to students. Unlike what often occurs in other districts or abstinence-only programs, this type of visual helps students discuss sexual health issues from more than just a heterosexual perspective.

KEY FINDING 5

Texas students learn little but misinformation about abortion in sex education classes.

Abortion is one of the most common and safest medical procedures in the United States. At 2008 abortion rates, according to the Guttmacher Institute, three in 10 women had an abortion by the age of 45.⁷⁴ (Guttmacher reportedly is working on an update to those statistics.) Yet the vast majority of Texas students may never encounter an honest and medically accurate classroom discussion about abortion during their time in public schools, including in health education classes. Students might learn about the landmark *Roe v. Wade* Supreme Court case in their social studies classes, but whatever they learn about abortion in sex education classes – if anything – largely amounts to misinformation.

A RARE TOPIC IN SEX EDUCATION

in Texas. Programs like *Choosing the Best*, *ESTEEM*

CURRICULA

Abortion is a rare topic in human sexuality instruction

and *Scott and White Wellness and Sexual Health* mention abortion only when discussing unplanned pregnancies.

Those curricula do not go in-depth into the topic. When considering the number of districts that use those programs and other districts that submitted their own material that mentioned abortion, 22 percent of districts mention abortion in their human sexuality instruction. However, not only are these mentions typically brief, the information is often accompanied by messages focused on shame and fear.

For example, according to the Sexuality Information and Education Council of the United States (SIECUS), the *Choosing the Best* curriculum informs students that **they will feel sad and guilty after having an abortion**. It also promotes an **unsupported claim that the procedure can result in infertility**.⁷⁵ From the SIECUS review of the 2006 version of *Choosing the Best*:

In previous drafts of *Choosing the Best LIFE*, abortion was not even listed as a choice. This edition has teachers tell students: ‘...the reason abortion is listed as a choice is because it is legal in the US’ (*Choosing the Best LIFE*, Leader Guide, p. 31). While it is certainly an improvement, the author’s opposition to abortion does seep out. Students are told that they may suffer ‘**feelings of guilt, regret, and sadness**.’ While these feelings are also noted as consequences of adoption, it is never suggested that students might feel any positive emotion such as relief if they choose abortion. In addition, the author lists ‘**medical complications from the procedure**’ and ‘**problems with ‘future pregnancies**’ as likely consequences. Without any further explanation (none is given) students may be left with the inaccurate assumption that abortion is dangerous and likely to impact future fertility. This is simply untrue.

It is never the place of education programs to mandate choices for students. Instead, students need unbiased information about the options they have should they experience an unintended pregnancy as a teen or an adult. It is then up to students to make choices consistent with their own values and the values of their families and communities. By presenting even subtly biased information about abortion and adoption, *Choosing the Best* does not allow individuals to make informed, personal decisions.⁷⁶

Cypress-Fairbanks ISD provides its students a handout that discusses the advantages of abstinence. One advantage is that students will avoid “the **trauma of abortion**.” This handout not only is very biased in its stance toward abortion, but also seems to imply that all female students who have sex will get an abortion and be haunted by that decision.⁷⁷

CRISIS PREGNANCY CENTERS

Crisis pregnancy centers (CPCs) appear to be a growing source of misinformation about sex education in Texas public schools. CPCs are organizations, usually faith-based, that present themselves as resources for pregnant women while providing little or no actual medical services. Instead, their core purpose is to discourage women from seeking abortions. They often do so with false claims, such as telling women that abortion causes breast cancer, is psychologically damaging and can lead to sterility.⁷⁸

In our 2009 report, we noted that CPCs played a troubling role in Texas sex education, always taking an abstinence-only approach in their education.⁷⁹ Unfortunately, that is still true today.

In all, 12.2 percent of school districts in this year’s survey reported some relationship with a crisis pregnancy center. Relationships between CPCs and schools included the distribution of flyers or handouts to students and having the centers implement sex education programs.

We discovered the centers schools often named were Christian-based organizations. For example, Place of Hope Pregnancy Resource Center in Rockdale, which provides pamphlets to Rockdale ISD, states quite clearly on the mission page of its website:

“Place of Hope exists to demonstrate and share the life-changing message of Jesus Christ...to those facing an unplanned pregnancy.”⁸⁰

Other organizations are less forthcoming about publicizing their religious foundations. *Austin LifeGuard*, a program from the Austin LifeCare crisis pregnancy center, does not mention religion on its website.⁸¹ In fact, to find out that Austin LifeCare is a faith-based organization, one has to go to its donation website, which requires searching for another program, *Austin LifeSupport*. That page states that people can help the organization through prayer because they are a “**faith-based organization and understand the power of prayer**.”⁸²

Crisis pregnancy centers typically teach sex education in two ways: they implement third-party programs, like WAIT Training or REAL Essentials, or they use programs they developed themselves. School districts in our sample reported having the following CPC-developed programs:

- *180 Degrees Program*
from Real Options for Women in Plano
- *Austin LifeGuard*
from Austin LifeCare in Austin
- *Sex Matters*
from Pregnancy Care Center in Brownwood
- *I Am Enough*
from Still Waters in Kaufman

NO ABORTION IN PARADISE (ISD)

Paradise, located between Fort Worth and Wichita Falls, is home to a small school district surrounded by green fields and country roads. Students there get a very clear anti-abortion message in their sex education classes. The district reported to TFNEF that it works with and obtains materials from anti-abortion organizations. The guidance counselor then distributes this material to students.

Wise Choices, a crisis pregnancy center in nearby Decatur, offers parenting classes to pregnant and parenting students in the district (and provides pamphlets to students in Forestburg ISD). Based on information from Wise Choice's website and other materials, it is clear that the program advocates continuing pregnancies to term. Visitors to the website read that adoption is **"a loving option for birth mother, baby, and adoptive family,"** while abortion **"is a life-changing event with significant physical, emotional, and spiritual consequences."**⁸⁵

Wise Choices Pregnancy Center also works with the Center Against Forced Abortions, which provides legal aid to people with unplanned pregnancies and whose loved ones might be encouraging them to get an abortion. Paradise ISD officials indicated that they distribute to pregnant students a Wise Choices document that reads:

There are organizations ready to help you by providing resources, counseling, and even advise you of your legal rights. One of these organizations is The Justice Foundation. It is unlawful for your parents, relatives, or boyfriend to unduly pressure, force, or coerce you into having an abortion. In fact, to do so could subject them to potential criminal charges of child abuse or fetal homicide (killing a baby while still in the womb). No one can legally force you to have an abortion.

