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Details:

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Education (SC-Ed)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Gigi Godwin (LRB) (August/2011)

Pamela Charles, RN
2227 Carnforth Pl.
Beloit, WI 53511

(608) 751-0851

October 29, 2009

RE: SB 324

Dear Senator,

I am a registered nurse and mother of four. I served three years on my local school board and previous to that, served on our district's human growth and development ad hoc advisory committee.

I understand that your committee is considering a complete revision of our current human growth and development laws. Certainly this is an effort to reduce the teen pregnancy and STD rates. According to the October 2009 Wisconsin Medical Journal, Wisconsin's teen births account for 8.6% of all births in the state. But Milwaukee's teen birth's account for 16.8% of all births in that city. The average for the U.S. is 10.2%. So, overall, Wisconsin has a teen birth rate lower than the U.S. average. But Milwaukee's is twice the rate of the overall state of Wisconsin. Obviously, Milwaukee has problems beyond what the rest of the state is experiencing.

SB 324 removes any mention of marriage at all. How does that help address our problem of unwed teen mothers? I recently heard an estimate of 737 million dollars per year as Wisconsin's costs associated with teenaged child bearing. An entire course could be offered to our high school students on the consequences of children being born out of wedlock, yet the proposed curriculum does not even mention the word "marriage". If anything were to be made mandatory, it seems that would be the one, but it's not even mentioned. Worse, it's possible that mentioning marriage could be viewed as "biased". This is irresponsible. We can't avoid the truth just to prevent hurt feelings. I'm sure we make some children feel very bad, even afraid, when we tell them that their mom's second hand smoke is killing them, but we still teach it. The same for "just say no" to drugs. That message is taught to the kids whose parents are home smoking crack. We care about his feelings, but we still teach him what's best for *him.*

Wisconsin is a very diverse state. The needs of children in its very different communities will not be well served with this proposed "one size fits all" human growth and development bill. If the intent of the bill is truly to "encourage" school boards to offer instruction in human growth and development, then a less controlled curriculum would most likely be *more* encouraging. People appreciate local control. That's why we have school boards and ad hoc committees. There is no need to address the problems of Milwaukee by dictating curriculum content to the school boards of Hayward, Wausau, or Brodhead. If Milwaukee needs to have a more progressive curriculum, the current law doesn't prevent it. The needed changes should be addressed by the Milwaukee public schools. Let our local communities keep local control and guide their children in the way each sees as appropriate.

As I waded through this bill, the following concerns came to mind. Please take a few minutes to read these. My sources are listed at the end. I urge you to vote "no" on this bill because when it comes to human growth and development instruction for the children of Wisconsin, one size does not fit all.

Respectfully,

Pamela Charles, RN
Beloit, WI

Regarding118.019(2)(a) 2. and 3. and 4.

Physiology and hygiene (puberty) and STDs are topics currently addressed in statute 118.01(2)(d)2c. Also, recognizing and avoiding sexual abuse is already addressed in statute 118.01(2)(d)8.If the new bill mandates that we teach basic anatomy and puberty, sexual abuse and STDs under "human growth and development", schools will have to teach each of these topics twice in order to ensure students who opt out of "human growth and development" still receive instruction in the other mandated topics – topics which most parents want their child to learn. To add these topics to the list of topics that *must* be taught in "human growth and development" will either place a burden on the schools to offer them twice each year or will cause children to not learn basic human anatomy and physiology (puberty), STDs and sexual abuse prevention if their parent opts out of human growth and development instruction.

I'm sure the intent of this bill is more knowledge, not less. It is better to have a list of topics which *may* be taught so that schools can present other mandated topics such as puberty, anatomy, STDs and sexual abuse where and when the school believes is best while meeting the requirements of all state statutes as well as the needs of each child.

Two other very important topics should be listed as possible "human growth and development" topics: fetal development and Wisconsin state laws regarding sexual activity of minors. Since pregnancy will be addressed, it seems only logical to discuss the developing fetus. We certainly wouldn't want to leave that out since that is what pregnancy is all about. And since an 18 year-old boy can become a registered sex offender for having intercourse with his 15 year-old girlfriend, it would be irresponsible for us not to make him aware of this fact.

Regarding 118.019(2)(a) 5.

