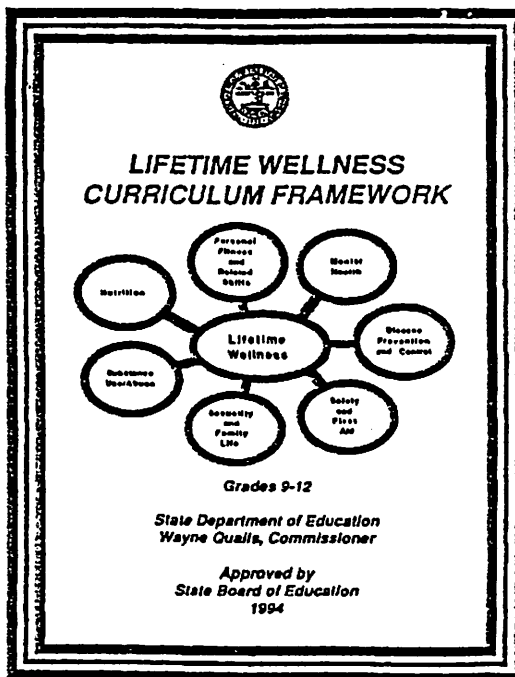


How To Locate The Kinsey Model” in Your School “Sex And AIDs/Education” Curricula

How to Stop the Use of Public Funds to Train School Children With “Factually
Incorrect” Human Sexuality Information

**PRELIMINARY DRAFT
FOR DISCUSSION PURPOSES ONLY**



by

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How To Locate The Kinsey Model” in Your School “Sex And AIDs/Education” Curricula

DRAFT EXECUTIVE SUMMARY

WHAT DOES YOUR STATE LAW SAY ABOUT THE TEACHING OF HUMAN SEXUALITY AND AIDS PREVENTION?

THE TENNESSEE “FAMILY LIFE INSTRUCTION ACT” OF 1989

The locally derived and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases.
Signed into law June 8, 1989 by Governor Ned McWherter

What is your local law? The “Family Planning Title X” federal law mandates that professional educators instruct and minister “factually accurate” sex information to “unemancipated minors” (children of any age) who seek such information, “*confidentially*,” subverting parental knowledge or approval. The single *scientific* basis for federal or state subversion of parental approval was grounded in a view of sexuality which can be operationally defined as “The Kinsey Model.” First, the SIECUS/Planned Parenthood/AIDS Prevention falsely asserts the Kinsey Model and data of 1948 and 1953 as proof *that children are sexual from birth, hence*, minors will act out sexually despite adult intervention, requiring schools to save children’s lives from AIDS by providing “factually accurate” sexual information.

Since Kinsey’s *only* clinical “proof” of child sexuality is taken from child molesters who conducted clinical experiments on 317 infants and children, at best, under Kinsey’s direction, all Kinsey derived data are, by definition fraud and (sans informed consent) felonious. While Title X on the one hand, allows subversion of parents by giving “confidential” sex information, on the other hand, Title X, by stipulating only “factually accurate” sex information is to be delivered, would find the teaching of the Kinsey model to be illegal. Thus, “experts” implementing the Kinsey Model or its derivatives are liable for prosecution. As the Tennessee “Family Life Instruction” Act of 1989 repudiates the Kinsey Model, showing how the Kinsey Model is in place in Tennessee’s sex/AIDS education is useful for all other state studies.

This is a short *RSVP Primer* for Part 1) taking back the nation’s schools. Part 2, prosecution, will build on these data collected. To locate and remove The Kinsey Model in your state, *RSVP* analysts will follow a 10 Step Procedure.

- 1) obtain the most recent education laws in your state.
- 2) examine state law for language supporting or repudiating the Kinsey model.
- 3) obtain your state teacher’s training manual(s) addressing Human Sexuality and/or AIDS.
- 4) obtain the suggested resources for teachers and/or students on Human Sexuality and/or AIDS.
- 5) study law, training manuals, texts and resources for the Kinsey Model language.
- 6) record data on a semantic classification sheet, a draft of which is provided in this report.

- 7) ask, was the education “factually accurate” and age appropriate as required by Federal Title X?
- 8) ask, did the Human Sexuality and/or AIDS information adhere to the state education law?
- 9) action 1--where the Kinsey Model appears, legal action is urged, based on Title X.
- 10) action 2--where the Kinsey Model appears, legal action is urged, based on state education law.

Example: Tennessee's 200-odd page “*Lifetime Wellness Curriculum Framework Resource Manual*” is grounded in the fraudulent Kinsey Model of human sexuality. Therefore, the sexuality instruction used to train Tennessee teachers and children is both age and gender *inappropriate* and “*factually inaccurate,*” violating both Title X and Tennessee's “Family Life Instruction” Act. Methodologically, an analysis of the Kinsey model would first take up a preliminary review of the ***least versus most common words*** to appear in the sexuality training provided by the state approved sex education texts or manuals. **Always attach sample pages or total document to your final report.**

THE 1948 KINSEY REPORTS: WHAT DID KINSEY SAY ABOUT HUMAN SEXUALITY?

Few scholars know exactly what Kinsey said, much less what he intended, because professionals and others generally quoted publicity releases but did not read the Kinsey reports. Kinsey said in his introduction to the 1948 Male Report: ¹

An increasing number of persons would like to bring an educated intelligence into the consideration of such matters as sexual adjustment in marriage, the sexual guidance of children, the premarital sexual adjustments of youth, sex education, sexual activities which are in conflict with .. the forces of law....The present study, represents an attempt to accumulate an objectively determined body of facts about sex which strictly avoids social or moral interpretations of the facts. (Emphasis added)

Based upon Kinsey's alleged objective laboratory and survey data on child and adult sexual behavior, the Kinsey team contended that, if Americans would follow Kinsey's “scientific” view of human sexuality we would arrive at a socio-sexual paradise, a panacea for individuals and society. While we will not address each of the items in the Kinseyan catalogue of free and better sex, a preliminary list of The Kinsey Model's **ten basic pedagogical beliefs**, found in most sex education resources, follow:

1. There is no abnormality and no normality so all orgasms and sexual “outlets” are equal--between husband and wife, boy and dog, man and boy, girl, or baby.
2. As the aim of coitus is orgasm, the more orgasms from any “outlet,” at the earliest age- the healthier the person.
3. Masturbation--solo, duo, group, etc., is critical for sexual, physical and emotional health. It can never be excessive or pathological.
4. All sexual taboos and sex laws are routinely broken; thus all taboos and sex laws should be eliminated, including that of rape, unless serious “force” is used.
5. All sexual experimentation before marriage will increase the likelihood of a successful long-term marriage and venereal disease and other disorders will be reduced dramatically.
6. People are naturally bisexual. Religious bigotry forces people into heterosexuality and monogamy and since sex can, and should be shared with anyone and anything, jealousy is passé.
7. **Children are potentially orgasmic from birth (“womb to tomb”); never harmed by adult/child sex, even incest, and often benefit therefrom, hence sex and sex education should begin early.**
8. There is no medical or other reason for adult-child sex, or incest, to be forbidden.
9. All sodomy is natural and healthy.
10. **Homosexuals represent ten to thirty-seven percent of the population or more. (Kinsey's findings were always very fluid on this point.)** Some educators have interpreted his findings by

saying that only four to six percent of the population is exclusively heterosexual so the "heterosexual" bias in the U.S. should be eliminated. "

Almost all academic and institutional understanding of human sexuality today stands on the Kinsey Model as research findings despite the scientific rejection of many of his myths. Whitehead and McGraw identified **no other scientific authority beside Kinsey who argued for early childhood sexuality** and hence the harmlessness of early childhood sex experimentation. Not Erikson, Piaget, Kohlberg, Bandura, Rogers, Maslow, Skinner, Mead, Gessell, Havighurst, not even Freud made such claims.

RESEARCH METHODOLOGY SEMANTIC ANALYSIS FOR RSVP COMMITTEE

NOTE: Maintain written records of all letters sent, phone calls, names of your correspondents, dates and times, as though to prepare for courtroom testimony. Whenever it is feasible, record on video or audio tape your exchanges with agency heads, teachers, counselors, principals, students, and the like. Work with duplicate copies of your documents as often as possible, *maintaining your original copy in a pristine state*. To locate evidence of The Kinsey Model in your state's schools, RSVP reps will follow a 10-Step methodological procedure. *Wherever missing, paginate all documents.*

Procedure 1) obtain the most recent sex/AIDS education laws in your state.

Preferably working in groups of two or three phone your state representatives, the state department of education and the state department of health to obtain copies of the latest law addressing the teaching on issues of sexuality and/or AIDS prevention education. When you are sure you have the most recent law(s), duplicate copies of the law for your action file on sex, or "family life" education, etc. Obtain copies of any past laws relating to these issues to note what changes were made, when, and by whom.

Procedure 2) examine state law for language supporting or repudiating the Kinsey Model

Preferably working in groups of two or three, make duplicate copies of the relevant law(s), have each member of your parent group study the law independently, and each write up a short report, working together to consolidate observations and to craft a final report.

Procedure 3) obtain your state teacher's training manual(s) addressing Human Sexuality and/or AIDS.

Preferably working in groups of two or three phone your state representatives, the state department of education and the state department of health to obtain copies of the latest state approved teacher training manual(s) addressing issues of sexuality and/or AIDS prevention education. Visit these departments and examine their materials directly. When you are sure you have the latest manual(s), duplicate copies for your action file on sex, or "family life" education, etc. Duplicate copies of any prior manuals relating to these issues to note what changes were made in , when, and by whom.

Procedure 4) obtain the recommended/suggested resources for teachers and/or students on Human Sexuality and/or AIDS.

Preferably working in groups of two or three phone your state representatives, the state department of education and the state department of health to obtain copies of all other resources, texts, films, videos, pamphlets which are cited in the teacher training manual(s) and/or which these departments suggest are valuable on sexuality and/or AIDS prevention. Visit these departments and examine their materials directly. When you are sure this is the full spectrum of resource materials, secure copies for your action file on sex, or "family life" education, etc. Obtain copies of any prior cited resources relating to these issues to note what changes were made, when, and by whom.

Procedure 5) study law, training manuals, texts and resources for the Kinsey Model language.

As Kinsey's Model identifies all sexual activity as equal and as harmless, certain words will be more common than others. Study the manual (and, if possible, the recommended resource materials) and count the times the "Kinsey Model" words in Group 1 occur. A key word is "Partner." Any curriculum which uses "partner" often will be suggesting sex as an appropriate (Kinsey Model) activity for children. "Abstinence" should be counted and all sentences surrounding that term identified on a separate page, with page citations, as "abstinence" increasingly appears to suggest children "abstain" until they "feel" "ready" for sex, not marriage. Abstinence is emerging as an adjustment to the Kinsey Model.

Procedure 6) record all data on sample classification sheet—a preliminary draft of which is provided in the next pages of this report. Additional pages should be included as certain words reappear in each group. Two measuring "instruments" (questionnaires) follow on pages 5 and 6. The first, Group One words reflect the Kinsey Model and the second, Group Two words reflect the normal, pre-Kinsey Model of sexuality.

On the evidence, most of Group 1 words are found in the post-Kinsey Model of human sexuality. On the evidence, most of Group 2 words are found in pre-Kinsey, Judeo-Christian sexuality. The collection and summation of each word assembly is the first part of the RSVP data collection establishing *evidence of a semantic bias*, of Group 1 (Kinsey) over Group 2 (Judeo-Christian) one model over the other. This data collection becomes the evidence challenging the Kinsey Model, which is based on fraudulent data.

For example, as in The Kinsey Model in the Tennessee teacher's training manual, "marriage" appears perhaps 5 times in about 200 pages of sexual discussion, an average of once each 50 pages, while "sex" appears perhaps 500 times in these 250 pages. (In the final report for your state, with several people participating in the analysis, the number of times "marriage" appears (4, 5, 6 times?) versus "sex" (510, 598, etc?) becomes "data" to aid in a legal ruling based on objective information on sex education. It is similarly pedagogically and legally necessary for the RSVP committee to establish when and how Judeo-Christian words are used.

For example, "marriage" appears *first* in a sex/death game. In this game children learn to "feel" AIDS, saying they will die in "13 months to 3 years" "How Does it Feel?" "How does it feel to hear your friends talk about the future—next summer? graduation? marriage?," and "How does it feel to be told they don't want you to come to school?" In this dire context, as in The Kinsey Model, Tennessee students first hear the word "marriage" (and, as I recall, "parents" as well).