The letter then tells students that letters from the Justice Foundation are attached to inform their partner and parents about their legal rights and the illegality of forced abortions.

Both letters begin with an almost soft and caring tone, explaining to both the partner and parents that the news of a pregnancy was probably shocking but that they do not have to worry – there is light at the end of the tunnel. Very quickly, however, the tone changes in both letters. The letters point out that readers cannot force, coerce, or unduly pressure their partner or daughter into an abortion or they will face a charge of fetal homicide. The letters are peppered with legal statutes and cases to back up the claims of legal liability in the case of "fetal death." The "Dear Father" letter even claims that to coerce a woman into an abortion could leave him vulnerable to civil liabilities, such as emotional distress. Parents are told that they could be charged with child abuse or other civil liabilities, such as false imprisonment. Both letters end with a list of phrases that they deem "excessive coercion, force, duress, or involuntary undue influence." It is certainly important for pregnant teens to understand no one may coerce them into having an abortion, but the tone of the letters could also have the effect of discouraging a parent or guardian from even discussing abortion as an option.

We should note that the Justice Foundation is a conservative legal and political nonprofit that opposes abortion. The Foundation's "Operation Outcry" program is a "ministry" that publishes stories about people's traumatic experiences with abortion.⁸⁶ What is clear is this: students in Paradise ISD are provided information about abortion from a political organization, not a doctor or medical expert.

SOME POSITIVE SIGNS

Although this report reveals that sex education in Texas is still plagued by many of the same problems highlighted in our 2009 report, our research does show some progress in the Lone Star State. As noted earlier, 16.6 percent of school districts had acquired abstinence-plus materials for sex education for the 2015-16 school year. That represents a substantial improvement from the 2007-08 school year, when less than 4 percent of school districts had instructional materials that taught about condoms and other methods of contraception and the prevention of sexually transmitted infections (STIs). It appears that some of this progress can be attributed to the addition of two, Texas-based programs to the list of optional sex education curricula: *It's Your Game: Keep it Real* and *Big Decisions*. In fact, five of the ten largest school districts in the state use one or the other of those two abstinence-plus programs.

NEW ABSTINENCE-PLUS PROGRAMS

It's Your Game: Keep it Real is a two-year, abstinence-plus, evidence-based program for seventh- and eighth-grade students developed by The University of Texas Prevention Research Center.⁸⁷ The program includes both computer and classroom-based activities, such as games, role-playing and discussions. These activities teach students about their bodies, healthy relationships, STIs and testing, abstinence and contraception.^{88,89} While the program's main message is that abstinence is the best choice for students *at this point in their lives*, it also teaches risk-reduction strategies (i.e., condom/contraception usage).

As an evidence-based program, *It's Your Game: Keep it Real* has been evaluated in rigorous scientific studies. Two studies have shown that, after finishing both years of the program, students were less likely to have had sex by the beginning of ninth grade (i.e., students were practicing abstinence at that point). For teens *already* sexually active, the program was shown to increase their use of condoms and other contraception (i.e., students were reducing sexual risk-taking).^{90, 91} Our data show that 3.1 percent of Texas school districts, including two of the ten largest by enrollment, have obtained *It's Your Game: Keep it Real*.

The other Texas-based abstinence-plus program is *Big Decisions* from Healthy Futures of Texas in San Antonio. *Big Decisions* is an evidence-informed program, which means it has not yet gone through the same type of rigorous experimental/control evaluation that an evidenced-based program goes through but is based on best practices in sexuality education instruction. It covers many of the same age-appropriate topics as *It's Your Game: Keep it Real*, such as healthy relationships, goal setting, stating sexual limits, contraception, abstinence and STIs. Based on responses to our public information requests, 3.9 percent of districts, including three of the ten largest by enrollment, have adopted *Big Decisions*.

Both *Big Decisions* and *It's Your Game: Keep it Real* include a discussion and guide for condom usage. While both programs provide the typical-use failure rates for contraception (as required by the Texas Education Code), they do not do it in such a way that would essentially discourage contraception use, unlike in many abstinence-only programs. Both programs provide clear instructions to teachers to be sensitive to student concerns when teaching this unit.

Another program, the *Scott and White Wellness and Sexual Health*, has added (since 2009) an optional module with accurate information about condoms/contraception. Until that addition, *Scott and White* was an otherwise abstinence-only program. (It remains the most commonly used curriculum for sex education in Texas public schools.) It should be noted the rest of the curriculum remains clearly abstinence-only, with many of the same problems that plague other abstinence-only programs discussed in this report. In addition, the program is neither evidence-based nor evidence-informed and has therefore not been rigorously evaluated for effectiveness (i.e. behavior change). We found that nearly half of the districts using *Scott and White Wellness and Sexual Health* (10 districts out of 21 in our sample) also reported using the optional module on contraception.

We should emphasize the big picture here is that the vast majority of Texas school districts continue to take either an abstinence-only approach or teach nothing at all when it comes to sex education. But the percentage of districts that appear to have adopted policies and obtained programs promoting abstinence-plus sex education is growing. This is a promising sign of progress even though the Texas Legislature, in a state with one of the highest teen birth rates in the nation, has refused to do anything at the state level to improve students' access to responsible and effective sex education.

OTHER POSITIVE SIGNS

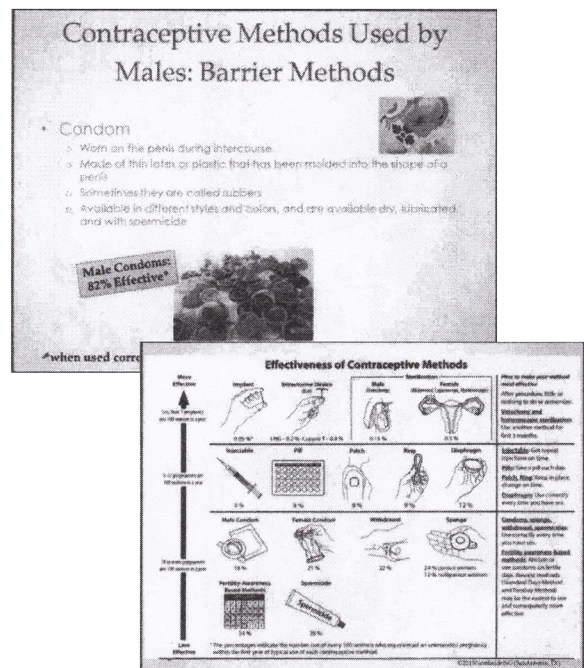
Our research also revealed a few other bright spots that show districts have the capacity to improve their curriculum if they wish. For example, Round Top-Carmine ISD uses an abstinence-only textbook as the primary source of human sexuality education, but the district also provided a teacher-created slide show about STIs. One slide reads:

*"Only sleazy or slutty people get STIs...FALSE. The infections are equal opportunity. If you're engaging in sexual activity and you're not using condoms consistently and correctly, everyone's at risk for these infections."*⁹²

That's an important message for young people. The only other time condoms were mentioned in Round Top-Carmine ISD material is in a slide that tells students to wear only one condom at a time; the material provided to TFNEF did not describe how to use condoms. Still, at least the district attempts to address condom usage while many other districts were silent on this issue.

Northside ISD (in San Antonio), which uses the abstinence-only program *Choosing the Best Path*, submitted a separate slide show about various types of contraception, from condoms to intrauterine devices

Figure 15
Northside ISD: Information on Condoms



(IUDs). The slides cited the typical-use failure rates, as required by the Texas Education Code, but did not present them in a way that is likely to discourage their use. (See Figure 16 for an example.)

In addition, while gender stereotypes are common in many abstinence-only programs, *Sex Can Wait* from the University of Arkansas Health Education Projects Office attempts to challenge the idea that men have uncontrollable urges that essentially make women sexual gatekeepers. The teacher's handbook notes:

Traditional gender roles often interfere with the actualization of the expected standard and social value of abstinence from sex outside of marriage. Some beliefs concerning gender roles have propagated the notion that it is the girl's job to say no and the boy's job to challenge these limits. ... Males must realize that sexual abstinence until marriage is as much in their best interests as it is for young women.⁹⁴

Another exercise requires students to analyze two situations. In one situation, a girl feels uncomfortable when her boyfriend starts to kiss her and unbutton her top. In the second scenario, a boy feels uncomfortable after his girlfriend begins to kiss and touch him. Students are asked to analyze how they may feel differently about the two situations. The point of the exercise is to show how the

stereotypes about men and women's responses to sex could affect people's sexual health.⁹⁵

Finally, our research found that other school districts were looking for ways to improve sex education classes for their students. We learned this largely through telephone conversations and email exchanges with superintendents and staff from districts across the state. For example, officials in Sulphur Springs ISD, which did not offer sex education in the 2015-16 school year, indicated in an email exchange that they were hoping to do so in the near future.⁹⁶ This was not an isolated case. Other districts reported similar efforts to add sex education in coming years. This is encouraging because the percentage of school districts teaching no sex education at all has increased substantially following the Legislature's decision to no longer require a health education class for high school graduation. Instead of waiting for directives from the Texas Education Agency or the Texas Legislature, some local school districts are practicing the concept of "local control," so often touted by state leaders, by proactively developing policies and adopting curricula to address the sexual health needs of students. It should be noted that districts can develop quality policies and adopt good curricula and still stay within the state law found in the Texas Education Code (28.004).⁹⁷

HOUSTON ISD: AN ENCOURAGING MODEL

Houston ISD, the largest school district in Texas with more than 200,000 students,⁹⁸ takes a model approach to sex education. First, the district requires health class for graduation, even though the state stopped requiring the class in 2009. The district also reported acquiring a series of abstinence-plus programs to use in classrooms including *Big Decisions* and *It's Your Game: Keep it Real*. These programs, as previously noted, focus on abstinence as the best choice for teens, but also provide them with medically accurate information about condoms/contraception. The district uses these programs in conjunction with an abstinence-only health textbook adopted in 2005 (after the state's last health textbook adoption). But officials indicated that the district's schools also use the textbook publishers' more comprehensive supplements on human sexuality, which include information about contraception.

Along with programs and textbooks, the district brings in presenters from organizations based in

Houston to help educate their students. Presenters reported discussing issues such as sexually transmitted infections, condom usage and healthy relationships. Change Happens, a Houston-based nonprofit that runs programs dealing with a variety of social issues including drug addiction, HIV prevention and education,⁹⁹ presents the *Becoming a Responsible Teen* (BART) curriculum. BART includes instruction on correct condom usage and how to say no to risky sexual behavior.¹⁰⁰ BART was developed by ETR, which also created *Safer Choices* and *HealthSmart*. The developers of these programs have updated all of their evidenced-based curricula to be inclusive of LGBTQ+ students and to emphasize long-acting reversible contraception (LARC) as a good contraceptive choice.¹⁰¹ The Baylor Teen Health Clinic, which operates clinics in four Houston ISD high schools, provides clients information about contraception and STIs in their clinics. It also presents the abstinence-plus *Big Decisions* curriculum in district high schools.

RECOMMENDATIONS

Our 2009 study¹⁰² demonstrated that teaching sexuality education can be a challenging task for public school educators. This new report on sex education in Texas public schools simply reinforces that point. To be sure, we have seen progress over the past eight years, with more school districts opting to use evidence-based and evidence-informed instructional materials. Unfortunately, the vast majority still do not. Moreover, many more districts than in our 2009 study offer no sex education at all. This is appalling in a state that continues to have one of the highest teen birth rates in the nation as well as chlamydia and gonorrhea rates among teens that are well above national averages.¹⁰³

An evidenced-based, effective program can still be responsive to the expectations of parents by including both an emphasis on abstinence and disease and pregnancy prevention methods. Achieving this goal, however, requires some changes to existing public policy, as well as a renewed commitment by local school districts to a few concrete, but relatively simple, actions that will improve the quality of sexuality education instruction.

recommended in 2009.

What follows are our updated recommendations for school districts and for policymakers at the state and federal level. We hope that these updated recommendations spark efforts to move Texas toward more effective sexuality education that helps keep our young people healthy

Unfortunately, too many policymakers, particularly at the state level, have largely failed to implement the changes we

RECOMMENDATIONS FOR SCHOOL DISTRICTS

Many of the problems in sexuality education instruction identified by this study can be improved by a few common-sense actions that do not require changes to federal or state law. We encourage parents and other community members to bring these concerns and recommendations to the attention of their local school district officials

1. Require health education classes as a local requirement for high school graduation and include human sexuality as part of instruction in that class.