Abstinence is the *only* 100% effective means of preventing pregnancy and disease. That is the "medically accurate" truth. There is no other 100% effective means of preventing possibly fatal disease or a life altering unplanned pregnancy. This important, medically accurate truth is weakened when it is stated as "the most reliable way" rather than "the only sure way" to prevent pregnancy and sexually

transmitted infections. Teaching the health values of abstinence is not teaching morals. It's teaching children what is best for their health. This is a message that should come across strongly and clearly to our children. Lines 2 through 5 in the first paragraph of this bill state that Wisconsin will apply for federal funds allocated to evidence based teen pregnancy prevention programs that have been ***proven*** through rigorous evaluation to delay sexual activity (abstinence). Yet this bill only weakly mentions abstinence and there is no mention of presenting a "proven program" to promote abstinence.

Regarding 118.019(2)(a) 6.

While condom use does help to possibly prevent the spread of some diseases, a condom *may* be no help at all in preventing HPV or genital herpes. Transmission of these diseases may occur even without intercourse, just by the genitals rubbing against another person's skin or mucous membranes. A condom may be as little as 50% effective in preventing other diseases such as chlamydia. It is never said to be 100% effective in preventing disease or pregnancy. AB458 proposes in 118.019(2)(a)6. that we teach barrier methods "to prevent pregnancy and sexually transmitted infections." I believe that by choosing the word "prevent", we are being less than honest and less than "medically accurate" with our children. We may be taking a giant step backwards to about twenty years ago when using a condom was called "safe sex" rather than what we call it today, "safer sex". I agree that while we should stress the importance of condom use when and if a child becomes sexually active, we owe it to them to be completely truthful about the efficacy of condom use. Please keep in mind that a person of 14 or 15 years typically sees him or herself as invincible and it would be irresponsible for adults to be less than 100% honest by exaggerating potential benefits while downplaying the known risks of sexual activity even while using barrier methods approved by the FDA.

Here is what the FDA says about the efficacy of condom use:

*"Condoms are the only contraceptive product that **may** protect against **most** sexually transmitted infections (STIs)."*
"The best way to avoid pregnancy and sexually transmitted infections (STIs) is to practice total abstinence (do not have any sexual contact)."

Regarding the prevention of some of the most common sexually transmitted diseases, the CDC says:

"The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected."

Regarding HIV prevention, the CDC says:

"The most reliable ways to avoid transmission of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are to abstain from sexual activity or to be in a long-term mutually monogamous relationship with an uninfected partner. However, many infected persons may be unaware of their infections because STDs are often asymptomatic or unrecognized."

Please consider that a "long-term mutually monogamous" relationship is about 8 weeks in the eyes of the typical 13 or 14 year-old child. A "long-term mutually monogamous relationship" as alluded to by the CDC in the above quote would be quite unlikely for a young teen and would unlikely be encouraged by the child's parents. This is the reason we must stress abstinence for young teens.

Regarding 146.89 (3r) (e)

It should be made clear here, that any volunteer health care provider instructing students must follow the curriculum designed by the district's ad hoc advisory committee and approved by the school board and that all curriculum and instructional materials provided by the volunteer be consistent and be made available for parents as the current law provides.

Sources

http://www.cdc.gov/condomeffectiveness/latex.htm

http://www.cdc.gov/std/Gonorrhea/STDFact-gonorrhea.htm#prevented

http://www.cdc.gov/std/Herpes/STDFact-Herpes.htm#prevent

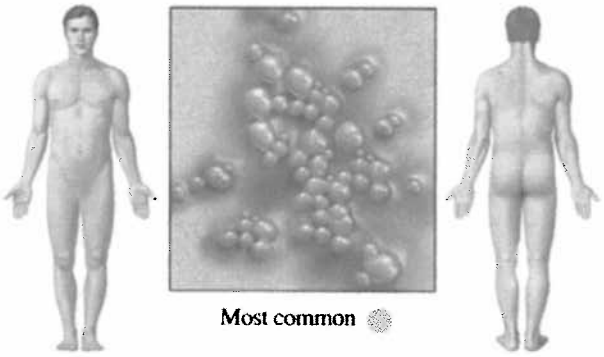
http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm#prevented

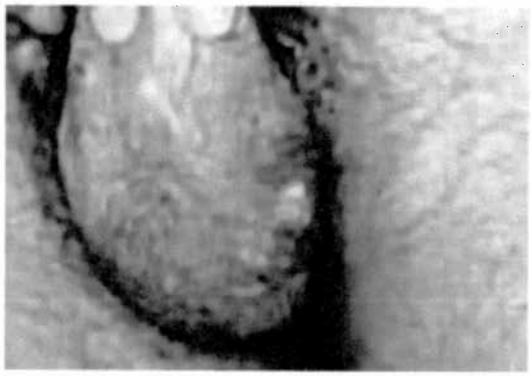
http://www.fda.gov/ForConsumers/ByAudience/ForWomen/ucm118465.htm

http://aje.oxfordjournals.org/cgi/content/full/159/3/242

Wisconsin Medical Journal, October 2009, p.365

Genital Herpes occurs in areas not covered by a condom






FORWARD
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Testimony

307 South Paterson Street, Suite 1
Madison, Wisconsin 53703
Phone: (608) 255-0539 Fax: (608) 255-3560

To: Members of the Committee on Education

From: Tony Gibart, Policy Coordinator, Wisconsin Coalition Against Domestic Violence