Later, the word "parents" re-occurs when the manual teaches children as in The Kinsey Model how to lie to their parents to get free contraceptives, recommending Norplant, a toxic contraceptive to girls, saying "an older person, not necessarily your mother" may help you get condoms. In the final report, all analyses should be supported by page numbers for each citation and careful quotes from the manual.

Procedure 7) ask, "Is this education "factually accurate" and age appropriate as required by Federal Title X?"

Kinsey's equalization of all forms of "outercourse" (masturbation, mutual and solo, etc.) and "intercourse" (anal, oral, genital, marital, etc.) are present throughout the manual. Kinsey's *factually inaccurate* data dominates the semantics of the "*Lifetime Wellness Resource Manual*" sex and AIDS Prevention information.

For example, as in The Kinsey Model "delaying" sex is seen as form of "abstinence" and sexuality "games" are employed to change children's sexual attitudes. The manual understates rates of condom failure and use, fraudulently implies a safety level for oral and even anal sodomy, hides hard data on abortion, cervical cancer and breast cancer, implies as in The Kinsey Model that children need and deserve sex, treats marriage as a parenting and economic option and hides the role of pornography toxicity in sexual abuse by and of juveniles and children. Finally, subtle cues as in The Kinsey Model to accept homosexuals as "bom" that way (inaccurate), victims of bigotry and as living the same love lives as normal heterosexuals, is fraudulent and explicit in the last critical pages on "Sexual Orientation."

GROUP 1: EVIDENCE OF KINSEY CURRICULA BY NUMBER OF WORDS

The "Kinsey Model" in _____ State School
 Title of Resource Studied _____ Type _____
 Resource Author(s) _____ Total Pages _____
 Paginated? _Y_ _N_ Publication Date _____ Date Analyzed _____ Analyzed by _____

(add other words relevant to the "Kinsey Model" on separate page)

1. abstinence--total cites=	1. menstruation positive--total cites =
2. abortion	2. needles
3. AIDS	3. negative
4. antibody	4. No
5. anonymous	5. options
6. anus	6. orgasm (or climax)
7. bisexual	7. outercourse
8. body fluids	8. partner(s)
9. boyfriend	9. pelvis
10. caring	10. penis
11. choice/chose	11. peer (sex play, etc.)
12. confidential	12. pleasure
13. clitoris	13. power
14. condoms	14. prevention
15. contraception (list types)	15. ready
16. consent	16. responsibility
17. death	17. risk
18. delay	18. rubber
19. delaying	19. sado-masochism
20. dental dam	20. safe sex
21. disease	21. safer sex
22. drugs	22. seductive.
23. ejaculation	23. self-esteem
24. embryo	24. semen
25. equality	25. sensual
26. fantasizing	26. sexual
27. feel (feelings)	27. sexual slang words ²
28. fetus	28. sex-sexy
29. game	29. sexually explicit materials
30. gay	30. sick
31. glans	31. sperm
32. heterosexual	32. spermicide
33. HIV	33. STDs (list types and number of cites)
34. HIV/AIDS	34. straight
35. homosexual	35. testes
36. immune system	36. testing
37. immunodeficiency	37. transgendered
38. individuals	38. transsexual
39. infection	39. treatment
40. intercourse	40. undecided
41. intravenous	41. vagina
42. latex	42. Vaseline
43. lover	43. vulva
44. lubricant	44. wellness
45. lubrication	45. Western Blot

GROUP 2 EVIDENCE OF NORMAL, PRE-KINSEY CURRICULA BY NUMBER OF WORDS

(add missing words relevant to the "Pre-Kinsey Normal Model" on separate page)

TOTAL KINSEY MODEL WORDS _____	TOTAL PRE-KINSEY, NORMAL WORDS _____
1. adultery total cites=	1. juvenile total cites=
2. age of consent	2. law
3. baby	3. legitimacy
4. bad	4. love
5. birth	5. marriage
6. boy	6. marry
7. brother	7. minor
8. chastity	8. monogamy
9. child	9. morality
10. children	10. morals
11. Christian	11. mother
12. civility	12. naiveté
13. commitment	13. nursing
14. common sense	14. obscenity
15. criminal/crime	15. parents
16. decency	16. perversion(s) (ted)
17. dignity	17. pornography
18. engagement	18. pregnancy
19. esteem	19. principle
20. ethic	20. prudence
21. ethical	21. purity
22. evil	22. respect
23. family	23. respectable
24. father	24. reverence
25. felony	25. right
26. fidelity	26. sacred
27. fornication	27. sanctity (of life)
28. girl	28. seemliness
29. God	29. self-respect
30. gonorrhea	30. sin
31. good	31. sinful
32. grandparents	32. sister
33. Hepatitis	33. sodomy
34. honeymoon	34. statutory rape
35. honor	35. sterility
36. husband	36. syphilis
37. illegal	37. uprightness
38. illegitimacy	38. VD
39. infant	39. virtue
40. innocence	40. wait
41. integrity	41. wife
42. Jewish	42. youngsters
43. Judeo-Christian	43. youths
44. judgment	44. wonder
45. just	45. wrong

EVIDENCE OF KINSEY CURRICULA BY "FACTUAL INFORMATION" VERSUS FRAUDULENT INFORMATION

The "Kinsey Model" in _____ State School
Name of Resource(s) Studied _____ Type _____
Resource Author(s) _____
Date of Resource _____ Date Analyzed _____ Analyzed by _____ Pgs/Time _____

Information Given Re: Condom Use and Failure Rates Page numbers _____

Claims: youth v. Adults Pgs _____

vaginal sex Pgs _____

oral sodomy Pgs _____

anal sodomy Pgs _____

dental dams Pgs _____

Statements : Include additional cites on separate paper, quote exactly, provide Pg numbers.

ABORTION

as dangerous

abortion as easy

abortion as causing infertility, etc

danger of sex and cervical cancer

breast cancer

multiple partners as harmful, helpful, neutral

virginity, chastity as ideal

children need/deserve sex

MARRIAGE

for love and life

to be parents

as economic option

SEXUALLY EXPLICIT MEDIA (PORNOGRAPHY) as neutral

harmful

helpful

contributes to sexual abuse by and of juveniles and children

Sexual "Orientation"

HOMOSEXUALITY as genetic

harmless, normal

BiSexuality as genetic

harmless, normal

TRANSEXUALITY as genetic

harmless, normal

HETEROSEXUALITY as genetic

harmless, normal

Parental Authority

SUICIDE higher among non homosexuals is due to

bigotry

inherent disorder

parents as bigoted

parents as wise, loving

(attach additional data re: the "Pre-Kinsey Normality Model" on separate pages)

Procedure 8) ask, did the Human Sexuality and/or AIDS information adhere to the state education law?
No—The training violated Tennessee Senate Bill No. 1144:

"An Act Relative To Family Life Instruction" [Insert photocopy of state law below]

State of Tennessee

PUBLIC CHAPTER NO. 343

SENATE BILL NO. 1144

By Ford, Williams

Substituted for House Bill No. 821

By DeBerry

AN ACT Relative to family life instruction and to amend Tennessee Code Annotated, Title 49.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 49, Chapter 1, Part 1, is amended by adding the following language as a new, appropriately designated section:

(a) (1) Beginning with the 1991-1992 school year, if the most recent, annual data maintained by the Tennessee Department of Health and Environment, State Center for Health Statistics indicate that pregnancy rates in any county exceeded 19.5 pregnancies per 1,000 females aged fifteen (15) through seventeen (17), then every local education agency within such county shall locally devise, adopt, and implement a program of family life instruction in conformance with the curriculum guidelines established for such programs by the State Board of Education.

(2) The locally devised and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases.

The local education agency shall prescribe procedures to provide for the periodic review and evaluation of family life instruction and to provide for periodic public hearings and parental conferences to insure a high level of community and parental input and support for family life instruction.

Upon receipt of a written statement from a student's parent or guardian to the effect that the parent or guardian has personally examined the appropriate grade level instructional materials or has conferred directly with the student's instructor, guidance counselor or principal and that the parent or guardian finds objectionable any or all portions of family life instruction, the student shall be excused from such portion or portions of family life instruction.

A parent or guardian who wishes to excuse a student from all portions of family life instruction shall submit such request in writing to the student's principal, superintendent, and board of education. A student who is excused from all portions of family life instruction shall not be penalized for grading purposes if such student performs alternative health or social studies lessons specifically assigned by the board and if such student performs the alternative lessons in a timely and satisfactory manner.

23 1144

(3) The locally devised and adopted program of family life instruction shall be implemented during each of the succeeding four (4) school years following the calendar year in which such data is released. If, at any time during such four (4) year period, any local education agency within the county fails to implement a locally devised and adopted program of family life instruction in conformance with the curriculum guidelines established for such programs by the State Board of Education, then the local education agency shall implement the complete plan of family life instruction developed by the state board pursuant to subsection (b) of this section and shall fully participate in the program of technical support and assistance established pursuant to the provisions of Tennessee Code Annotated, Section 49-1-205.

(4) Notwithstanding the provisions of any law to the contrary, failure to comply with the provisions of subdivision (a)(3) of this section shall subject the local education agency to a withholding of state funds by the commissioner of the State Department of Education.

(b) (1) (A) Prior to the 1991-1992 school year, the State Board of Education shall develop a complete plan of family life instruction suitable for implementation by any local education agency which fails to devise, adopt, and implement a local program of family life instruction pursuant to subsection (a).

(B) The plan shall include all procedures and policies necessary for local implementation, administration, evaluation, and supervision of family life instruction. The plan shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The plan shall include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases. In developing the plan, the state board shall consider such programs and materials as "Sex Respect", "Teen-Aid", and the "3-R Project" of the South Carolina Departments of Education and Health. The plan shall require the local education agency to undertake appropriate and adequate measures to encourage and maintain the highest level of parental and community support for family life instruction in the home, in church, and at school. The plan shall include procedures and policies whereby the local education agency may utilize the services of qualified health care professionals and social workers to assist in family life instruction; however, the plan shall preclude any individual from serving as a family life instructor unless such individual is found by the local education agency to be upright of character and of good public standing.

(2) Prior to implementing the complete plan of family life instruction developed by the State Board of Education, a local education agency shall conduct at least one (1) public hearing at which time the plan shall be explained and at which time members of the public shall have the opportunity to speak and express their opinions and concerns. Additionally, the plan shall require the local education agency to periodically conduct thereafter, ~~but not less frequently than once each~~ ~~September,~~ public meetings for parents to confer with family life instructors, to review resource materials and course content, and to offer comments and suggestions. Furthermore, after implementation of the plan, upon request of the local education agency or upon petition by fifty (50) or more parents or guardians of children enrolled within the local education agency, the Department of Education shall audit the local

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education agency for the purpose of evaluating the quality and effectiveness of the plan of family life instruction, as administered by the local education agency, and for the purpose of recommending methods whereby the local education agency may improve such quality and effectiveness and foster a higher level of parental and community support for family life instruction.

Upon receipt of a written statement from a student's parent or guardian to the effect that the parent or guardian has personally examined the appropriate grade level instructional materials or has conferred directly with the student's instructor, guidance counselor or principal and that the parent or guardian finds objectionable any or all portions of family life instruction, the student shall be excused from such portion or portions of family life instruction.

A parent or guardian who wishes to excuse a student from all portions of family life instruction shall submit such request in writing to the student's principal, superintendent, and board of education. A student who is excused from all portions of family life instruction shall not be penalized for grading purposes if such student performs alternative health or social studies lessons specifically assigned by the board and if such student performs the alternative lessons in a timely and satisfactory manner.

SECTION 2. On or before December 31, 1984, the Division of State Audit within the Office of the Comptroller of the Treasury, acting in consultation with the State Board of Education, the Department of Education, the Tennessee Commission on Children and Youth, the Department of Human Services, the Department of Health and Environment, and the Department of Youth Development; shall submit a written report to the Governor and to the General Assembly evaluating the effectiveness of family life instruction as an educational resource for teaching Tennessee children and youth the critical importance of responsible decision making, for preventing sexually transmitted diseases such as AIDS, and for preventing teenage pregnancy.

SECTION 3. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.

SECTION 4. This act shall take effect on July 1, 1983, the public welfare requiring it.