As noted in this report, health education classes have traditionally been where most Texas high school students receive instruction on human sexuality. But the data in this study suggest that the Legislature's decision in 2009 to remove health education classes as a state graduation requirement has made sex education less common in high schools across Texas. Unless the Legislature reverses course and again makes health classes a state graduation requirement (which we recommend), local school districts should act on their own to require all students take a health class that includes instruction on human sexuality. Alternatively, the Legislature could make sex education a requirement in middle school health classes. Districts could also offer sex education at the high school level as a component in other required classes, such as biology, or at a minimum in elective courses such as family consumer science or psychology.

2. Train school board members and staff about the requirements of the Texas Education Code 28.004.

School board members and staff should be trained about the elements of Texas Education Code (TEC) 28.004¹⁰⁴ that address health education, including sexuality education. It is often the case that students drop out of high school for health-related reasons (such as teen pregnancy, substance abuse, undiagnosed mental illnesses). Because of that, school district officials should pay close attention to improving health instruction and services for students. The TEC provides great latitude to school districts to develop local health instruction standards that are not subject to state-level control or approval. Good evidence-based or evidence-informed programs can be developed within the standards of 28.004, but school district officials need training in this element of the education code to best deliver locally derived and controlled programs that meet local student needs.

3. Train members of the local School Health Advisory Councils (SHAC) to evaluate sexuality education curricula using evidence-based standards.

The Texas Education Code (28.004) requires each local

district to appoint a SHAC to evaluate curricula and make recommendations to its school board on issues like sex education. But there is no requirement these SHAC members be trained in evidence-based practices. The TEC should be amended to require annual training for SHAC members in best practices in evaluating sexuality curricula. Specifically, use of the National Sex Education Standards¹⁰⁵ should be used as a template in these trainings. Meanwhile, school districts can implement this training requirement as an element of local control without waiting for the Texas Legislature to act.

4. Utilize qualified classroom teachers to teach sexuality education and ensure they receive necessary training.

As every professional educator should know, the most important element of effective instruction in any subject area is a qualified and motivated teacher. Research on effective sexuality instruction bears this out as well.¹⁰⁶ An effective sexuality education teacher needs two skills: the teacher must be highly motivated and able to relate to young people, but equally important is a professional background in health education or other relevant fields. Specifically, districts should utilize only certified health education teachers to provide human sexuality education instruction. Moreover, districts should ensure that teachers are provided staff development opportunities in order to stay current on topics related to sexuality education. Given that the health and safety of young people may be dependent upon information they receive in their health class, school districts should place the highest possible priority on utilizing certified and well-informed teachers in health education.

5. Utilize only curricular materials from reputable sources that ensure medical accuracy and age-appropriate content.

Development of sound and effective sexuality education curricula is an extremely rigorous process that requires specific training and extensive field-testing and peer review. Alarming, groups or individuals with no relevant professional background or credentials have created a veritable cottage industry producing amateur “sexuality education” materials. Those materials – many of which do not reflect current research into effective sexuality education instruction and include false or misleading information – are marketed to districts over the Internet and through various non-medical advocacy groups. Given the enormous disparity in quality of these resources, the safest course for districts to follow is to utilize only materials developed and produced by professionals in a relevant field.

Published research shows “what works” in sexuality education, and Texas school district officials, teachers, and SHAC members should be trained in these elements. Specifically, researchers have identified key components of sexuality education¹⁰⁷ that can guide the work of school district officials in developing effective, local policies about adoption of sexuality education materials. No longer do district officials have to “guess” at what works. Research is clear about evidence-based practices to reduce sexual risk-taking among teens.

6. Carefully vet all guest speakers and monitor all sexuality education presentations provided by outside individuals or groups, including so-called “crisis pregnancy centers.”

Many school districts throughout the state, as this study found, continue to supplement classroom instruction on human sexuality with presentations conducted by guest speakers and outside groups. Among the most prominent of these outside groups are so-called “crisis pregnancy centers,” or CPCs. CPCs are a growing source of misinformation about sex education. Moreover, the core purpose of such organizations is to discourage people from seeking an abortion. It is simply inappropriate for public schools to invite into sex education classrooms outside organizations that misinform students about sexuality and health and that have an agenda that opposes a legal medical procedure millions of women choose as part of their reproductive health care.

The Sexuality Information and Education Council of the United States (SIECUS) recommends that sexuality education include an age-appropriate discussion on abortion. For students in middle school and high school, the organization suggests that instruction focus on the safety, legality and restrictions placed on the procedure, as well as the various religious, social and cultural reasons a person may choose not to have an abortion.¹⁰⁸

In any case, all guest speakers who address any topic related to sexuality education should be vetted to ensure they provide reliable, accurate information. Though motivational or character-education speakers often market themselves as credible experts, only speakers with professional backgrounds in health education or human sexuality should speak to students about these issues. One simple way to help assure the content presented by speakers is appropriate is for the local school board to adopt a policy requiring the SHAC to review and approve any presentation before it is offered to students. Further, district officials – and ideally members of the SHAC – should review the qualifications of outside speakers to ensure that they have the proper expertise before schools bring them in for presentations. And officials should monitor any presentations made to students by an outside speaker to ensure accurate information and appropriate content.

7. Make human sexuality instruction relevant to LGBTQ+ students’ needs.

As we note in this report, the vast majority of health education instruction in Texas is silent when it comes to providing information about sexual health for LGBTQ+ students. To their credit, a few districts do address issues such as bullying, but even fewer address health issues particularly relevant to sexual orientation and gender

identity (typically through a third-party program). LGBTQ+ students have a right to inclusive, medically accurate information that addresses their educational and health needs. Good resources are available for districts that need help addressing the health needs of LGBTQ+ youth. Some resources include: Advocates for Youth,¹⁰⁹ GLSEN,¹¹⁰ and the Answer program at Rutgers University.¹¹¹

and STIs, and once again require health classes in Texas public high schools.

8. Instruction must extend beyond the approved health education textbooks.

The approved health textbooks alone are insufficient resources for providing useful sexuality education to students. Particularly when it comes to sexuality education, Texas' state-approved health education textbooks are woefully inadequate. These books lack even the most basic information about disease and pregnancy prevention, failing to satisfy the minimal state curriculum requirement that they address "barrier protection and other contraceptive methods."¹¹² Until the state adopts textbooks that cover this information in a thorough manner – in the student editions and not just in optional supplements – districts that want to provide sound sexuality education instruction should supplement the textbook with additional information from credible health and other medical sources.