Date: October 29, 2009

Re: Senate Bill 324– The Healthy Youth Act

Chairperson Lehman and Members of the Committee, thank you for the opportunity to provide testimony on Senate Bill 324, the Healthy Youth Act, which will increase the number of young people in Wisconsin receiving the help, tools, and information they need to live free from violence. The Act will ensure that schools that choose to teach sex education will provide students with comprehensive information about healthy relationships. My name is Tony Gibart, and I represent the Wisconsin Coalition Against Domestic Violence (WCADV). WCADV is a statewide, non-profit, membership organization of battered women, formerly battered women, domestic abuse programs, and individuals committed to ending domestic violence. WCADV supports the Healthy Youth Act.

Historically, WCADV and local domestic violence programs have focused on keeping victims of violence safe after they have been abused. In the field of public health, this is known as tertiary prevention. More recently, domestic violence victim advocates have made greater efforts to engage in primary and secondary prevention of abuse. At these levels, prevention involves changing the individual and societal values that permit violence to exist and educating at-risk individuals on how to prevent victimization. The Healthy Youth Act will build on the efforts of advocates by bringing primary and secondary prevention of dating violence into more classrooms across Wisconsin.

Under the Healthy Youth Act, school curricula would promote self-esteem and positive interpersonal skills focusing on healthy relationships, including friendship, dating, marriage, romantic involvement, and family interactions.

Women ages 16-24 years old experience the highest per capita rate of intimate violence in the U.S., and 40% of teenage girls report knowing someone their age who has been hit or beaten by a boyfriend. Teen dating violence is often hidden because teen victims are typically inexperienced with dating relationships, want independence from parents and adults, and are less able to recognize abusive behavior. Teens are still developing emotionally and intellectually, and school and peer relationships can complicate a teen's ability to cope with a violent dating relationship. Students need to have education and support so they can speak out against abuse and have the power to eliminate it.

Curricula would identify resources for counseling, medical and legal resources for survivors of abuse, including resources for escaping violent relationships.

Too many young people are trapped in unhealthy relationships and feel they have no one to turn to for help. One in three teens will experience abuse in dating relationships and two-thirds of them will never report it to anyone. Victims often do not feel safe in school because it is likely that the abuser is also a student, prohibiting the victim from seeking help from classmates and teachers. The Healthy Youth Act will make it more likely that teen victims will be aware of and use outside resources, which are often key to ending the violence.

(over)

Curricula will teach students how to refrain from making inappropriate verbal, physical and sexual advances and how to recognize, rebuff and report any unwanted or inappropriate verbal, physical and sexual behaviors.

In dating violence, one partner tries to maintain power and control over the other through abuse. Teens need to be educated on how to recognize the early warning signs of an abusive relationship. Because of peer-pressure and unhealthy cultural norms, some teens may believe they have the right to control and abuse their partners. Likewise, victims may feel that the abusive behavior they are experiencing is a natural part of intimate relationships. With the Healthy Youth Act, the legislature can take a significant step in counteracting the destructive norms and values that fuel teen dating violence. Under the bill, students will be educated on what constitutes appropriate behavior and empowered to discourage and stop abuse.

The curricula would provide information about pregnancy, body images, and gender stereotypes.

For teen girls, being a victim of dating violence is associated with increased risk of substance abuse, unhealthy weight control behavior, risky sexual behavior, pregnancy, and suicide. Girls in high school who reported experiencing dating violence were four to six times more likely to have ever been pregnant than peers who had not experienced dating violence. The Healthy Youth Act and model sex-ed curricula appropriately address the fact that teen pregnancy, dating violence, and unhealthy views of gender roles and body image often are interrelated. By addressing sex education in a comprehensive way, the Healthy Youth Act will make significant strides in preventing dating violence.

Thank you for the opportunity to provide testimony on the Healthy Youth Act. The Act will be a significant step towards preventing teen dating violence and empowering youth to build lives and communities free from domestic abuse. I urge you to support this legislation.


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Healthy Youth Act Senate Hearing Testimony
10.29.09
Caryl Davis

Comprehensive sexual health education is a choice that public schools in Wisconsin must be allowed to make.