PASSED: May 25, 1983


 JOHN S. WILDER.
 SPEAKER OF THE SENATE


 ED MURRAY, SPEAKER
 HOUSE OF REPRESENTATIVES

APPROVED this 8th day of June 1983


 NED McWHERTER, GOVERNOR

"PRIMA NOCTE" THEFT OF CHILDREN'S INNOCENCE

(As no specific goals are identified for this manual, it differs wholly from all academic education. Citizens might view this eroticization of classrooms as *State approved sponsored child abuse, or, Sexual Attitude Restructuring*. Arguably, this is a form of "*Prima Nocte*," the State sponsored theft of the sexual innocence of children.)

"*Family Life Instruction*" triggers left-hemisphere, cognitive learning not right hemisphere emotions in co-educational class discussions of how to subvert ones parents, alongside graphic games about oral and anal sodomy and death from sexual diseases which can only coarsen and depress the children so exposed. These sex-and-AIDS-death oriented right hemisphere activities, games, pictures, role-playing, play acting, sexual stories, AIDS speakers and videos, drawn from tainted sources, are emotionally recorded. Title X declares "Unemancipated minors" (below) emancipated for the purpose of sexuality training.

Procedure 9) action 1- Title X justifies legal action where the Kinsey Model appears.

"TITLE X—POPULATION RESEARCH AND VOLUNTARY FAMILY PLANNING PROGRAMS

"PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING SERVICES

"SEC. 1001. (a) The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects.

"(b) In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance.

For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources

The Public Health Services program above left, HHS except for "Title X Population Research and Voluntary

Family Planning Programs," provides sexual services for even "unemancipated minors" above right. However, below left are Title X stipulations (page 59.7 42 CFR Ch. 1, 10-1-95 Edition). All "information" must be "factually correct" (below 3iii); and, the sexual "services" must be delivered "in a manner which protects the dignity of the individual," (below right), etc. Hence, if the "services" (lectures, posters, films, displays, videos, text books and the like) are *incorrect*, or if the service delivery erodes the "dignity of the individual," or does not fulfill 3.i, 3.ii, or 3iv properly, then the *service providers are in noncompliance with Title X and subject to appropriate legal action*.

(3) *Function*. In reviewing materials, the Advisory Committee shall:

(i) Consider the educational and cultural backgrounds of individuals to whom the materials are addressed;

(ii) Consider the standards of the population or community to be served with respect to such materials;

(iii) Review the content of the material to assure that the information is factually correct;

(iv) Determine whether the material is suitable for the population or community to which it is to be made available; and

assess *that the information is factually correct*, (emphasis added).

(iv) Determine whether the material is suitable for the population or community to which it is to be made available; and (emphasis added)." (v) Establish a written record of its determination.

cont. 4

(3) Provide services in a manner which protects the dignity of the individual.

Above left: "(3) Function. In reviewing materials, the Advisory Committee shall:

(i) Consider the educational and cultural backgrounds of individuals to whom the materials are addressed;

(ii) Consider the standards of the population or community to be served with respect to such materials;

(iii) Review the content of the material to

Any critical study of those grantees obtaining Title X funds (commonly SIECUS, Planned Parenthood and associates) will find these billion dollar grant recipients in noncompliance with the cited Title X requirements. Paragraphs 3 i-ii-iii and iv are all violated by grantee use of the Kinsey data or the Kinsey model in any school system.

The use of data created by Planned Parenthood and SIECUS, both documented as serving special interests (corporate investors from the pornography industry and Planned Parenthood as a direct condom and abortion service providers) suggests further legal and ethical compromises in this sexuality manual.

Procedure 10) action 2—Based on the state sex and Family Life education laws, legal action is urged against those who provided Tennessee children with the Kinseyan based, "Lifetime Wellness Curriculum Framework, Lifetime Wellness Resource Manual."

Collect data as outlined, applying draft questionnaire instruments. Craft both a statistical report as well as an analysis of these data. A blue ribbon panel of Tennessee educators holding themselves out as "experts," allowed the training of 1,600 teachers from August 1, 1994 to March 1995 and subsequently to some hundreds of thousands of Tennessee children in what was, **on the evidence**, an unfactual, fraudulent and criminally liable sexuality document—the "*Lifetime Wellness Curriculum Framework, Lifetime Wellness Resource Manual.*" Full disclosure of the publicly accredited and often remunerated "experts;" their credentials, training, writings, sexual orientation or special interest commitments and the like should be immediately demanded by legislators and RSVP investigators. Any salaries or stipends, travel or other expenses paid should be immediately secured for the file. The current "*Lifetime Wellness Resource Manual*" instruction of Tennessee youths on these intimate life and death issues suggests the powerful influence of the Kinseyan view of 'Juvenile Sexual Entitlement' which currently dominates and controls all of formal sexual and AIDS Prevention pedagogy.

DOCUMENT THE PROCESS OF THE RSVP REPORT, ANALYSIS

Example: October 29, 1996, following a brief comparison of the attached *state sex/AIDS manual* to other national sex education models, I [fill in names of RSVP committee] spoke with Mike White [fill in name of contact with whom you spoke] at the Tennessee State Department of Education in Nashville. [Identify the person and his credentials]

Example: Mr. White's name was listed as contact person on the MEMORANDUM sent to "Lifetime Wellness Teachers" from Tom Cannon, Assistant Commissioner of Curriculum and Instruction, August 1, 1994, regarding the *state sex/AIDS manual* herein under study.

Report conversation precisely, tape record if possible and transcribe. Ask your informant when the manual, text, video, film, etc., was implemented, how many people were trained with it, who these people were, whether the training is still ongoing, and if not, why not, etc. Secure names of students if possible.

Example: Mr. White informed me that the manual had been implemented in August 1994 and that by March 1995 1,600 teachers had been trained using the roughly 250 page *state sex/AIDS manual* document as their resource. Mr. White explained that due to financial considerations the training continued at the request of a needy school. He evidenced surprise that I had a copy of this resource since, as he explained, it was handed out only to the teachers being trained in its classroom use.

AUTHENTICATION OF STATE SEX MANUAL

EXCLUDES PAGINATION, TABLE OF CONTENTS, INDEXES OR CITATIONS: A Kinsey Model provides a confusing profusion of unsubstantiated data commonly excising standard citation matter necessary for scholarly authentication and analysis: pagination, tables of contents, indexes, endnotes, footnotes and the like. Absent such precise reference markers the materials are what could be called "pre-literate" so that proper citation criticism is difficult. *If pages are neither added nor removed the curriculum discuss as follows, from the Tennessee sex education/AIDS prevention, manual.*

BACKGROUND FOR TENNESSEE AS MODEL STATE

Anyone using most Kinsey Model manuals can add or subtract pages at will, unheard of in scholarship. At first blush critics might view the flawed citation and authentication methods as mere sloppy work. However, its five compilers are educating almost all of Tennessee's children in The Kinsey Model of sexual conduct. As the Kinsey Model specifically practiced obfuscation as a means toward subverting public criticism of his sex findings, it should not surprise to find similar obfuscation violations of citation protocol common practice in sexuality manuals (see Reisman, an analysis of Georgia's sex education manual "Comfort, Confidence, Confidence in Sexuality Education," 1992).

UNPAGINATED ~200 PAGE SEX/AIDS CURRICULUM FASTENED BY A LARGE PAPER CLIP.

10 KEY SECTIONS IN THE SEX/AIDS MANUAL DISCUSSED IN THIS CRITIQUE:

1. "Disease Prevention and Control" & five people who "compiled" the section
2. "Section 1: Key Words" (9 pages of "Glossary")
3. "Section II: Activities" (6 pages)
4. "Section III: Supplemental Materials" (roughly 97 pages)
5. "Section IV: Resources" (5 pages)
6. "Sexuality and Family Life" compiled by five persons—including Planned Parenthood and Nashville and Tennessee Department of Education and Health teachers (2 pages)
7. "Section I: Key Words for "Sexuality and Family Life" (4 pages)
8. "Section II: Activities (48 pages)
9. "Section III: Supplemental Materials" (roughly 13 pages)
10. "Section IV: Resources" (13 pages)

(1) "DISEASE PREVENTION AND CONTROL".

HIV/AIDS Education Director, Elizabeth Word, and others "Compiled" this manual of pages taken from various texts and other manuals, with few citations as to the origin of these materials. We have no information regarding who these compilers are, their own "training," their biographies of accomplishment, their sexual orientation or commitments and the like. There are no samples of their writings so that we can determine whether these "compilers" are capable of serving as the educators of Tennessee youths on intimate life and death issues. The knowledge and skills of the five "compilers" is seen in their "Glossary," which provides no source citations for definitions, suggesting the definitions are without challenge.

(2) "SECTION 1: KEY WORDS" A GLIMPSE AT SEX/AIDS EDUCATION "GLOSSARY"

AIDS

Acquired Immune Deficiency Syndrome. A viral disease which damages the body's immune system, making the infected person susceptible to a wide range of serious diseases. May also involve neurologic symptoms.

"AIDS" DEFINED BY THE GLOSSARY

As In The Kinsey Model the above AIDS definition dramatically understates the dangerous infectivity of the Tennessee AIDS carrier and is, on the evidence, a nefariously misleading datum on "Disease Prevention and Control." The *state sex/AIDS manual* is obligated to teach children that AIDS carriers are not merely "susceptible to a wide range of serious diseases," AIDS carriers generally host "a wide range of serious

[and communicable infectious] diseases." Just one key element of AIDS relevant to children's lives, for example, would be which of the many highly contagious diseases either host or evolve out of AIDS from pneumonia to tuberculosis. In the state sex/AIDS manual Glossary, diabetes, a terrible disease but largely one which is *unrelated to behavioral conduct*, receives greater space than the major STDs, each claiming a much larger victim population. Were the state sex/AIDS manual truly concerned with control of children's disease, they would provide a definition of AIDS at least as accurate as that of the politically correct *Bookshelf 1994*:

AIDS [as above, cont....] The virus is spread through the exchange of body fluids (primarily semen, blood, and blood products) and can persist in the body for a decade or more without any apparent symptoms. The disease weakens the body's immune system, allowing other diseases.... PNEUMONIA, pulmonary tuberculosis, invasive cervical cancer, and encephalitis, to overwhelm the individual Although AIDS has largely affected male homosexuals, drug abusers, prostitutes, and hemophiliacs in the U.S., heterosexually transmitted infection has increased in the U.S. and reached epidemic proportions in several African and Asian nations. (The Concise Columbia Encyclopedia, 1991 by Columbia University Press).

As noted, this politically correct definition (we are not seeing the anticipated epidemic among prostitutes and even hemophiliacs, or among heterosexual Americans) at least identifies the infectious diseases commonly associated with AIDS carriers, critical for children learning about contamination.

Chlamydia

A sexually transmitted infection that attacks the male and female reproductive organs and is caused by several different microorganisms that are similar to bacteria, but closer in size to viruses.

As above, the state sex/AIDS manual definition of Chlamydia *illegally* obfuscates critical data. For, Chlamydia is:

....one of the most frequent STDs in the United States with more than three million new cases estimated annually. It is also the leading infectious cause of blindness in the world [and attacks] the urethra, cervix, uterus, fallopian tubes, lymph nodes in the groin and outside of the liver" with babies born blind due to Chlamydia and with roughly 10-18% of college women reported as infected by this organism.³

As above, the *state sex/AIDS manual* Glossary wrongly defines Chlamydia by, as in The Kinsey Model, obscuring its role in permanent female infertility for women who were sexually active young with multiple partners. The *state sex/AIDS manual* Glossary wholly ignores cervical cancer, an STD which is devastating young American women who were sexually active young, with multiple partners, condom failure rates are not mentioned nor is the difficulty of proper use by date and condition, etc. As in The Kinsey Model, the extreme infectivity of Hepatitis, A, B, C and its fatal properties are not even noted.

"INTERCOURSE" A state sex/AIDS manual DEFINITION

Intercourse

A type of sexual contact involving one of the following: (1) insertion of a man's penis into a woman's vagina, called "vaginal intercourse"; (2) placement of the mouth on the genitals of another person, called "oral intercourse"; or (3) insertion of a man's penis into the anus of another person, called "anal intercourse."