RECOMMENDATIONS FOR POLICYMAKERS

Policymakers at the state and federal level can make even broader changes that would promote effective education about human sexuality in public schools.

1. (State) The Legislature should reverse its decision in 2009 to drop health education class as a requirement for graduation from a Texas public high school.

As we noted earlier, health classes have traditionally been where Texas public school students receive instruction on human sexuality. But the data in this report strongly suggest that the decision to remove health education as a state graduation requirement has contributed to the rise in the percentage of districts that teach students nothing at all about human sexuality. That decision was a mistake. Lawmakers should acknowledge the mistake, as well as the state's unacceptably high rates of teen births

APPENDIX A:

RESEARCH METHODOLOGY

Statistician James Bethel developed the sample design and selection for this study. Until his recent retirement, Dr. Bethel was a senior statistician for 28 years at Westat, a major survey research firm located in Rockville, Maryland. He has designed surveys for numerous national studies sponsored by the National Center for Health Statistics, the Agency for Health Care Policy and Research, the Centers for Disease Control, the National Center for Education Statistics and other federal agencies.

The districts in the sample selected for this survey come from the Texas Education Agency's (TEA) list of 1,227 school districts. Districts designated as charters or that did not have high schools (i.e., with no record of high school dropouts or graduates) were excluded from the sample. The 10 largest districts (by enrollment) were selected with certainty. A representative sample of 138 school districts was selected from the remaining 966 districts, after stratifying by region and district enrollment. Then the 10 largest districts were added to come up with the final sample of 148 school districts – slightly more than 15 percent of the 976 non-charter districts with high schools. In analyzing the collected data, we adjusted calculations to accommodate for the oversampling of the largest districts.

Regions were created by grouping the 20 TEA regions to approximate the six major regions listed by the Texas State Historical Association.¹¹⁴ Districts were selected with equal probability (except for the 10 largest districts), using systematic random sampling.

See the table that follows for the distribution of the selected sample as compared with all school districts. All geographic regions are represented in proportions that approximately follow those of the complete population of school districts (excluding charters). Similarly, the major race/ethnic distributions are approximately representative of the districts across the state. The selected sample slightly over-represents larger school districts and urban/suburban districts, owing to the selection of the 10 largest districts.

After creating the sample, the Texas Freedom Network Education Fund sent out open records requests to the districts starting on February 5, 2016. The requests were made under the Texas Public Information Act, Chapter 552 of the Texas Government Code. Researchers followed up two weeks later to confirm that all districts had received the request (originally sent through e-mail). Researchers sent another request to districts that reported not receiving the first. Then researchers called and emailed districts over the next few months in order to collect all outstanding materials and data.

Following is the text of the public information request sent to each district in the sample:

For each of the following requests, references to human sexuality education include any teaching about human sexuality, abstinence, reproduction, contraception/long-acting reversible contraception, sexually transmitted infections, HIV and HIV prevention abortion, sexual orientation, and/or gender identity/expression to any students. These requests deal ONLY with sexuality education for Grades 6-12 for the 2015-2016 school year.

1A. Textbooks. We want to know what textbooks/instructional materials your district uses for human sexuality education in Grades 6-12. Please provide a photocopy of the title page and copyright page of the textbook/instructional materials your schools use for human sexuality education in each grade. **OR simply write the title, copyright date and publisher for each textbook in the spaces provided below rather than provide copies of the requested documents.**

1B. Textbook Supplemental Materials. Do district schools use supplemental materials provided by the textbook publisher that deal with contraception and/or long-acting reversible contraception, sexual orientation and/or gender identity/expression, and/or abortion? If so, please provide copies of the title and copyright pages of each supplemental item for each grade (Grades 6-12) here. **OR simply write the title, copyright dates and publisher of each supplemental item here and indicate whether the item is in printed format (such as a software booklet), digital format (such as on DVD or CD-ROM), or online.**

2A. Third-party Curricula/Programs/Materials. Please provide a copy of the cover, title page, copyright page, video cover, invoice or other document that indicates the names and publisher(s) of any programs and curriculum materials, other than textbooks, district schools use to provide human sexuality education to any students in Grades 6-12. **OR if the programs/curriculum materials you use in any form appear on the following list of commonly used sex education curricula, simply indicate which ones below rather than provide copies of the requested documents.**

DISTRIBUTION OF SAMPLED SCHOOL DISTRICTS VS. ALL DISTRICTS

	All districts	Sampled districts
Black		
< 10%	76.5%	77.7%
10% to 25%	17.4%	14.9%
26% to 50%	4.7%	6.8%
50% or more	1.3%	0.7%
White		
< 10%	10.5%	10.8%
10% to 25%	9.8%	10.8%
26% to 50%	24.4%	24.3%
50% or more	55.3%	54.1%
Hispanic		
< 10%	11.6%	12.8%
10% to 25%	29.0%	30.4%
26% to 50%	29.7%	26.4%
50% or more	29.7%	30.4%
Region		
South Texas	12.6%	12.8%
Gulf Coast	19.0%	18.9%
Central Texas	18.5%	18.2%
East Texas	13.7%	12.8%
North Texas	11.5%	13.5%
West Texas	24.7%	23.6%
Urban/rural		
Rural	41.2%	41.2%
Non-metropolitan	28.6%	24.3%
Urban/suburban	30.2%	34.5%
Enrollment		
Under 500	28.5%	27.0%
500 to 999	20.2%	19.6%
1,000 to 1,599	12.9%	12.2%
1,600 to 2,999	12.3%	10.8%
3,000 to 4,999	8.4%	8.8%
5,000 to 9,999	7.0%	6.1%
10,000 to 24,999	5.7%	4.7%
25,000 to 49,999	3.2%	4.1%
50,000 and over	1.8%	6.8%

Notes: (1) For race/ethnicity, the categories shown (<10%, 10% to 25%, etc.) indicate the percentage of students in the district in the given race/ethnic category. For example, 76.5% of school districts in Texas (excluding charters and districts with no high schools) have enrollments consisting of fewer than 10% Black students. (2) The column under "All districts" indicates the proportion of all Texas school districts (excluding charters and non-high school districts) that fall into the category in the left-hand column. For example, 41.2% of districts are located in rural areas. (3) The column under "Sampled districts" shows the proportion of sampled districts that fall into the category in the left hand column. For example, 23.6% of the sampled districts are located in the West Texas region.