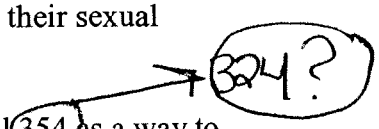
As an educator in the Milwaukee Public School system, I am quite familiar with the obstacles that some of our young scholars face, it's even more cutting to visualize life for a child with a child.
The pang of seeing a 13-year-old walking the junior high school corridor with a big belly is demoralizing. For this womb will undoubtedly alter more than just two lives.

But as I look back at that 13-year-old child, I can't help but wonder whether she knew that there were other possibilities. I gather not. It's difficult to believe that in 2009 – the information age – a time of instant knowledge, that our children are so confused about matters of sexuality.

Sure, they see and hear media driven hyper sexuality, but do our children understand the mechanics and the fallout of ill timed, hastened, or unwanted sexual activity. The research shows that they do not.

The reality of modern life is that education still remains key to alleviating ignorance about sexuality. Presenting our youth with responsible sex education will reduce their chances of being unprepared parents and transmitting diseases that affect their sexual health.

Knowledge is a pathway to liberty. I implore you to recognize Senate Bill 354 as a way to expose our children to information that will allow them more options for their future.

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Brandon Wenger
111 12th ave
Monroe, WI 53566
608-215-5584

October 29, 2009

Testimony in support of THE HEALTHY YOUTH ACT (Senate Bill 354)

Hello, and good morning. Thank you, Chairman Lehman, for the opportunity to speak to you and your committee members about the importance of the Healthy Youth Act.

My name is Brandon Wenger and I am a senior at Monroe High School. I am here today because I believe the Healthy Youth Act is an important part in ensuring a safe and healthy future for me and my peers.

Statistics show that comprehensive and medically accurate sex education is the only way to prevent pregnancy and the spread of sexually transmitted infections among Wisconsin's teenagers.

It is illogical to claim that more education would result in bad outcomes for teens. We currently get little to no sex education at my school, and it's no surprise that I have seen firsthand the effects of ineffective sex education as teenagers my age and even younger at Monroe high school have engaged in unprotected sex resulting in unplanned pregnancy. In many instances this results in the teenage mother dropping out of high school to care for her child.

In Monroe, like many communities, the problem has spread beyond the high school, into the middle school. More and more middle school students are becoming pregnant, or contracting sexually transmitted infections. One case in particular stands out in my head, it involves a middle school student that has already had two abortions before she even entered high school.

We need the state to ensure that when sex ed is taught, it's taught responsibly. The Healthy Youth Act will help Wisconsin's teenagers get the tools and resources we need to help prevent unplanned pregnancy and make healthier decisions about sexual activity. Unplanned pregnancy and the spread of sexually transmitted infections not only places a burden on the individuals involved in the risky behavior, but their parents, schools, and communities as well.

Thank you for your time today and your commitment to Wisconsin's youth. We are depending on you to make sure our schools are encouraged to give us accurate, honest information that will help us make the best decisions for ourselves and our futures. Please vote to pass SB 354.


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Opposition to Senate Bill 324
October 29, 2009

Good morning Senators. My name is Michael Bowden and I am a senior at St. Ambrose Academy in Madison. I am here representing myself and other teenagers like me. Thank you for this opportunity to express my opposition to Senate Bill (SB) 324, legislation restructuring Wisconsin's K-12 instruction in human growth and development.

First, (it is my understanding that) this proposal does away with the current requirement that abstinence be presented as the best behavior choice for students. Abstinence, however, is objectively the most effective way to avoid unplanned pregnancy, sexually transmitted disease, and recourse to hormonal contraceptives and abortion, by removing the means by which these difficult, and often harmful situations may arise. It is my further understanding that the proposed bill would create in effect a required "comprehensive sexual education" explicating the use of any and all forms of contraception as methods in controlling pregnancy, STDs, etc. This comprehensive sexual education, however, directly mitigates the fact that *only* abstinence is *entirely* proven to prevent pregnancy, the spread of STDs, and recourse to abortion.

Second, this proposal, by not explicitly encouraging abstinence, would in effect provide students with means and so-called "safe" methods to engage in sexual relations outside of marriage. Wisconsin Statutes, however, clearly state that "whoever has sexual contact or sexual intercourse with a person who has not attained the age of 16 years is guilty of Class C felony." The method of education proposed by this bill, then, effectively teaches young adults how to "safely" engage in felony, thereby encouraging illegal activity. Conversely, abstinence centered education teaches students to not only avoid the aforementioned consequences of intercourse outside of marriage, but also to avoid felony.