As in The Kinsey Model, the state sex/AIDS prevention manual implies sodomy to be normal and thus legal in Tennessee. That anal sodomy is fully identified as the key "sexual" transmission route for AIDS is as in The Kinsey Model, completely hidden in the above definition. Now, as in The Kinsey Model, beyond equalizing conjugal, eye-to-eye, body-to-body coitus with deviant sodomy; beyond the sexual abuse of children's innocence and need-to-know by using graphic "pictorial" word images of sodomy; beyond all this, the *state sex/AIDS manual* denies the illegality of same-sex sodomy in Tennessee by eliminating the word sodomy (hence the "crime") altogether. The acts cited above

are legally not "intercourse," but "sodomy," wholly illegal, "however slight" the insertion of "any part of a person's body or any object into".⁴

(3) "SECTION II: ACTIVITIES" (6 PAGES)

After a page of immunization information, as in The Kinsey Model of sex as a game, teachers are to give the children handouts for AIDS games. As in The Kinsey Model of obscenity as harmless and informative, these co-educational games are sexually explicit, wholly unacceptable as they violate the Title X mandate to be "factually accurate" and appropriate for ages 13-17 years. In conflict with the fraudulent Kinsey Model, *the factual data do not find* playing games like "Determine Your Risks" helpful for children. As in The Kinsey Model, the *state sex/AIDS manual* consistently undermines normal, marital coitus by equating it with sexually perverse and disordered conduct. . The *state sex/AIDS manual* –as in The Kinsey Model pushes teenage sexual activity by never citing marriage and instead equalizing marital love heterosexual unmarried sex with all acts as AIDS "Prevention Techniques."

The *state sex/AIDS manual* says abstinence/condom/clean needle/monogamous with HIV negative person." As in The Kinsey Model this definition implies an equality of these activities, chastity, safe drug ingestion, condom use in violation of the *state sex/AIDS manual* mandate to provide age appropriate and "factually accurate" sexual information. And, as in The Kinsey Model, this violates Tennessee's law which requires the manual to "empathize abstinence from sexual relations outside of marriage....basic moral values" and the like.

Again, as though AIDS were harmless, as in The Kinsey Model, children are asked to describe "How does it feel" to live with AIDS, and to invite someone with AIDS to "talk to the class," as in this activity, is coarsening, inappropriate and factually inaccurate, dysfunctionally designed to actually encourage AIDS efficient sex, and not a means of creating "WELLNESS."

(4) "SECTION III: SUPPLEMENTAL MATERIALS" (97 PAGES)

The AIDS "Truth or Myth Worksheet," as in The Kinsey Model, teaches myths the *state sex/AIDS manual* defines as "Truth." This violates federal and state law which requires factually accurate data. Were Tennessee parents aware of the information in this manual, they would surly charge a violation of parental rights. Again, ignoring the fact that AIDS is host to many other similarly dangerous STDs, transmitted through many of the ways the *state sex/AIDS manual* calls "myths" the *state sex/AIDS manual* falsely claims that chlorine bleach kills the AIDS virus, claims that you can *never* get AIDS from toilet seats, that no known cases of AIDS have been transmitted through tears or saliva, that neither sweat, sneezing nor kissing can transmit AIDS and so on. The *state sex/AIDS manual* claims "safe sex practices" will prevent AIDS but we are not told what those are. None of these claims are proven and data suggest the opposite in many of these cases already.

Hence, the *state sex/AIDS manual* misleads about AIDS, as in The Kinsey Model, violating parental trust and federal and state law which requires factually accurate data and advocacy of sex within marriage, exposing some children to a fatal end.

A SERIES OF STUDENT SURVEYS: THESE SURVEYS ARE CONTRAINDICATED BASED ON THE EVIDENCE REGARDING TEENAGE COMPELLING INTEREST IN "AT RISK" CONDUCT

As in The Kinsey Model the sex surveys cited in this manual are harmful for children. All occupy critical school time and no proof, no MoP (Measurement of Performance) finds these activities helpful in reducing "risky" or "safe" sexual conduct. The Prevention data are inaccurate hence they do not support the states' compelling interest in Public Health.. Moreover, as teachers appear to be at least as statistically dysfunctional as those in any other professional group, sensitive, personal student data do not belong in a school survey but, under parental control, in a medical facility.

STATE SEX/AIDS MANUAL SEXUAL GAMES "THE AIDS/STD SHUFFLE"

Right is the "AIDS/STD Shuffle," an AIDS children's game. As in The Kinsey Model, teacher has the children casually "meet" others in the room, later defined as people the children have had sex with. As *this rehearses multiple homosexual as well as heterosexual sex*), then teacher calls on youngsters who "picked" the AIDS card.

"Each person stands as their name is read" as infected with AIDS. This is cruel and there is no proof these rehearsals reduce sex rather than increasing both homosexual and heterosexual experimentation.

Some critics would call this Kinseyan Model pedagogical child abuse as it misleads about AIDS, encouraging disordered conduct, violating federal and state law which requires factually accurate data.

GAMES: "MAKE THE CONNECTION"

As in The Kinsey Model "Make the Connection" Another game demeans marriage, equalizes condoms with abstinence and monogamy and has different children marked as engaged in different dysfunctional acts (some call "sin").

Since perhaps 25% of the girls and 17% of the boys in a given class carry with them some degree of early sexual trauma, such "games" are likely to trigger further anxiety and acting out, and to interfere with the children's ability to move forward from an already eroticized background into nonerotic academic activities.

Noting the increase in "urinary tract infections" among girls, as in The Kinsey Model they say this could be avoided were their "partners...treated" yet the manual does not report that potentially fatal bloodstream infections due to urinary tract infections can often be traced to "real rear entry, penis-to-vagina sex," a fact avoided by sex education curricula.⁵

AIDS/STD Shuffle

An individual cannot tell whether it is safe to have sex or share needles with another person by looking for signs of illness or by asking the other person if he or she is healthy. Most infected persons have no symptoms or outward signs of illness, and most do not know that they are infected.

This is an introductory activity that demonstrates how STD's/HIV can spread through a population.

Preparation: Index cards for everyone in class

Mark on two index cards in the upper corner	A
Mark on one index card in the upper corner	M
Mark on one index card in the upper corner	C
Mark on one index card in the upper corner	±
All of the other index cards are plain.	

Implementing the activity:

As students come in the room, hand each one an index card, being sure that the five marked are randomly handed out.

Ask students to have a pencil or pen ready.

When all students are in the room, instruct them to go around the room and meet five people. They write the names of the people on their cards as they meet them. Students are pretending that one person is infected with an STD or HIV. The meeting of people represents sexual exposure. When each person has met five others, have them return to their seats.

Call on the student with the card marked with a ± to stand and read the names on his or her card. That person is designated as infected with a virus such as HIV. Each person stands as their name is read. Ask if any have a letter in the corner of their index card. If they have, then they can sit down. They did not get infected because they practiced the following:

A	=	Abstinence
M	=	Monogamy
C	=	Condom

The students who are still standing from the original five then read out their cards and all those people stand. Again anyone that has A, M, or C can sit down as they are not infected. You continue until everyone has read their card or everyone who does not have a marked card is standing.

This quickly demonstrates how HIV or any STD can spread through the population. It is important to discuss and clarify with your students the results of this activity.

NOTE: Depending on the group, the leader may want to keep the ± card and participate. This will avoid any stigmatization for a student who gets the ± card.

state sex/AIDS manual misleads about AIDS, violating federal and state law which requires factually accurate data and encouraging injurious conduct by, as in The Kinsey Model, telling eroticized children that the use of condoms will protect them fully from STDs/AIDS. Increased abortion is an established result of that belief, leading to increased mortality from "safe sex" breast and cervical cancer, as well as a broad spectrum of other emotional and physical disorders.

HIV Risk Behaviors Answer Sheet

No Risk	Some Risk	Risky
<p>Massage</p> <p>Receiving a blood transfusion today >></p> <p>Dry kissing</p> <p>Abstaining from sex</p> <p>Fantastizing</p> <p>Masturbation</p> <p>Hugging</p> <p>Donating blood</p> <p>Maintaining a lifetime, mutually monogamous relationship with an uninfected partner who does not use injection drugs</p>	<p>French Kissing</p> <p>Properly using condoms with nonoxynol-9 or other spermicide</p> <p>Mutual masturbation</p> <p>Unprotected oral sex >></p> <p><< Cleaning spilled blood without wearing gloves</p> <p><< Reusing a needle that has been cleaned with bleach</p> <p><< Breast-feeding by an infected mother</p>	<p>Intercourse using an oil-based lubricant and condom</p> <p>Unprotected vaginal sex</p> <p>Using the same condom twice</p> <p>Anal sex</p> <p>Sharing needles for anything, including injecting drugs, ear piercing, tattooing, and injecting steroids or vitamins</p> <p>Reusing a needle that has been cleaned with water</p>
<p><< This behavior could move slightly toward the left of the continuum. >> This behavior could move slightly toward the right of the continuum.</p>		
<p><small>Adapted with permission from <i>Training Educators in HIV Prevention</i> by J. L. Collins and P.O. Britton. 1990. Santa Cruz, CA: ETR Associates.</small></p>		

AND "RISK BEHAVIORS" ETR BRINGS THE SSAR TO SCHOOL

ETR, the producers of these children's "activities," is a Planned Parenthood spin-off. Much of the *state sex/AIDS manual* may arguably be seen as a **State Sexual Attitude Restructuring (SSAR)** for schoolchildren, (based on the SARs taught at the Institute for the Advanced Study of Human Sexuality and similar accredited sexuality agents, tied to SIECUS) which now demands the right to market their investor's pornography in the classroom. The HIV Risk Behaviors reprinted left, ETR tells teachers as in The Kinsey Model, to help children create new sex acts to add to that list.⁶

"Encourage participants to create additional risk behaviors, to write them down on extra (blank)

index cards, and place those along the continuum." As in The Kinsey Model, state Sex/AIDS manual teachers can hence, elicit cards describing anal sodomy and other such conduct from the children. The teachers—and students—are taught – *as in The Kinsey Model, "Remind participants of the groundrule—no judgments of others."* The point of this activity is to develop skill in evaluating relative risk," triggering some degree of additional risk-taken by some number of children due their natural view of themselves as invincible. Dr. Everett C. Koop some years ago, as U.S. Surgeon General spoke of the common risk-taking patterns of teenagers.

Tennessee's state sex/AIDS manual objective 3B, activity #5 discusses as The Kinsey Model, "My partner and I" having sex with spermicide, and, as The Kinsey Model, "I have had anal sex without using a condom." **Play Act:** As The Kinsey Model, Carlos has an STD from sex with a "sex partner" but, as in The Kinsey Model, he doesn't know her name or where she lives." As in The Kinsey Model children are told how to find the local clinic. Problem solving exercises train children to consider having sex but limiting sex "to each other only," violating Tennessee law for this program.

The solutions given for all of these highly inappropriate and abusive scenarios is not to wait for sex until you are married but to "go to an STD clinic...for a gonorrhea test" etc. As in The Kinsey Model, the problem solving is wholly unrealistic, (inaccurate) with Carlos seeking in the streets for his "sex partner" to tell her he has an STD so she can be tested, and, as in The Kinsey Model, live happily ever after. This is arguably State Sexual Attitude Restructuring (SAAR).

Later, as in The Kinsey Model, homosexual sex is normalized and those objecting to its harmfulness are demonized. As in The Kinsey Model this exercise directly undermines children's faith and trust in parents while it ridicules an old fashioned, fear-based teacher who will not teach condom protection. As in The Kinsey Model, the notion of homosexual sex is here as a positive. Then, dismissing their earlier "groundrules" about "not being judgmental," about bad sexual behavior, the *state sex/AIDS manual* now has students "rank" parents and others whose "behavior was worst from your point of view," as in The Kinsey Model.

AS IN AS IN THE KINSEY MODEL THE STATE SEX/AIDS MANUAL (SSAR) INSTRUCTS IN SEX, NOT ABSTINENCE,

As in the Kinsey Model *not chastity, not non-sexual boy-girl relations*

SITUATION 2:

You are (give the age most common to participants in the class) and you are in a relationship that is moving toward intercourse. Would you:

1. Suggest that both you and your partner have an HIV test before having intercourse.
2. Buy condoms and insist they be used.
3. Abstain from any risky behaviors, i.e. enjoy "outercourse" only.
4. Figure there's not much risk involved so you won't need to practice safer sex.

The excerpt above is illustrative of the Kinsey Model, SSAR involved in the *state sex/AIDS manual*. As in *The Kinsey Model* what is this supposed to teach children? When a friendship is "moving toward intercourse" this means the youngsters are engaging in other forms of sex. Instead of telling the children to become involved in other, nonsexual activities, or to take a time break from one another, many are available, the SSAR *state sex/AIDS manual* offers four choices, all of which either involve intercourse or "outercourse" as in *The Kinsey Model* of sex. Get an AIDS test first, have sex with condoms, have sex without vaginal penetration, have sex without tests and condoms.