2B. Teacher-created Curricula. Some schools use materials for human sexuality instruction that their teachers create or obtain from other sources, such as the Internet. Please provide copies of those teacher-created or teacher-used materials. Providing digital scans of those materials or providing accessible, online links to them will satisfy this request.

2C. Curricula and materials from crisis pregnancy centers or other alternative-to-abortion organizations. If district schools provide information or instruction about human sexuality of any kind from a crisis pregnancy center and/or other alternative-to-abortion center, please provide a copy of the cover as well as title and copyright pages of the materials used as well as any document or combination of documents that includes the name of the organization(s), contact information for that organization, and the grade level of the students for whom the materials or presentation were intended. If materials shared with students do not include a cover, title page or copyright page, please provide photocopies of those materials. **OR you may simply provide this information in the spaces below without providing copies of the requested documents.**

3. Speakers and Presentations. If district schools use outside speakers or special presentations that provide information or instruction on any element of human sexuality, please provide any document or combination of documents that includes the name of that individual, the individual's organization or affiliation, contact information for that individual, and the grade level of the students for whom the presentation was intended. **OR you may simply provide that information in the spaces below without providing copies of the requested documents.**

4. Sexual orientation. Please provide copies of any materials provided to district students or used by teachers for instruction that includes information about sexual orientation, gender identity/expression, or same-sex marriage. This request includes photocopies of the covers or other identifying information for videos and other multimedia resources.

5. Abortion. Please provide copies of any materials provided to district students or used by teachers for instruction that includes information about abortion. This request includes photocopies of the covers or other identifying information for videos and other multimedia resources.

6. District Policy. Please provide a copy of the district policy on human sexuality education, including the date the policy was adopted and whether it was adopted by the school board or district administration without an official board vote.

7. Schedules. Please provide copies of course schedules, listings or other documents that reflect what courses (required or elective) are offered in your district schools (for Grades 6-12) that contain information involving any human sexuality instruction. Providing the web address for those course schedules will be sufficient.

To make the request less burdensome on districts, section 2A of our request included a checklist of common sex education programs used in Texas so that districts could indicate which ones, if any, they use. TFNEF also included an affirmation in the open records request. The affirmation reads:

If your district schools do not provide any human sexuality information or instruction for the 2015-2016 school year, you need only sign, date and return the following affirmation. We will consider the rest of the public information request in this communication satisfied in full.

I affirm that my district does not provide any information or instruction on human sexuality, abstinence, contraception, sexually transmitted infections, HIV and HIV prevention, abortion, sexual orientation, and/or gender identity/expression for any students in Grades 6-12 and in any form (including special presentations from non-district organizations and individuals outside formal classroom instruction).

Researchers at TNFEF followed up with any district that submitted an affirmation to confirm that the district did not teach sex education in any class or forum. The record of affirmations and follow-up correspondence is in each district's file at TFNEF.

Researchers recorded and filed correspondence with each district and used a spreadsheet to track each district's specific answers to the open records request. That spreadsheet later allowed researchers to calculate the number and percentage of districts that used specific material in their sex education curriculum.

Upon collecting information from each district in the sample, researchers at TFNEF and Dr. David Wiley from Texas State University reviewed the materials, determined if they were abstinence-plus or abstinence-only and classified the districts appropriately based on the materials provided. This report's Introduction defines abstinence-plus and abstinence-only. The categories for the different types of abstinence-plus materials were as follows:

- Evidenced-based program with complete, medically accurate discussion of condoms and contraception
- Evidenced-informed program with complete, medically accurate discussion of condoms and contraception
- Supplementary instructional materials provided by textbook publishers and that included complete, medically accurate discussion on condoms
- District-created materials with complete, medically accurate discussion on condoms and contraception

Abstinence-only materials were categorized as follows:

- Evidence-based or evidence-informed instructional materials, obtained from third-party sources, that did not contain medically accurate information on condoms/contraception, **or** the district had omitted the medically accurate condom/contraception information that **was** included in those materials
- Instructional materials with inaccurate/incomplete sexual health information or that provided no information or only medically inaccurate information about condoms/contraception and discourage or that disparage their use
- A state-approved, abstinence-only health textbook used as the only instructional materials for sex education (but not optional supplemental materials from the publisher that include medically accurate information on condoms/contraception)

If districts indicated they acquired abstinence-plus programs and materials and implemented them with fidelity, they were considered abstinence-plus districts. On the other hand, if districts acquired abstinence-plus programs and materials but appeared to have policies that omitted information on contraception in instruction, those districts were considered abstinence-only.

Sometimes districts noted or submitted only materials that the researchers determined were not really about human sexuality education (i.e. materials submitted were for a child development class). Along with districts that submitted and confirmed affirmations, those districts were counted as offering no human sexuality education.

In cases in which district listed programs and/or speakers but provided no corresponding instructional materials, TFNEF researchers acquired either the programs themselves, read online reviews from the Sexuality Information and Education Council of the United States (SIECUS)¹¹⁵ or reviewed publicly accessible information from the programs/speakers' websites. When researchers relied on outside sources, and not material specifically submitted by districts, this is noted in the report or in a footnote. Researchers also contacted outside speakers and the developers of third-party programs to clarify information.

After reviewing documents and materials submitted by the districts and/or third-party reviews, we categorized the districts based on the materials they provided (abstinence-only, abstinence-plus, or no sex education at all). Researchers then calculated the percentages for each category based on the number of districts in the sample (148). The representative nature of the sample allows us to extrapolate the results found in our sample to the rest of Texas.