Thank you for your consideration, and I will be happy to answer any questions the committee members may have for me.


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E PLURIBUS UNUM

Opposition to Senate Bill 324
October 29, 2009

Good morning, senators. My name is John Schiedermayer and I am currently a junior at Saint Ambrose Academy here in Madison. I am representing myself and many other teenagers just like me. Thank you for this opportunity to express my opposition to Senate Bill 324, legislation restructuring Wisconsin's K-12 instruction in human growth and development.

The obvious intent of the bill is to promote "healthy youth" by reducing the number of "risky sexual behaviors" among the youth of my generation. It plans to do so by informing these adolescents of all the ways to avoid the consequences- the consequences of their often irresponsible actions in premarital sexual activity. It would inevitably give teenagers, my common peers, the message that they are able to act without having to bear the full responsibilities of their actions. With the encouraged use of protective means, the bill would strengthen the growing notion that sexual activity is simply an acceptable, convenient means of obtaining personal pleasure.

As a first-hand witness of the culture surrounding my generation, I see that there is a close connection between the use of preventive means, such as contraception, and the mistreatment of women by adolescent males. When the possible consequences seem to be eliminated by the use of protection, males tend to view sex as a way they can derive a feeling of elation for themselves. They do not engage in sexual intercourse as a meaningful act of love and self-giving to the woman, but rather to find some pleasure in their use of the female's body. The result of this flawed approach always results in a certain degradation of the true beauty of a woman. This abuse leaves a lasting mark upon the person and significantly affects her emotional state for the worse.

The youth of our generation need to be taught that abstinence is in fact the better and safer course of action during their adolescence. By not encouraging an abstinence-centered education, the current bill presumes that adolescents are nothing but animals without any self-control. I myself, having been in a stable relationship for upwards of a year, know that adolescents are in absolute control of their own actions and are completely capable of abstaining from premarital sex. I have experienced the long-lasting pleasure that comes from respecting and forming a meaningful relationship with a loved one and I can only hope that others like me will be encouraged to remain abstinent as well. By prohibiting an abstinence-centered education, Senate Bill 324 would discourage the youth from striving for self-mastery and the joy that comes from attaining it.

Thank you for your consideration, and I would be happy to answer any questions committee members may have for me.


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E PLURIBUS UNUM

Opposition to Senate Bill 324
October 29, 2009

Good morning, Senators. My name is Maeve Cotter and I am a high school junior at Saint Ambrose Academy here in Madison. Thank you for this opportunity to express my opposition to Senate Bill 324, restructuring Wisconsin's K-12 instruction on human growth and development. I am here representing myself and many other teenagers just like me.

I am currently in a relationship, and speaking for all those who also remain abstinent in their relationships, I believe that this bill, although it may come from good intentions, is not what we are looking for. We do not need sex education programs telling us that because there may be other teenagers in relationships that are having sex, that it is acceptable to do so and as long as we are doing it "safely," we are not putting ourselves in danger. We do not need to be taught in the classroom how to get around pregnancies by the use of contraceptives nor that this kind of behavior is the standard set for our age group. What we do need is our dignity to be affirmed and support behind making responsible decisions by remaining abstinent. Teenagers need to be shown that we do have the freedom to choose abstinence, to save ourselves for marriage, and not to be taught, especially at such young ages, that "safe sex" is okay.

The use of condoms and contraceptives is not what I need to prevent myself from getting pregnant, I need to be supported to make the right decision and be affirmed in my ability to choose abstinence. I want to know that I have the power to choose to be abstinent in my relationship and not feel the pressure to act promiscuously or have sex to try to prove my love. I want to be supported in my decision to save myself for marriage. The last thing that teenagers need to hear coming from adults, is that this behavior is what is expected from us, and that choosing abstinence is the unpopular choice. We want to be given our dignity as human beings to choose not to fall into the pressures of having premarital sex and to be empowered to do the right thing by remaining abstinent.

Thank you for your consideration, and I would be happy to answer any questions committee members may have for me.


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E PLURIBUS UNUM

Opposition to Senate Bill 324
October 29, 2009

Good morning senators. My name is Carey Weakland-Warden, and I am a high school senior at St. Ambrose Academy here in Madison. I represent myself and many other teenagers just like me. Thank you for this opportunity to express my opposition to the Senate Bill 324, legislation restructuring Wisconsin's K-12 instruction in human growth and development.