Objective 30
Activity 110

Delaying Statements

Statements to delay a situation

You could say:

- I'm not ready now.
- Not yet.
- Sorry, I have to go.
- We don't have enough time.
- It's not the right time.
- I'm not in the mood.
- Not tonight -- I've got a headache.
- I have to call home.

Add your own: _____

Actions to delay a situation

You could do:

- Start coughing.
- Look confused.
- Drop something.
- Stop kissing.
- Invite someone to come over and talk.
- Go to the ballroom.
- Pretend you lost something and have to find it.

Add your own: _____

THE STATE SEX/AIDS MANUAL PEDAGOGY TEACHES "DELAYING STATEMENTS" NOT MARRIAGE AND NOT ABSTINENCE

As in *The Kinsey Model* children are told to "write down their feelings" and the class talks about these feelings, etc, wholly inappropriate in this sexualized, "academic" setting, the *state sex/AIDS manual* teaches as in *The Kinsey*

Model, that sexuality is intertwined with all activities, thoughts, events, studies and the like. This is untrue among healthy persons and creates sexual addicts of others. As in The Kinsey Model, parents are described, again, as a source of "pressure" while, as in The Kinsey Model, sex ed teachers are never described as retrograde or a source of pressure. The effort to undermine the authority, love, loyalty and, yes, obedience, of children toward their parents will have its fallout in the last pages in the State Sex/AIDs Manual.

STATE SEX/AIDS MANUAL SAYS "DELAY"

NEVER SUGGESTS BOYS AND GIRLS SEEK CHASTITY UNTIL MARRIAGE

1. What are some of the things I want to do with my life?
2. What could happen to those goals if I have sex?
3. What are the good things about not having sex right now?
4. What makes it hard to say no to sex?

As in The Kinsey Model, the page on saying "NO" has no script to rehearse. As in The Kinsey Model, chastity, marriage, modesty, virginity, sin or dignity and such are not mentioned. In all "Role Play" activities abstinence means, she "is not ready for that" yet (similar to most other national sexuality curricula). "DELAYING STATEMENTS" (above) as in The Kinsey Model, brainwashes children to "delay" sex for a short time, *not to be chaste, for any reason!*

THE STATE SEX/AIDS MANUAL TREATMENT OF "MARRIAGE"

At the end of this manual was the actual law mandating this program (apparently a required component of distribution). Tennessee law requires that "family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy."

As in The Kinsey Model, the word "marriage" appears perhaps 5 times in about 200 pages of the manual, an average of 1/50 pages, "sex" appears perhaps 500 or more times and AIDS perhaps 250 times. As in The Kinsey Model, the word "marriage" appears for the first time (twice) in Objective 3E, Activity #1 (about a third into the manual) as part of a death "game." In this "game" where we meet "marriage" for the first time, the children are taught to feel they have AIDS, they will die in "13 months to 3 years" "How Does it Feel?"

"How does it feel to hear your friends talk about the future—next summer? after graduation? marriage?" followed by "How does it feel to be told they don't want you to come to school?" This is also one of the early cites for the word, "parents." "How does it feel to tell your parents?" "How do your parents feel?" In fact, "family" appears to be seldom used in this manual, except where there are health surveys about inheritance.

As in The Kinsey Model, marriage is scripted then in the context of death, ugliness. Children are told to practice next "THE LOSS ACTIVITY" with more focus on "living with AIDS" subtly encouraging the children to both live with AIDS and to request "a person with AIDS (PWA) to speak to the children's class.

As in The Kinsey Model, death and sex and sex as death is the repeated, and repeated message given children in the *state sex/AIDs manual* "games". Such a mantra may easily explain why so many children are having sex. As noted earlier, this is expected behavior in the face of death and disasters. Having sex and babies is the way to challenge the world by youngsters who see themselves as invincible.

The encounter groups suggested in "CLASSROOM APPLICATION" are all dangerous for normal children much less those already undergoing various trauma. As psychologists are themselves identified as largely incapable of dealing with such group sessions properly, these teachers are not even equipped to recognize signs of massive disorder.

HIV Risk Behaviors		Transparency
Associated with sexual activity		
Massage	Anal sex	
French kissing	Masturbation	
Mutual masturbation	Hugging	
Unprotected oral sex	Using the same condom twice	
Dry kissing	Maintaining a lifetime, mutually monogamous relationship with an uninfected partner who does not use injection drugs	
Abstaining from sex	Intercourse using an oil-based lubricant and condom	
Unprotected vaginal sex		
Fantasizing		
Properly using condoms with nonoxynol-9 or other spermicide		

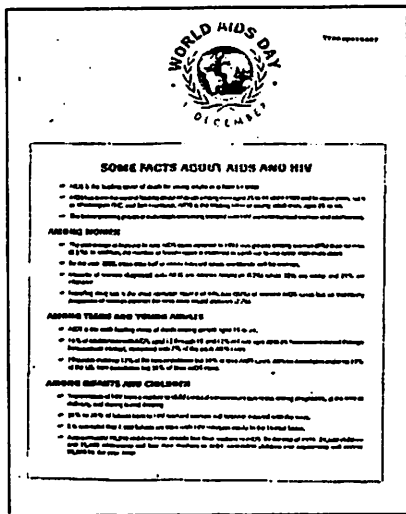
WHAT ARE state sex/AIDS manual "HIV RISK BEHAVIORS"?

After several pages on diabetes, heart disease, cancer, etc. and a useful page on "How to control blood pressure," we are back, as in The Kinsey Model, not to an "emphasis on marriage" but to an "emphasis on AIDS and all the things one can talk about if one discusses AIDS."

As in The Kinsey Model, in this co-educational classroom, it is anal sex, mutual masturbation, unprotected oral sex and the like. Why "Abstaining from sex" is identified as "Associated with sexual activity" is a question, especially as the word "marriage" is again noticeably absent from this list. Other items cited but not seen in this excerpt, are "Associated with use of needles" and "Associated with other modes of transmission."

(5) "SECTION IV: RESOURCES" (5 PAGES)

As in The Kinsey Model, it is very noticeable in the "AMONG TEENS AND YOUNG ADULTS" citation below, that a missing "mode of transmission" is that of child sexual abuse or rape, a highly effective mode of transmission for roughly 59% of AIDS infected boys and some hundreds of girls, at least 7,166 boys dying from adult male sex offenders by October 1991. The only reference to "Infants and Children," found in the World AIDS Day advertisement) is the Kinsey Model and neither "factually correct" nor age appropriate.



THE WORLD AIDS DAY (left and below excerpt are part of the suggested resources. It reports on the rate of AIDS among boys and such, carefully obscuring gay rape of boys as a primary feature of the boys' deaths. By saying 16% and 12% of boys were infected by "heterosexual contact" (below) the teachers aid in hiding an admitted rate of 84% to 88% of boys infected (murdered) by "gay" men.

AMONG TEENS AND YOUNG ADULTS

- AIDS is the sixth leading cause of death among people aged 15 to 24.
- 16% of adolescents with AIDS, aged 13 through 19, and 12% of those ages 20 to 24, have been infected through heterosexual contact, compared with 7% of the adult AIDS cases.
- Hispanics make up 12% of the teen population but 20% of teen AIDS cases. African Americans make up 15% of the U.S. teen population but 30% of teen AIDS cases.

THE "RESOURCES" SUPPORT THE KINSEY MODEL PLANNED PARENTHOOD AND HOMOSEXUAL EXPERIMENTATION

(6) "SEXUALITY AND FAMILY LIFE" (2 PAGES)

Compiled by five persons including a Planned Parenthood representative

(7) "SECTION I: KEY WORDS FOR "SEXUALITY AND FAMILY LIFE"

THE GLOSSARY IS MISLEADING AS IT INCLUDES ONLY BIOLOGICAL, PHYSIOLOGICAL DEFINITIONS NOT "FAMILY LIFE AND SEXUALITY" DEFINITIONS

As in The Kinsey Model not until activity 60 does a parent appear as a possible reliable friend. but the activity then degenerates into the family seeking others for direction in sensitive areas of the child's life. The statement "Whenever you have a problem, there are always people and places that can help you and your family" is untrue and dangerous to believe. Often, you and your family can only rely on yourselves and your religious life.

In 61 we find the first "NO" for ways to resist sexual involvement. While much more should be offered to aid children in why sex is wrong, this is the first NO, cited. As in The Kinsey Model, another answer "I'm not ready now, suggests you ask her later, and "Don't pressure me" is not a firm No either. And, by Activity 68, as in The Kinsey Model, "Marriage Brainstorm" marriage may have value: "Recognize that having children is best undertaken in marriage."

68. Recognize that having children is best undertaken in marriage

Marriage Brainstorm

Summary: A brainstorm (all answers accepted, no evaluation) and discussion of marriage and its impact on children.

Have the students brainstorm answers to the following questions, and have someone record them on the board or on newsprint.

- How does society/culture place marriage as the ideal setting for having children? Explain why?
- Give examples on how marriage is valued in our society, i.e., income tax.
- What aspects of a marriage (partnership) would make it a good environment for raising a child?
- In what situations would a marriage cause the child-rearing environment to be difficult?
- What characteristics would you look for in a mate in order to choose a good parent?

Discussion Points:

Bring out the significance of choosing a well-suited mate as it relates to parenting.

Please note:

Since many students come from single-parent families, it is important that they not be made to feel defensive regarding their own family situations.

"Best" undertaken in marriage? As in The Kinsey Model, "marriage" is needed due to the tie between marriage and children, not as it relates to love between a woman and a man. This only deals with "parenting" and not with the importance of a monogamous marriage for happiness, health, the lowest rate of suicidal and homicidal activity, etc., its impact on economic advancement, and the like.

As in The Kinsey Model, this is the beginning and end of "marriage," its purpose and its role in the *state sex/AIDS manual*. By reducing the importance of "marriage" to parenting, as in The Kinsey Model, the STATE SEX/AIDS

MANUAL teaches pre-marital sexual activity as appropriate and as marriage having no relationship to fidelity, monogamy or commitment beyond its utility in providing "the best" reign environment for parenting children.

As in The Kinsey Model, instead of "should only be undertaken in marriage," etc., the goal never says that sex should be undertaken only in marriage. As in The Kinsey Model, the *state sex/AIDS manual* bias, a Kinseyan bias toward sex outside of marriage, can be seen below as neither "factually correct" nor age appropriate. *state sex/AIDS manual* reasons for not having sex do not even have the same numbers of "reasons" as in the "for" column. Moreover, the same reasons not to have sex apply in many ways, "love," hoping "to keep a boy/girl friend" as well as of course the desire for a happy marriage. Again, the word "marriage" does not even appear here, or at the end of the activity on other reasons.

"SOME RISK, ANAL INTERCOURSE USING WATER-BASED LUBRICANT"

As in The Kinsey Model, another "activity" allows children to use all the four-letter words they know for sex, to be written on the school chalk board. This *state sex/AIDS manual* is not factually justified and as in The Kinsey Model, it is toxic, also encouraging graffiti outside, if it is fine to write them and say them in school, why not elsewhere? These are all SAR, Kinsey techniques, desensitizing and brutalizing the children the state engaged in *Prima Nocte*.

As in The Kinsey Model, this *state sex/AIDS manual* not only falsifies a broad array of data on harm, it goes further than most other manuals and texts which promote promiscuous sex, as in The Kinsey Model, claiming children can engage in sodomy, even anal sodomy, with some safety. In certain quarters this statement could be seen as recommending ways of using sex to get oneself killed.

This *state sex/AIDS manual*, approved by a blue ribbon collection of Board of Education members, teachers and others, is Kinseyan juvenile sexuality, wholly "factually incorrect," not age appropriate, and surly illegal and prosecutable for a score of violations.

It is followed by a nice "STD Handshake" exercise.

"Sexual Harassment" is addressed and again, but as in The Kinsey Model, nothing continues to be said about pornography and its harm, its use by children and juveniles. But it could not be mentioned since pomography is marketed by SIECUS, whose investors include pomographers, and by Planned Parenthood, similarly funded and tainted. As in The Kinsey Model, the essay on "Date Rape" avoids the realities of pomography's role in rape of children and teens and makes no mention at all of the need to avoid boys (or girls) who are users.