APPENDIX B:

SEX EDUCATION PROVIDERS AND SPEAKERS

TFNEF asked Texas school districts to provide a list of outside curricula and speakers/presenters used for instruction in human sexuality. Districts reported having obtained the following abstinence-plus programs/materials, which included medically accurate information about condoms and other forms of contraception:

- *Big Decisions*
- *It's Your Game: Keep it Real*
- *Draw the Line, Respect the Line*
- *HealthSmart*
- *Safer Choices*
- *Reducing the Risk*
- Scott and White optional contraception module

Districts reported having obtained the following abstinence-only programs/materials, which do not contain medically accurate information on condoms and other forms of contraception:

- *Choosing the Best*
- *REAL Essentials/WAIT Training*¹¹⁶
- *Aim for Success*
- *Teens are Saying kNOW (TASK)*
- *Encouraging Students To Embrace Excellent Marriage (ESTEEM)*¹¹⁷
- *Sex Can Wait*
- *FOCUS 1 and 2*¹¹⁸
- *Impact*

Districts reported using the following independent speakers or speakers from third-party organizations that presented original material (i.e., did not present a program listed above). All teach abstinence-only unless otherwise noted:

- Peggy Smith, Baylor College of Medicine Teen Clinic (abstinence-plus)
- Bee Busy Inc. (abstinence-plus)
- Change Happens (abstinence-plus)
- Access Esperanza Clinic (abstinence-plus)
- San Antonio AIDS Foundation (abstinence-plus)
- Sgt. Bill Davis "Sex and the Law"

- Dr. Jack Lesch-"No Kidding, Straight Talk"
- Austin Rape Crisis Center
- Hope Cottage Adoption Agency
- Tarrant County Health Department, PRIDE Program
- Christy Baca from "Just Say Yes"
- Life Decisions Abstinence Program
- Crisis Center of the Plains

Some districts also reported having their own staff members present human sexuality information to students outside of a classroom venue (such as at a special assembly).

We also asked districts to provide the names of crisis pregnancy centers (CPCs) with which they work. CPCs delivered their own curricula, used a third-party program (such as *REAL Essentials*) or simply provided handouts and other materials for schools to distribute to students. While most districts reported working with just one CPC, Forestburg ISD reported having materials from two – Wise Choices and Bowie Pregnancy Resource Center – on hand to distribute to students.¹¹⁹ Districts reported having a relationship with the following CPCs:

- Next Step Women's Center
- Woman to Woman Pregnancy Resource Center
- Still Waters
- Hill County Pregnancy Center
- Options for Life
- Real Options for Women
- Mercy Manor
- Highland Lake Pregnancy Resource Center
- Central Texas Pregnancy Care Center
- Hope Center
- The Options Clinic for Women at Grace House Ministries
- Austin LifeCare
- The Life Center
- Wise Choices Pregnancy Resource Center
- Place of Hope Crisis Pregnancy Center
- Bowie Pregnancy Resource Center

ENDNOTES

¹ *Just Say Don't Know*, Texas Freedom Network Education Fund (TFNEF). 2009. http://tfn.org/cms/assets/uploads/2015/11/SexEdRort09_web.pdf

² “Just Say No!,” Jordan Smith, *Austin Chronicle*, October 28, 2011, <http://www.austinchronicle.com/news/2011-10-28/just-say-no/>. For more about the fight over public funding for abstinence-only and abstinence-plus programs, see “Is Abstinence-Only Sex Ed on the Rise?,” Mattie Quinn, *Governing*, August 16, 2016, <http://www.governing.com/topics/education/gov-sex-education-funding-states.html>.

³ Texas Education Code, Chapter 28. <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.28.html>

⁴ This number is based off of 2013-2014 data from the TEA.

⁵ We also requested data from Midland ISD and Lewisville ISD. These districts were not included in the original representative sample but were used to investigate the role of crisis pregnancy centers in Texas public schools.

⁶ “Youth Health and Rights in Sex Education,” *Future of Sex Education*. <http://www.futureofsexed.org/youthhealthrights.html>.

⁷ “Sex Education Programs: Definitions and Point-by-Point Comparisons,” Advocates for Youth. <http://www.advocatesforyouth.org/publications/publications-a-z/655-sex-education-programs-definitions-and-point-by-point-comparison>

⁸ *ibid*

⁹ “Evidence-Based Sex Education: Compendiums and Programs,” *Future of Sex Ed*. <http://www.futureofsexed.org/evidence-basedsexed.html>

¹⁰ “TPP Resource Center: Evidence-Based Programs,” Health and Human Services. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/

¹¹ “Waxman Exposes Pregnancy Crisis Centers,” Bradford Plumer, *Mother Jones*. July 19, 2006 <http://www.motherjones.com/mojo/2006/07/waxman-exposes-pregnancy-crisis-centers>.

¹² Based on class enrollment data from the 2015-2016 school year. Available at: <https://rptsvr1.tea.texas.gov/adhocrpt/adfte.html>

¹³ Conversation with Frankston ISD Assistant Superintendent/Curriculum Director on March 29, 2016.

¹⁴ Based on 2014 TEA enrollment data, the most recent year for which information is available for the state of Texas. Available at: <http://tea.texas.gov/communications/pocket-edition/>

¹⁵ *Ibid*.

¹⁶ An eligible abstinence education program is one that: A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity; B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children; C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems; D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity; E) teaches that sexual activity outside the context of marriage is likely to have harmful psychological

and physical effects; F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society; G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.” U.S. Social Security Act, §510(b)(2).

¹⁷ *Sex Education in Texas Public Schools: Progress in the Lone Star State*, Texas Freedom Network Education Fund, 2011

¹⁸ “Contraception & Teens: Providing the FACTS!” (PowerPoint). *Scott & White Worth the Wait*. 2011. Copy on file at Texas State University Health Education library.

¹⁹ “Presenter Guidelines.” *Scott & White Worth the Wait*. 2011. Copy on file at Texas State University Health Education library.

²⁰ Katy ISD material on file at TFNEF

²¹ *Life Decisions*. <http://lifedecisionstx.com/index.html>.

²² Denton ISD provided the Human Relations Media material and is on file at TFNEF

²³ “1998 Guidelines for Treatment of Sexually Transmitted Diseases,” The Centers for Disease Control and Prevention. 1998. 4.

²⁴ “Safe Sex,” *Austin Lifeguard*. http://www.austinfliguard.org/wordpress/?page_id=84.

²⁵ *180 Degrees*. <http://my180degrees.org/reasons-for-abstinence-education/>

²⁶ Texas Education Code 28.004. Accessible at: <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.28.htm>

²⁷ “Effectiveness of Family Planning Methods,” The Centers for Disease Control and Prevention. 2011. https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf.

²⁸ *Equip*, ESTEEM. 2013. 37.

²⁹ “Effectiveness of Family Planning Methods,” The Centers for Disease Control and Prevention. 2011. https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf

³⁰ Denton ISD material on file at TFNEF.