As a single young woman, not currently in a relationship, this bill has raised serious concerns for me. I know that if I were to be sitting in a classroom and hearing the type of teaching proposed in this bill, I would immediately feel as though I was being pressured to have sex. There is already a false assertion that every teenager is in a sexual relationship, and this would certainly leave me feeling as though I should be also, that I am somehow abnormal, and that the choice to abstain from sex is abnormal as well.

But abstinence is not unusual by any means. In fact, abstinence is the best choice, and I want the Freedom and ability to choose it for myself without any peer pressure. A life lived without constant broken heart, without depression, and certainly without the many sexually transmitted diseases that cannot be prevented by contraceptives is the course I want to be able to choose. This bill does not support that choice.

My choice to save myself for marriage is also not supported in what this bill proposes. The idea of a happy, healthy marriage built on trust, not on shallow sexual satisfaction, is what I am looking for. I do not want to become another girl whose heart was broken because her relationship was built on unstable ground. Besides that, sex has more meaning than it is generally made out to have. It is meant to be a total gift of self made in love. Limiting abstinence education does not give young men and women a sense of just how important that gift is.

For these reasons, I am opposed to Senate Bill 324, since only an abstinence-centered education allows me the freedom to choose a life lived without all of the pain of pre-marital sex and to already build the foundation for a happy, healthy marriage.

Thank you for your consideration and I would be happy to answer any questions committee members may have for me.


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Tamara D.
GRIGSBY

Wisconsin State Representative
18th Assembly District

Member, Joint Committee on Finance
Chair, Committee on Children and Families

Testimony Before the
Senate Committee on Education
October 29, 2009
Senate Bill 324

Good morning Chairman Lehman and committee members. I am happy to be here this morning testifying on behalf of a bill that is so important to me that I've been working on during my entire tenure in the Wisconsin legislature- The Healthy Youth Act.

I would also like to thank Chairperson Lehman, and Senator Erpenbach for cosponsoring this bill.

The Healthy Youth Act revises Wisconsin's sex education statutes by ensuring that if a school board chooses to offer sex education programs, it does so in a way that is medically accurate and age appropriate, focusing on core elements that are proven to reduce teen pregnancy and STDs.

- The evidence and research is very clear, the way to reduce teen pregnancy and STDs is through comprehensive sex education that contains the elements as proposed in this bill.

- The sad reality is that our youth in Wisconsin are experiencing a public health crisis, in my district and in most every district in the state.

- According to DHS and its most recent evaluation of young people, 45% of high schoolers self report being sexually active.

There is not only an increase of sexual activity among teens—but also an increase of risky sexual behavior like inconsistent use of birth control or use of drugs and alcohol prior to sex.

- Teen birth rates are on the increase in Wisconsin for the first time since 1994.

- The latest data from DHS shows teen birth rates on the rise in counties all across our state—including not just Milwaukee and Dane, but Wood, Vilas, Portage, Menominee, Manitowoc, Eau Claire, Brown and Adams, in addition to many other counties. About 11,000 teens will become pregnant this year, and over 80% will be unintended.

- Teen mothers and their children face very bad health outcomes. Teen moms are more likely to have low birth weight babies, and the younger the teen the greater the risk. Teen moms also have much higher rates of infant mortality—again, the younger the teen the greater the risk.

It's not just teen pregnancy that is increasing among students in Wisconsin, but also the incidence of sexually transmitted diseases. According to the U.S. Center for Disease Control, 1 in 4 teen aged girls has a sexually transmitted disease like Chlamydia.

State Capitol: P.O. Box 8952, Madison, WI 53708 • 608-266-0645 • Fax: 608-282-3618
Toll-Free: 1-888-534-0018 • E-Mail: Rep.Grigsby@legis.wi.gov

This increase in risky behavior among teens and the negative health outcomes associated with it have an enormous impact on Wisconsin's health, economic security and future.

- Children born to teen mothers are 9 times more likely to live in poverty. For our more urban areas, like my district in Milwaukee, we see this demonstrated by the fact that our teen birth rate is among the highest in the nation and that 1 in 3 children live in poverty. This is unacceptable and I believe it is our moral imperative as law makers to address these horrible levels of poverty in our biggest city.

We must do more to combat these public health problems in our state. Luckily, research shows us where we can start—that's where the Healthy Youth Act comes in. Our young people need comprehensive, medically accurate and age appropriate sex education that is provided throughout their school years—by parents and educators alike.

- Countless studies over the last 10 years, studies that have been published by experts in peer-reviewed journals, have found that comprehensive sex education—programs that teach teens about both abstinence and contraception/disease prevention—is an effective strategy to help young people delay their initiation of sexual intercourse.