Next, in "Contraceptive Effectiveness Comparisons" as in The Kinsey Model which claimed contraception solved all problems of multiple and early partners, the *state sex/AIDS manual* falsely assures children of the total safety of condoms, actually advocates for sex with condoms, giving unusually low (not validated) failure rates for various contraceptives (only for "women" not teenage girls, and only for pregnancy, not STDs/AIDS).

"Self Esteem Exercises" are given, while we have enormous data which suggest that these activities increase dysfunction and smug satisfaction with lackluster ineffectiveness, rather than good work. Again the *state sex/AIDS manual* appears in this case to be neither "factually correct" nor age appropriate. All of these "self esteem" excersizes are fraught with unfactual use, invalid and contraindicated.

(8) SECTION II ACTIVITIES (48 Pages)

8 REASONS PEOPLE CHOOSE TO HAVE SEX Vs 7 REASONS PEOPLE CHOOSE NOT TO HAVE SEX

On the blackboard, make two headings, "Reasons people choose to have sex" and "Reasons people choose not to have sex." List all reasons the group is able to identify. Answers might include:

Reasons to have sex:

to have a baby
for love
to keep a boy/girl friend
for fun
curiosity
pressure
everyone's doing it
enhance reputation

Reasons not to have sex:

STDs
HIV/AIDS
unwanted pregnancy
reputation
against religion
not ready
fear of being hurt

As in The Kinsey Model, the SAR is used "Attitudes About Dating, Love, and Sex" (The *state sex/AIDS manual* still denies the existence of marriage). These activities are often called Values Clarification and are identified, as in The Kinsey Model, as conditioning and desensitizing children. As in The Kinsey Model, the *state sex/AIDS manual* is assumption the children have "sex partners." Assumptions here are Kinseyan, that teenagers must be in sexual relationships because they must have sex. As in The Kinsey Model, this is not sustained by American history. TIMELINES are posted around the room, as in The Kinsey Model, all these activities eroticizing the classroom, the schoolhouse, the schoolchildren and schoolteachers to each other. As in The Kinsey Model, in "INTIMACY" the *state sex/AIDS manual* implies sexual feelings for a same sex "friendship".

As in The Kinsey Model, this is anti-marriage and not "factually accurate," it is not age appropriate and it sets the stage for homosexual unions, transitory or no, as appropriate for children. This advocacy should emerge clearly prior to the completion of this manual.

ANOTHER "MATCHING GAME" FOR THE CHILDREN

64. Explain life saving information on sexually transmitted diseases, including HIV/AIDS

Red Light, Yellow Light, Green Light

In order to identify which behaviors put us at greatest risk for being infected by a sexually transmitted disease, including HIV/AIDS, students will judge from the list of behaviors which ones describe No Risk (green light), Some Risk (yellow light), and Risky (red light).

While there are many ways this activity can be approached, one suggestion is to draw three traffic lights and color each to resemble a red light, yellow light and a green light. These can be posted or taped on a wall with room between them. Each behavior should be written on a large card that students can physically take and place under the appropriate light. Some behaviors fall somewhere between the lights.

The behaviors are listed below in the correct category describing the degree of risk.

<u>No Risk (Green light)</u>	
Massage	Dry kissing
Abstaining from sex	Fantastizing
Masturbation	Mugging
Donating blood	
Maintaining a mutually monogamous relationship with an uninfected partner who does not use intravenous injection (IV) drugs	
(In between No Risk and Some Risk)	
French kissing	Mutual masturbation (petting)
<u>Some Risk (Yellow light)</u>	
Vaginal intercourse using condoms	
Anal intercourse using water-based lubricant	
Oral sex	

More sex survey questions, thinking about sex, looking for sex, etc. and then, children learn about "reproduction" via another game, the, "Matching Game."

MATCHING GAME as in The Kinsey Model again would desensitize children, having them match names and drawings of the reproductive organs, including penis, sperm, menstruation, vagina, etc., forcing them to speak about their "function" why the penis becomes erect, the menstrual flow and the like. It is "factually accurate" say that this activity will eroticize children to selves and others and short circuit the cognitive, thinking functions these (naive (at best) teachers they are tapping. These are right hemisphere (emotional) activities and the children are emotionally stressed by all such even sexual and even rehearsals.

These assignments allege they are teaching "the

emotional components of human sexuality" at the same time that they coarsen and brutalize the "emotional components of human sexuality. As the schools eroticize all environments including the classroom, backrubs, holding hands, combing a friend's hair, even child care, as these are stated, all have the potential of decaying into sexual feelings—and activity.

STATE SEX/AIDS MANUAL TEACHER TRAINING

"OPTIONS IN PREGNANCY"

The *state sex/AIDS manual* teachers will "brainstorm" with the children about "OPTIONS" in pregnancy. As in The Kinsey Model, there is no "shotgun marriage" idea here regarding pregnancy signaling marriage and responsibility, period. As in The Kinsey Model, there are "options" offered. What they would like regarding abortion, adoption, marriage, single parenting and the like. As in The Kinsey Model, since there has been no discussion about the meaning of marriage beyond its parenting utility, as in The Kinsey Model, children have no idea of the role of marriage in creating western society, and the advantages of their lives as they know them. The *state sex/AIDS manual* teachers include thoughts of each person's "religious/moral beliefs" but, as in The Kinsey Model, no absolute regarding what God expects of these children, and so on.

THE PRIOR 200 PAGES LEAD TO THE STATE SEX/AIDS MANUAL TEACHERS' GOALS

As in The Kinsey Model, the manual trains children to lie to their parents to get contraceptives. It recommends Norplant, very dangerous, it recommends "an older person, not necessarily your mother" to help with obtaining the contraception. Yet, the data are quite clear that the "older person" is often the adult man having sex with the child. It tells children who are too "embarrassed" to buy condoms, how they can obtain condoms free.

Barriers to Using Contraception

Begin this activity by posing the questions. Allow discussion on each and then share the response.

1. I would like to take birth control pills but I don't know where to go to get them. I can't let my mother know that I'm having sex with my boyfriend.

Most health clinics including the health department offer family planning services to teens. In most cases you don't need your parents' permission to get treatment or birth control pills but this varies from clinic to clinic. Contact your local health department to obtain more information on the services in your area.

2. I don't know what kind of birth control is most effective or how many options there are available to me.

If you believe you are ready to have sex and need accurate information about birth control it is best to speak with someone you can trust. An older person, not necessarily your mother is a good person to talk with. That person can then put you in touch with the resources you need. Your friends may not have the most accurate information so you might want to keep looking until you find the right person to answer your questions.

3. I'm interested in using either the shot method of birth control or the Norplant as a form of birth control. I do not want to put on a lot of weight and I heard that they cause weight gain. Is this true?

One of the side effects of both the Norplant and Depo-Provera (shot) is weight gain. This weight increase can be controlled and is minimal. The benefits of both these methods of contraception is convenience. The Norplant is inserted once every 5 years and can be removed if pregnancy is desired. The shot (Depo-Provera) is administered once every three months and can be stopped if pregnancy is desired. With both these methods there is nothing to remember to take or insert.

4. My partner and I have decided to have sex, but I'm embarrassed to go to the store and purchase condoms.

Making the decision to have sex is a large commitment and part of that is taking the responsibility of protecting yourself and someone else from STDs and unwanted pregnancies. If you are not comfortable ask a person you trust to purchase them for you or contact your local health department or health center for free condoms.

Solicit from class members other barriers like the ones above and a response.

As condoms, we know, are largely unused by adults and children, the *state sex/AIDS manual* teachers dangerously dissemble.

CONTRACEPTIVE EFFECTIVENESS COMPARISON

In this brief, quick overview I have not had the time to enter the condom failure rates and the Norplant fiasco, and so on, but needless to say, the claims in this manual of the higher rate of effectiveness are not supported by the public health data or the data on condoms as disease prevention.

As in The Kinsey Model such claims for the success rate of contraception was being made even in 1948 and 1953 by Kinsey and his team. Again, the data address women's "accidental pregnancy" and even these data are flawed.

PARENTS PANEL

While at first blush this seems like finally a positive exercise—to bring unknown parents in to talk, it has no place in the classroom for there are no guarantees regarding what these "parents" will be saying. As in The Kinsey Model children are not instructed to find only people married successfully for 20 years or more or to find only those who have highly functional children and so on. It is too easy here to choose parents following the Kinsey Model who tell the children that drugs are fine, they've used them or that they had sex with others many times prior to marriage (or during) and their lives are fine. This is not cognitive learning. Getting a license for parenthood is one of the exercises.

(9) "SECTION III: SUPPLEMENTAL MATERIALS" PROGRAM EVALUATION

As in The Kinsey Model, there is little assumption of **anything** the authors do not know about sex. The problems of *state sex/AIDS manual* teachers' bias are clear in this alleged "Program Evaluation." It gives the children (or teachers) three choices about the effect of the program, **none of which are negative**. Did it help you understand yourself better; Did it help you make better decisions; Did it help you communicate with your parents better.

As in The Kinsey Model, the questions are structured to offer the answers desired by those asking the questions. One **may not answer** "a little worse, a lot worse" but it hurt, harmed. One can only respond "a little better, a lot better, no difference." And, in the two questions which might have elicited an uncomfortable response about something they did not like or which "made you feel uncomfortable" there is only a simple no or yes, not, "please explain." Later the manual seeks suggestions or comments. One wonders what the results were on the rating scale (from excellent to very poor) for this manual.

Program Evaluation

1. Has this program helped you to understand yourself better?
 a little better
 a lot better
 no difference
2. Will what you've learned from this program help you to make better decisions in your everyday life?
 a little better
 a lot better
 no difference
3. Has taking this program helped you to communicate with your parents and/or others better?
 a little better
 a lot better
 no difference
4. If you had to list one thing you have learned from this unit that will help you in your everyday life, what would it be?

MYTH OR FACT

As in The Kinsey Model, this section is apparently a review of past materials which claims to provide facts not myths. It mixes some useful and harmful information (all abusive as it is co-educational). Answer 6 is harmful, consider earlier warnings to avoid talking to one's mother about getting contraception. Answer 24 is similarly inaccurate, for there are many reasons younger girls become pregnant, including rape, and even desire for a baby. Moreover, this is the first time the manual notes the possibility of "younger" girls who have sex getting certain kinds of cancer or other STDs, which they do not specify.

6. *A teenager does not need parental consent to get birth control from a clinic.*
MYTH and FACT Family planning clinics in most states don't have to tell *anyone* in order to provide birth control to teenagers. However, in California, Utah, and some other states, parents do have to give their consent in order for teenagers to get birth control. Be sure you know what the law is in your state.
24. *Females who start having sexual intercourse before age 16 are more likely to get pregnant than those who wait until they are 18 or 19 to have sex.*
FACT Younger teenage girls are twice as likely to get pregnant because they don't usually use contraception. When young teenage girls have sex, they are also more likely to get some sexually transmitted diseases (STDs) and certain kinds of cancer.

The manual claims that 53% of 15-19 year-olds don't use birth control "every time"— is without any form of validation—so it too is a myth. As in The Kinsey Model, the point is to blame the failure of sexual promiscuity upon everything except Kinsey's promiscuous sexuality model itself. It is likely that the percentage of non-use is much higher. Nor do we know really what percentage of all abortions are to teenagers, due to problems of validation. Also the manual's claims of up to 97% safety for condoms is not supported by the data, especially the AIDS virus versus semen—in the former condoms are of little or no protection at all, since the spores, or natural breaks in each condom are significantly larger than the AIDS virus.

(10) SECTION IV: RESOURCES

The Family Life & Sexuality Resources represent as in The Kinsey Model special interest agencies whose funders and investors reap profits from sexually disordered conduct, inclusive of early sexual activity. ETR was an offshoot of Planned Parenthood, the major abortion and sex counseling and contraceptive provider; SIECUS formed at the Kinsey Institute, has been invested in by Playboy Enterprises and its members have marketed and served pornographers for some years with Playboy funding the legalization of child pornography in cases such as *Ferber v. New York*.

Similarly, the "Resources" of "The Alan Guttmacher [sic] Institute, Center for Population Options, Planned Parenthood Resource, Child Welfare League of America," etc., are implicated in the promotion of the Kinsey Model, alternative sexual lifestyles in full opposition of the view of sex belonging to the ideal model of monogamous marital relations, chastity before and fidelity during, and face-to-face, eye to eye, coitus, and the like.

A telling point here as in the Kinsey Model, is the lack of history for these 18 child sexuality "expert" groups in any other area than that of promoting child sexual activity. That is, none are on record as challenging pornography, not even child pornography, none are on record as fighting the lowering of the age of consent, or calling for massive drug and alcohol prevention activities or any of other sexuality-related issues critical to children's health and well being.