³¹ Cypress-Fairbanks ISD material on file at TFNEF

³² TFNEF Researcher notes. June 8th

³³ Nacogdoches ISD material on file at TFNEF

³⁴ Calhoun County ISD handout on file at TFNEF

³⁵ *Explore*, Esteem. 2013. 68.

³⁶ “Hepatitis B FAQs for the Public,” Centers for Disease Control. May 23, 2016. <http://www.cdc.gov/hepatitis/hbv/bfaq.htm>.

³⁷ *Marriage*, REAL Essentials. 2015.

³⁸ “Living with HIV,” The Centers for Disease Control. February 23, 2016. <http://www.cdc.gov/hiv/basics/livingwithhiv/index.html>.

- ³⁹“PREP,” The Centers for Disease Control and Prevention. 2016. <http://www.cdc.gov/hiv/basics/prep.html>. Accessed August 22nd, 2016.
- ⁴⁰ *REAL Essentials*. 2015. 377. (The CDC list of risk factors for HIV can be found here <http://www.cdc.gov/hiv/risk/estimates/riskbehaviors.html>).
- ⁴¹ *Envision*, ESTEEM. 2013. 37
- ⁴²“About Pregnancy,” *180 Degrees*. <http://my180degrees.org/pregnancy/>
- ⁴³“Sex and the Law” handout provided by Claude ISD. On file at TFNEF
- ⁴⁴ Texas Statutory Rape Laws. 2016. <http://www.criminaldefenselawyer.com/resources/texas-statutory-rape-laws.html>.
- ⁴⁵ *REAL Essentials*. 2015. 213.
- ⁴⁶“Community Action Toolkit: Choosing the Best Path and Life,” *SIECUS*. 2008. <http://www.communityactionkit.org/index.cfm?fuseaction=Page.ViewPage&PageID=1175&stopRedirect=1>
- ⁴⁷“Youth Risk Behavior Survey,” Texas Department of State Health Services. 2013. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=TX>
- ⁴⁸ *REAL Essentials*. 2015. 285.
- ⁴⁹ This list was derived from statements found in *REAL Essentials, Choosing the Best*, and a Leander ISD handout (handout on file at TFNEF).
- ⁵⁰ Just Say Don’t Know, TFNEF. 2009.
- ⁵¹ *REAL Essentials*. 2015. 70.
- ⁵² *Envision*, ESTEEM. 2013. 43
- ⁵³ Just Say Don’t Know, TFNEF. 2009
- ⁵⁴“Community Action Toolkit: Worth the Wait,” *SIECUS*. 2008. <http://www.communityactionkit.org/?fuseaction=page.viewpage&pageid=996>
- ⁵⁵ *REAL Essentials*. 2015. 71 and 161.
- ⁵⁶ Brownwood ISD materials on file at TFNEF
- ⁵⁷ Just Say Don’t Know, TFNEF. 2009.
- ⁵⁸ *REAL Essentials*. 2015. 234.
- ⁵⁹ Cypress-Fairbanks ISD handout on file at TFNEF
- ⁶⁰ Austin ISD material on file at TFNEF
- ⁶¹ North East ISD material on file at TFNEF
- ⁶² “Textbook publishers fear new rules leave room for old controversies,” A. Phillips Brooks, *Austin American-Statesman*, November 2, 1995, and “McGraw-Hill Sees the Light,” Nate Blakeslee, *Texas Observer*, April 30, 1999, <https://www.texasobserver.org/1051-mcgraw-hill-sees-the-light/>.
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- ⁶⁵ *HealthSmart*, ETR associates. <http://www.etr.org/healthsmart/assets/File/HS/HealthSmart-high-school-comprehensive-sexual-health-lesson-plan.pdf>
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- ⁷⁵ “Community Action Toolkit: Choosing the Best Path and Life Review,” *SIECUS*. 2008. <http://www.communityactionkit.org/index.cfm?fuseaction=Page.ViewPage&PageID=1175&stopRedirect=1>
- ⁷⁶ *ibid*
- ⁷⁷ Handout from Cypress-Fairbanks ISD on file at TFNEF
- ⁷⁸ Just Say Don’t Know, TFNEF. 2009. 45
- ⁷⁹ *ibid*
- ⁸⁰ “Mission,” Place of Hope. No date. <https://placeofhopepregnancycenter.wordpress.com/our-mission/>.
- ⁸¹ *Austin Lifeguard*. No date. <http://www.austinflifeguard.org/> and Austin LifeCare. 2016. <http://www.austinflifecare.com/>
- ⁸² *Austin LifeSupport*. 2013 <http://www.austinflifesupport.com/>.
- ⁸³ Reagan County ISD submitted an outline of the topics discussed in the program, on file at TFNEF.
- ⁸⁴ Boerne ISD document on file at TFNEF
- ⁸⁵ Wise Choices Pregnancy Resource Center. 2016. <http://mywisechoices.com/your-options/>
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- ¹⁰⁸ "Guidelines for Comprehensive Sexuality Education," SIECUS 2004.
- ¹⁰⁹ <http://www.advocatesforyouth.org/topics-issues/glbqt?task=view>
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- ¹¹¹ <https://answer.rutgers.edu/course/108>
- ¹¹² Texas Essential Knowledge and Skills for Health Education, Chapter 115, Subchapter C, High School, §115.32 (b)(7)(I), <http://ritter.tea.state.tx.us/rules/tac/chapter115/ch115c.html>
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- ¹¹⁵ "Curricula and Speaker Reviews," SIECUS. 2008. <http://www.communityactionkit.org/index.cfm?fuseaction=page.viewPage&pageId=922>
- ¹¹⁶ *WAIT Training* and *REAL Essentials* are both created by the Center for Relationship Education. Since 2009, *WAIT Training* has been discontinued and its activities and lesson folded in with *Get REAL* to created *REAL Essentials*. Given this history, they are counted as one category.
- ¹¹⁷ This program is run by the East Texas Abstinence Program.
- ¹¹⁸ Joshua ISD uses Focus 1 and 2 and Impact. They are implemented by Next Step Women's Center in Burleson, a crisis pregnancy center. However, researchers could not find evidence that they were created by the center or by another organization. Therefore, they were not counted as crisis pregnancy center curricula.
- ¹¹⁹ From an email exchange from October 4, 2016



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