- Research has found that comprehensive sex education programs can:

    1. delay the age of first sexual activity
    2. reduce the frequency of sexual activity
    3. reduce the number of sexual partners, and
    4. increase condom or contraceptive use.

I think the answer is pretty clear. The research has shown us what works in preventing these terrible health outcomes, and the Healthy Youth Act supports what we've learned.

The Healthy Youth Act encourages schools to provide human growth and development, or sex education, programs. It does not mandate that schools provide sex ed, although I truly hope that most schools will choose to do so.

If schools do provide sex education, the Healthy Youth Act requires the programs be age appropriate, medically accurate and incorporate the elements set forth in the bill. The programs can and should talk about abstinence and the important role it plays in keeping teens healthy—but it cannot stop there.

- Under current law, abstinence is the only element listed to prevent pregnancy and STDs and that's just not enough. As I mentioned, the majority of the current research shows that to be effective in reducing teen pregnancy and STD rates, sex ed programs should also include core elements that give teens more tools than just abstinence.

Our teens in Wisconsin are important and we should take their education and health seriously. It's time to give our schools, communities, educators and parents the support that they need to provide students with the tools and information they need to make healthy decisions—now and throughout their lives.

I urge this committee to please pass this important bill. Wisconsin youth deserve nothing less.


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To: The members of the Wisconsin State Senate Education Committee
From: Erica Andrist, Med1, University of Wisconsin School of Medicine and Public Health
Date: 29 October 2009
Re: Support for the Healthy Youth Act

SB 324?

My name is Erica Andrist, and I am a first-year medical student at the UW School of Medicine and Public Health. I completed my undergraduate work at the University of Wisconsin, and I am entering my third year as a program facilitator with the student sexual health organization, Sex Out Loud.

Sex Out Loud's mission is to promote healthy sexuality through sex-positive education and activism, and my job is to lead student discussions of a wide variety of sexual health topics. In this position, I have seen firsthand the misinformation with which many students enter the university as a result of inadequate sexual health education. It is extremely common to hear students make inaccurate statements in our SOL programs, such as that saliva can transmit HIV, sexually transmitted infections are not very common, or that Plan B (the morning-after pill) is an abortifacient. All three of these statements are false, and yet I encounter students who believe they are true on a weekly basis.

Additionally, Sex Out Loud incorporates a student evaluation at the end of each program, and one of the evaluation points asks students what percentage of information presented was new to them. In my years with Sex Out Loud, it has been extremely common to see ratings upwards of 50%, and it is not rare for students to give a rating of 100%. In other words, the student had not received any of that information in the past. It is clear the sexual health education system currently in place is failing to teach many students even basic facts about sexuality and sexual health. Wisconsin schools must do a better job providing students with this information to help them make healthy life decisions and protect themselves from sexually transmitted infections and unintended pregnancies.

Finally, no group or population of students seems to be immune to this misinformation. I have done programs for groups of medical students in the past, and I also am part of the current first-year class. Many of us went through the largely abstinence-based Wisconsin school system of sexual health education. I see extremely troubling misperceptions, even in this population of future healthcare providers, such as that women who have sex with women are not at risk for contracting STIs. I make this point to demonstrate that inadequate sexual health education does not solely affect health at the individual level. The youth of Wisconsin are our future doctors, nurses, pharmacists, midwives, therapists, and teachers. If they do not receive adequate sexual health education, not only are they ill-equipped to make healthy choices in their own lives, but they will also be ill-equipped when they are trusted to help others make choices.

In conclusion, I support the Healthy Youth Act. Multiple international human rights organizations and doctrines, including UNESCO[1], the United Nations Committee on Economic, Social, and Cultural Rights[2], and the World Health Organization[3], characterize access to health education and information as a human right. I urge the Wisconsin State Legislature to increase our access to that right by passing the Healthy Youth Act. Thank you.

1. United Nations Educational, Scientific and Cultural Organization. Universal Declaration on Bioethics and Human Rights. 19 October 2005.
2. Committee on Economic, Social, and Cultural Rights. The right to the highest attainable standard of health. May 2000.
3. World Health Organization. Constitution of the WHO. 07 April 1948.


FORWARD

PLANNED PARENTHOOD® ADVOCATES OF WISCONSIN

Date?

Please Support the Healthy Youth Act, SB 324

My name is Chris Taylor and I am an attorney and Public Policy director for PPWI and PPAWI. Thank you for the opportunity to testify before you today in strong support of SB 324.