STATE OF TENNESSEE SENATE BILL NO. 1144 "FAMILY LIFE INSTRUCTION"

<p style="text-align:center">State of Tennessee</p> <p style="text-align:center">PUBLIC CHAPTER NO. 363</p> <p style="text-align:center">SENATE BILL NO. 1144</p> <p style="text-align:center">By Ford, Williams</p> <p style="text-align:center">Substituted for House Bill No. 321</p> <p style="text-align:center">By DeBerry</p> <p style="text-align:center">AN ACT Relative to Family Life Instruction and to amend Tennessee Code Annotated, Title 49.</p>
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RESOURCES: THE STATE SEX/AIDS EDUCATION PROGRAM FOLLOWS THE ILLEGAL KINSEY MODEL

Question: Can Tennessee Teachers Legally And Secretly Provide Schoolchildren With Graphic, Provocative Erotic Heterosexual And Homosexual Materials, Films, Videos, Condoms, Demonstrations And Language Which Is Illegal, Child Sexual Abuse Outside The-Schoolroom?

No. See Discussion of Tennessee Senate Bill 1144 at Close of This Paper

Action Even Without Tennessee Law (Senate Bill No. 1144) Contributing to the Delinquency of Minors, Child Abuse and Receiving Federal Funds For Fraudulent Data Are Still Illegal. Under Title X The Bureaucrats Reviewing Title X Training Materials Must "Review The Content Of The Material To Assure That The Information Is "Factually Correct," Age Appropriate, And The Like. Should Tennessee Eliminate Title X Funding And Charge Those Involved With Disseminating "Factually Incorrect" Information, Child Abuse and the Like, Major Changes Could Follow.

"PUBLIC LAW 91-572--DEC. 24, 1970 [84 State] TITLE X" (EXCERPTS)

SIECUS & PLANNED PARENTHOOD SHARE BOARDS, ORIGINAL DIRECTORS, ETC., AND THEIR TRAINING AND TRAINERS ARE KEY KINSEYAN SEX EDUCATORS IN THE USA. SIECUS & PLANNED PARENTHOOD COLLECT BOTH PRIVATE PORNOGRAPHY INDUSTRY FUNDING & PUBLIC FUNDS UNDER TITLE X. HENCE, IN ITS 1995 POSITION STATEMENT, SIECUS WOULD MARKET ITS INVESTORS' PORNOGRAPHY INTO CLASSROOMS VIA PROGRAMS LIKE *state sex/AIDS manual*

Sexually Explicit Materials

When sensitively used in a manner appropriate to the viewer's age and developmental level, sexually explicit visual, printed, or on-line materials can be valuable edu-

SIECUS POSITION STATEMENTS
ON SEXUALITY ISSUES
1995

In its 1995 *Position Statements on Sexuality*, when SIECUS writes of showing "Sexually Explicit Materials" (left) to school children. As in The Kinsey Model, this would include films and photos of oral, anal, genital copulation and the like. "When sensitively used in a manner appropriate to the viewer's age and development level, sexually explicit visual, printed, or on-line materials can be valuable educational or personal aids, helping to reduce ignorance and confusion and contributing to a wholesome concept of sexuality." SIECUS does not disclose that they receive financial support directly from the pomography industry.

STATE MANDATED SEX/AIDS CURRICULUM

A careful review of the Kinsey Model seen in the "*Lifetime Wellness Curriculum Framework*" (LWCF) finds this manual in complete accord with the Kinsey Model and in complete violation of Tennessee Law, (excerpts left) which stipulates as follows:

The locally derived and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases."

(2) The locally devised and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases.

Some could argue that there is not one sentence in the sex/AIDS manual (LWCF) which fulfills the Tennessee mandate while a careful content analysis of the words and phrases would say the LWCF disdains marriage and the notion of restricting sexual conduct to such a union.

STATE OF TENNESSEE DEPARTMENT OF HEALTH FILM STRIP RECOMMENDATIONS

There appear to be 152 videos recommended for children's viewing in the "LIFETIME WELLNESS CURRICULUM FRAMEWORK (these were not numbered, nor were they listed alphabetically, nor did they cite their publisher or contents etc.). Nonetheless, at least some of these videos are distributed by Focus International, Inc., (below) a video catalogue company which follows the Kinsey Model, distributes hard-core homosexual and heterosexual pornography, allegedly used "for educational purposes." For example, as Kinsey, the "multi-media curriculum for junior high level students" below provides close-ups of oral sodomy between a man and a woman, two men and two women, as well as unprotected anal sodomy between a similar mix of persons.

While *About Your Sexuality* is not cited as one of the 152 videos offered, *His Baby Too* is listed. It would be prudent, even legally required to intelligently examine all of these media for their adherence to the word and spirit of Tennessee law—and to be assured that their contents do not do harm to the children.. For there was nothing in the description below of *About Your Sexuality* which would warn the prudent teacher that as she or he would be screening for their young charges, graphic displays of anal and oral homosexual and heterosexual sodomy, with all of the scientific sounding supportive narrative that goes with such productions.

TEACHER BACKGROUND INFORMATION SEXUAL ORIENTATION"

Finally, the last few pages of the Lifetime Wellness Curriculum Framework could be said to follow the Sexual Attitude Restructuring (SAR) protocol taught for roughly 20 years by the Institute for the Advanced Study of Human Sexuality and subsequently taught in universities and colleges, percolating down into the high schools and now junior high schools. The IASHS's SAR has long taught the technique of introducing the most toxic sexual ideas last, after participants have been fully eroticized and desensitized. Here as children have learned to distrust their parents and to trust the sexuality educators as "sexually literate." In this way as the participants have been sufficiently coarsened to prepare them for the next attitude change. (This has been compared by some to the use of a bit of arsenic in a rich chocolate cake. It will make some guests ill, some fatally. While at first it sounds melodramatic, the arsenic in old cake comparison may not be so unreasonable after all.)

**HIS BABY TOO:
PROBLEMS OF
TEENAGE PREGNANCY**

3 filmstrips, 3 cassettes, teacher's guide

Focuses on the often-ignored rights and responsibilities of the young father-to-be as well as his legal and moral obligations.

PART 1 - DAVE'S STORY

Presents an in-depth view of one teenage pregnancy. Underscores the necessity of shared responsibility for birth control. Stresses the need for the teen couple to assess the dimensions of their problem through open and honest discussion.

PART 2 - THE CHOICES

Shows how stereotypes of the teenage father differ from real life. Points out the positive aspects of professional counseling, especially for the young father. Probes the question of abortion and examines the legal and emotional effects of this option on the unwed father.

PART 3 - MAKING THE DECISION

Examines in detail the potential impact of the options of marriage, single parenthood or adoption. Notes the special problems affecting teenage marriages. Looks at the legal rights of fathers regarding adoption, marriage, child support and visitation.

- Recommended by:
School Library Journal
The School Counselor

- "...raises considerations that effect the often-overlooked emotional needs of the teen father..."

Booklist

- "...a quality production which will broaden the perception of all those fortunate enough to see it..."

*Media Review*****

Filmstrip Purchase \$165

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SEX EDUCATION

Jr. / Sr. High School

**HUMAN
SEXUALITY:
FILMS
VIDEOS
FILMSTRIPS
SLIDES**

Organized by Subject
(See Page 3 for Alphabetical Index
of Titles)

ABOUT YOUR SEXUALITY

by Deryck Childerwood, Ph.D.
revised 1983
a multimedia curriculum for
junior high level students

This pioneering sex education program, first published in 1971 offers a highly flexible collection of multi-media resources with accompanying leaders' guides. The program is designed to help young people get accurate information, develop their abilities to communicate with each other and with adults about sexuality...build positive and healthy attitudes and values about their own sexuality...make responsible decisions about their sexual lifestyles and behavior. It provides leaders with detailed guidelines and materials for helping co-educational groups of young people achieve these goals.

The intent of the program is to provide young people with the opportunity for building attitudes and values by providing a setting where they can openly and honestly bring their questions and puzzles and find the resources, both human and material, to feel and think them through. The resource is free of imposed values and any religious bias. The ULCA believes, however that this curriculum supports the values listed in the Publisher's Message included in this new edition.

Purchase \$275

14 Oregon Drive
Huntington Station, New York 11746
(516) 549-5320

**"SOME OF THE THINGS
THAT GO ON OUT
THERE"**

Produced by Peer Education Health Resources
1982; 30 minutes

The film triggers discussion among youth and adults by "offering permission" and stimulating frank talk about what it means to become an adult in our culture today. It reviews ancient customs; explores the range of parent-youth relationships; identifies current "rites of passage". Examines the process of forming relationships, separating from parents, sexual activity, drug and alcohol use, gaining independence.

The accompanying study guide helps teachers and group leaders plan and initiate discussions about the situations described in the film. A two-hour discussion group format with trigger and follow-up questions grouped by relevant topic is included.

- "One of the best made films for teenagers that I've seen in years, a film that today's teenager will easily relate to. It raises some of the crucial questions that most teenagers identify with."

Sol Gindson
Director of Institute
for Family Research and Education
University of Syracuse
Syracuse, NY

16 mm Purchase \$465
Video Purchase 395
Rental 55



I CAN SAY "NO!"

Produced and written by Chris Stone, M.A., and Terry Ryan, M.Ed.
15 minutes; 1/2 cassette; filmstrip and audio cassette; teacher's guide

Felicia is persuaded to steal a sweater.
CAN SHE SAY "NO"?

David is afraid to say "no" to the bully.
CAN HE SAY "NO"?

Julian is afraid he will lose his girlfriend if he says "no" to her offer.
CAN HE SAY "NO"?

Students (disabled and non-disabled) learn how to say "no" without mixed messages and with confidence, even under peer pressure. Three dramatized trigger situations deal with saying "no" to shoplifting; saying "no" to a bully; and saying "no" to smoking marijuana.

Purchase \$40

BUY OR RENT 3 TITLES & GET
ONE FREE!
SEE ORDERING INSTRUCTIONS
ON PAGE 31

Focus International

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These last few pages claim as in The Kinsey Model is fully proven that homosexuality is normal conduct as healthy as that of male-female love and that homosexuals are merely victims of fear and hatred, a form of heterosexual homophobia. This could be said as in The Kinsey Model to violate Tennessee law in that, having eroticized the youths thoroughly, such unsubstantiated myths go a long way as in The Kinsey Model, toward encouraging homosexual experiments. The *Lifetime Wellness Curriculum Framework* (LWCF) introduction says:

MYTH: "Sexual orientation determines the gender of the person who arouses sexual feelings in an individual."

FACT: One's "sexual orientation" is a new term, reflecting recent control by the homosexual lobby of language for as far as the evidence goes, homosexuality is largely a result of early sexual trauma and/or poor parenting. Children might read this claim also as meaning the source of desire himself or herself is somehow also homosexual, which is wholly untrue.

MYTH: Sexual orientation is a topic that is laden with misconceptions and is guaranteed to elicit a variety of feelings and attitudes. Heterosexuality has been thought by American society to be the only "normal" sexual choice. People often fear what they do not understand or what they perceive as threatening. This is the case with bisexuality and homosexuality. Becoming more informed and confronting the issues may help our society to understand and accept all people, regardless of their sexual orientation.

FACT: While these sentences may sound quite fair, in context, as in The Kinsey Model, homosexuality is defined as normal and people's "misconceptions" are said to be due to irrational fears of homosexuals, which, as in The Kinsey Model, proper sex educators and their teaching will correct. In fact, much of the belief about homosexuality is based on solid common sense and even well established evidence and not on "misconceptions" or unjustified fear. For example, fear of contact with AIDS carriers quite informed and rational, since while AIDS may be largely passed via sexual contact, the impaired immune systems of AIDS carriers makes the majority a walking collection of varied communicable diseases, nearly as deadly to their victims as is AIDS.

Teacher Background Information Sexual Orientation

Sexual orientation determines the gender of the person who arouses sexual feelings in an individual. Sexual orientation is a topic that is laden with misconceptions and is guaranteed to elicit a variety of feelings and attitudes. Heterosexuality has been thought by American society to be the only "normal" sexual choice. People often fear what they do not understand or what they perceive as threatening. This is the case with bisexuality and homosexuality. Becoming more informed and confronting the issues may help our society to understand and accept all people, regardless of their sexual orientation.

Mini-Lecture

Individuals who feel sexual attraction toward persons of the opposite sex are called *heterosexuals*; individuals who are attracted to persons of the same sex are called *homosexuals*. Some individuals are attracted to both sexes and are called *bisexuals*. One researcher (Kinsey, 1948, 1953) has illustrated sexual orientation on a seven-point continuum which reflects the fact that no clear-cut line separates homosexuality and heterosexuality. Between 2.5 and 10% of the population are homosexuals, and male homosexuals outnumber female homosexuals (lesbians) by two or three to one. About 23% of men and 14% of women are bisexual and roughly 75% of men and 85% of women are heterosexual.

There are psychosocial and biological theories about why people have a particular sexual orientation. Psychosocial theories focus on: the types of toys given to a child, presence of a *domineering mother and passive father*, the types of clothing provided and worn by children, and the amount of attention given the child by the opposite sex parent. Biologists have researched hormonal imbalances and genetic factors and have concluded that searching for the "cause" of homosexuality has been as futile as researching the "cause" of heterosexuality. There is no single factor. Studies show that sexual orientation is established early in childhood. Various attempts have been made to change homosexual orientation to heterosexual. Such attempts have been largely unsuccessful.

Aside from their sexual orientation, research has found *no significant lifestyle differences* among heterosexuals, bisexuals, and homosexuals. Homosexuals and bisexuals contribute to all areas of society, for instance as athletes, physicians, artists, teachers, students, and parents. However, many myths and prejudices surround the topic of sexual orientation. One of the most pronounced prejudices is homophobia, the learned fear and hatred of some people toward homosexuals.

Some people have trouble viewing homosexuals as individuals with rights and emotions. Strong homophobic feelings are often linked to myths that obscure the facts. One myth is that homosexuals can be easily identified by their behavior or mannerisms. The fact is that only a small proportion of homosexuals can be identified by their overt behavior, the remainder look and act just like "everyone else."

Another prevalent myth is that gay men have a desire to be women and lesbians have a desire to be men. This is untrue. Most homosexuals are happy with their gender; they just desire relationships with individuals of the same sex.

AS IN THE KINSEY MODEL

MYTH: . "Mini-Lecture"

Individuals who feel sexual attraction toward persons of the opposite sex are called *heterosexuals*; individuals who are attracted to persons of the same sex are called *homosexuals*. Some individuals are attracted to both sexes and are called *bisexuals*. *One researcher (Kinsey, 1948, 1953) has illustrated sexual orientation on a seven-point continuum which reflects the fact that no clear-cut line separates homosexuality and heterosexuality.* Between 2.5 and 10% of the population are homosexuals, and male homosexuals outnumber female homosexuals (lesbians) by two or three to one. About 23% of men and 14% of women are bisexual and roughly 75% of men and 85% of women are heterosexual. (emphasis added).

FACT: . *"One researcher (Kinsey, 1948, 1953) has illustrated sexual orientation on a seven-point continuum which reflects the fact that no clear-cut line separates homosexuality and heterosexuality."* As the scholar who exposed the fraud and criminal sexual abuse of children used as Kinsey's scientific protocol, I can safely say that the entire body of scientific data on homosexuality has proven to be compromised by, if not the same degree of Kinsey's violence and crime, than the same degree of bias and political will. Kinsey's data are as false as the following claims of percentages of homosexual versus heterosexual men and women. See Reisman, *Kinsey, Sex and Fraud* (1990) as well as *RSVP America* (1996) for more details.

MYTH: Biologists have researched hormonal imbalances and genetic factors and have concluded that searching for the "cause" of homosexuality has been as futile as researching the "cause" of heterosexuality. There is no single factor. Studies show that sexual orientation is established early in childhood. Various attempts have been made to change homosexual orientation to heterosexual. Such attempts have been largely unsuccessful.⁷

FACT: While it is true that homosexuality is caused by many factors, some of these are indeed known (see *The Journal of Human Sexuality*, 1996 for a recent extensive coverage of all aspects of this claim), and they (like other forms of bad behavior) do commonly include early sexual trauma and neglectful or abusive parents. The data on scientific research in this area also reveal specific statements by leaders in the field to *obscure the cause of homosexuality* in order to better protect homosexual activists and to attain their goals.

MYTH: Aside from their sexual orientation, research has found *no significant lifestyle differences* among heterosexuals, bisexuals and homosexuals. Homosexuals and bisexuals contribute to all areas of society for instance as athletes, physicians, artists, teachers, students, and parents....[with] homophobia, the fear and hatred of some people toward homosexuals [a key major problem].

FACT: Common sense and a comparative analysis of obituaries, AIDS, suicides, homosexuals, other STD rates disproves the drug addiction, etc., claim that all sexual "orientation" is the same. In addition, a review of the best of the homosexual literature, press, journals and the like disproves the claim that there is no difference in lifestyle. While the lifestyle of heterosexual bachelors differs widely from that of the normal married male population, the conduct of heterosexual single males pales in comparison to the lifestyles of homosexual males—as a group (see the *Reisman and Johnson Report* (1995). And, as noted, while some people "hate" homosexuals due to ignorance, what is called "homophobia" also reflects the very real attempt to distance oneself and ones loved ones from dysfunctional people who suffer from "heterophobia" and who would undermine healthful laws and conduct.

OTHER MYTHS cited are offered by this *LIFETIME WELLNESS CURRICULUM FRAMEWORK MANUAL*, but time limits addition comments to the following:

Another damaging myth is that homosexuals want to seduce children into a life of homosexuality. This is not true. And, in the case of sexual abuse of children, crimes are more frequently committed by heterosexuals than by homosexuals. Some people believe that homosexuals should not be allowed to enter professions that involve working with children, for example, teaching, because they fear homosexuals may seduce children or encourage them to adopt a particular sexual orientation. The truth is that homosexuals are no more likely to engage in such unprofessional behavior than heterosexuals.

FACT Again, as noted earlier, at a 59% death rate among boys cited to adult homosexual males, all reasonable people would conclude that homosexual males are dangerous to children. And, while the comparative data on heterosexual abuse of girls versus homosexual abuse of boys is detailed in the Reisman and Johnson Report (1995), it is safe to say here that statistically, while 95% of males are responsible for roughly 8 million sexually abused girls, roughly 2% of males are responsible for the roughly 6-7 million sexual abused boys. The conclusion, homosexual males are toxic for children. That homosexuals are in all professions has no more currency than to say that pedophiles or alcoholics are in all professions. One would not want an alcoholic as an employee, especially piloting a plane (which some have, tragically, done) or keeping ones books.

MYTH The final paragraph which is visible, claims that we all engage in "many of the same intimate activities" and so on and claims that while some relationship are brief and impersonal many are committed, etc.

FACT: Again, see the Reisman and Johnson Report for discussion of these claims, which are not accurate and which are dangerous to these eroticized and idealistic children. The brief duration of homosexual contacts, even those of lesbians, is well attested to by homosexual researchers themselves, who credit the greater curiosity and desire for freedom of expression of the homosexual. While heterosexuals, introduced to homosexual sex via pomography and homosexual teachings nationwide, have increasingly "tried" acts like anal sodomy, they continue to be aberrations and not the norm. Critics of the homosexual lobby and those in the teaching profession have claimed that these State Sexual Attitude Restructuring courses serve as recruitment activities for children into homosexuality. Especially due to the massive deaths due to AIDS, school recruitment is, they argue, the only means of maintaining the current estimated 2% homosexual population, or, to increase that group to the 10% claimed by homosexual activists.

IT SHOULD BE NOTED THAT THIS PAGE APPEARS TO HAVE BEEN CENSORED, THE ONLY ONE LIKE THIS, IN THE MANUAL. FOLLOWING THE THREE TOP PARAGRAPHS THERE ARE FOUR WHAT SEEM TO BE OTHER PARAGRAPHS WHICH ARE UNREADABLE, ALTHOUGH AT THE BOTTOM ONE CAN CLEARLY READ THE CITATION TO ETR, AND THEIR 800 PHONE NUMBER. A CALL TO ETR FOR THE FULL TEXT FOUND THE PUBLIC SERVICE REPRESENTATIVE UNABLE TO LOCATE THE BOOK ANY LONGER (NOT PROBABLE) AND SEVERAL CALLS TO MR. WHITE AT THE DEPARTMENT OF EDUCATION WERE FUTILE, THEY WERE UNRETURNED.

HOW TO HANDLE SENSITIVE QUESTIONS

The last two pages in the Manual, following the sexual orientation teachers are instructed, as the Kinseyan Model SAR taught in the established sexology centers, to react "positively" to everything the child says in class. No matter how the teacher feels about the child's question or comments, teachers are instructed to be affirmative, and if they do not "know" or "if direct policy prevents you from answering" the teacher is told to send the child to the person who will answer properly, who will do what the law forbids the teacher to do (e.g., yes, you can go to Planned Parenthood for abortions, etc, and the like.)

GUIDE TO SELECTION AND DEVELOPMENT OF INSTRUCTIONAL MATERIALS IN SEXUALITY EDUCATION

The teachers are told the sex materials must be "comprehensive" should have "accurate information." This curriculum is a failure, based on this critique, but it is an accurate replica of the Kinsey Model.

ENDNOTES

¹A *Guide to America's Sex Laws* (1996) Richard Posner and Katharine Silbaugh, University of Chicago, Chicago, Illinois. *Kinsey, et al, Sexual Behavior in the Human Male (1948) and Sexual Behavior in the Human Female (1953)*.

² Sexual slang used in classrooms: bleeding, on the rag, cunt, fuck, twat, gang bang, prick, tool, cock, boobs, jugs, screw, as well as all scatological terms such as shirt, piss, etc.

³ David Hager, M.D., Donald Joy, Ph.D., *Women at Risk, The Real Truth About Sexually Transmitted Disease* (1993). Bristol Books, Lexington, KY., (pp. 63-64).

⁴ Posner., (p. 70).

⁵ See admission by Ruth Westheimer in *Dr. Ruth's Guide to Good Sex*, Ruth Westheimer, Warner Books, New York (p. 212).

⁶ See the *RSVP America* document discussion of the SAR.

⁶ See Judith Reisman and Johnson Report, *Partner Solicitation Language as a Reflection of Male Sexual Orientation*, (1995), First Principles Press, Louisville, Kentucky (A 11-12).

⁶ *Ibid.*

COMPLIANCE ISSUES FROM "TITLE X" RELEVANT TO ISSUES OF ILLEGALITY

"(1) 59.7 **Standards of compliance with prohibition on abortion:** A Project may not receive funds under this subject unless it provides assurance satisfactory to the Secretary that it does not include abortion as a method of family planning. Such assurance must include, at a minimum, representations (supported by such documentation as the Secretary may request) as to compliance with each of the requirements in 59.8 through 59.10. A project must comply with such requirements at all times during the period for which support under title X is provided."

"(2) Because Title X funds are intended only for family planning, once a client served by a title X project is diagnosed as pregnant, she must be referred for appropriate prenatal and/or social services by furnishing a list of available providers that promote the welfare of mother and unborn child. She must also be provided with information necessary to protect the health of mother and unborn child until such time as the referral appointment is kept. In cases in which emergency care is required, however, the title X project shall be required only to refer the client immediately to an appropriate provider of emergency medical services."

"(3) A title X Project may not use prenatal, social service or emergency medical or other referrals as indirect means of encouraging or promoting abortion as a method of family planning, such as by weighing the list of referrals in favor of health care providers which perform abortions. by including on the list of referrals providers of health care providers whose principal business is the provision of abortion, by excluding available providers who do not provide abortions. or by "steering" clients to providers who offer abortion as a method of family planning."

"(4) Nothing In this subpart shall be construed as prohibiting the provision of information to a project client which is medically necessary to assess the risks and benefits of different methods of contraception in the course of selecting a method; *provided*. that the provision of this information does not include counseling with respect to or otherwise promote abortion as a method of family planning,"

"(b) *Examples.* (1) A pregnant client of a title X project requests prenatal care services, which project personnel are qualified to provide. Because the provision of such services is outside the scope of family planning supported by title X, the client must be referred to appropriate providers of prenatal care."

"(3) A pregnant woman asks the title X project to provide her with a list of abortion providers In the area. The title X project tells her that It does not refer for abortion but provides her a list which includes, among other health care providers, a local clinic which principally provides abortions. Inclusion of the clinic on the list is inconsistent with paragraph (a)(3) of this section. (pp. 59.7-59.8) (etc., similar warnings follow.)"