Planned Parenthood of Wisconsin is the state's largest and oldest family planning provider. In 2008, PPWI served 71,960 patients in Wisconsin, with the vast majority of these patients receiving prevention based health care including cervical and breast cancer screenings, sexually transmitted infection testing and treatment and education about and access to birth control. Over 60% of our patients live at or below the federal poverty level.

As Meghan will discuss, when invited to do so by schools and community groups, we also provide direct education services. Education around sexuality issues and prevention is critical to Planned Parenthood's mission to empower all individuals to manage their sexual and reproductive health through patient services, education and advocacy. We also see on a daily basis how critical medically accurate, comprehensive information is for the patients and communities we serve in avoiding poor health outcomes.

1. <u>This bill is necessary because we are facing a public health crisis</u>

For the first time in 14 years, teen birth rates are on the rise in Wisconsin. After a decline in the 1990s and a leveling off in 2003, data from 2006 and 2007 has shown an increase across the state. The 2007 average Wisconsin teen birth rate was 32.4 per 1000 for teens ages 15 to 19, up from 30.5 in 2005 and 31.1 in 2006. Though this birth rate is still lower than the national average of 42.5 per 1000, it is still appalling compared to other states like New Hampshire and Vermont and when compared with industrialized countries like the Netherlands, Germany and France.

According to the U.S. Center for Disease Control and Prevention, 1 in 4 teenaged girls have a sexually transmitted infection (STI). In Wisconsin, the average Chlamydia rate (Chlamydia being the most common STI) is 371 incidents per 100,000. For Wisconsin teens, the rate is 1,806 per 100,000 women ages 15 through 19.

Finally, almost 20% of all new HIV cases in Wisconsin occur in young people ages 15-24.

The most recent data from Wisconsin youth assessments demonstrates an increase in risky behaviors including more unprotected sexual activity, more abuse of drugs and alcohol and an increase in dating violence. A 2007 DHS study shows that 45% of Wisconsin youth self report having sex, which means the actual number is likely much higher.

With this increase in risky behaviors, negative health outcomes follow, which is what we are seeing in the state. In addition, there are tragic consequences for the teen and for the community.

2. <u>The Tragic Consequences of Teen Births</u>

Teen pregnancies and births have negative health, social and economic consequences that impact not only that teen and her family, but the community as well, and have tremendous economic consequences for the state.

- Teen moms are more likely to drop out of high school—in fact less than 40% of teen moms graduate from high school.

- Teens are also more likely to live in poverty for the decade following their pregnancy. And children born to teen mothers are 9 times more likely to live in poverty.

- Babies born to teen moms have higher infant mortality rates. And these children are more likely to have lower cognitive development, to be incarcerated and to have an adolescent pregnancy themselves.

- Nationally, teen childbearing costs over $9.1 billion a year. An analysis from the National Campaign to Prevent Teen and Unintended Pregnancy found that in 2004 alone, teen childbearing cost WI taxpayers $156 million. (A copy of the report, The Public Costs of Teen Childbearing in Wisconsin, November 2006, is attached to this testimony.)

In Wisconsin, 88% of all teen births are actually paid for by the Medicaid program—costing the state over $27 million in 2008 just for labor and delivery costs.

These are not statistics to be proud of. Our youth and our state deserve better than this, parents expect better than this and we all have an obligation to not stick our heads in the sand, particularly when the evidence is very clear about what works as demonstrated by other states and other countries where teens have much better health outcomes. What an overwhelming amount of research shows is that early, comprehensive sexuality education is one of the key factors in changing teen behavior and rectifying these dismal outcomes we are seeing and the incredible economic burden we are shouldering.

3. Education about sexuality and access to health services make a difference in health outcomes for teens

We need only look to other states and across the Atlantic at very different health outcomes for teens. What these outcomes prove, is that access to comprehensive information about sexuality can change teen risky behavior and result in much better health outcomes.

Among the 5 states that have the lowest teen birth rates, 3 of those states teach comprehensive sex education (New Hampshire at 17.9 births per 1,000; Vermont at 18.6 births per thousand and New Jersey with 23.4 births per 1,000). The top abstinence only funded states also have some of the highest birth rates in the country, and include Texas (61.6 births per 1,000) and Georgia (52.7).

But our western European neighbors have been much more successful in preventing both teen pregnancy, teen birth and STIs. According to the most recent data, the U.S. birth rate (42.5/ 1000) is 9 times higher than teens in the Netherlands (4.8 / 1000); 6 times higher than France (7.1 / 1000); and 4 times higher than Germany's (9.6 / 1000).

When it comes to STIs like Chlamydia, the numbers are even worse. The U.S. Chlamydia rate for teens (1779 / 100,000) is 19 times higher than the Netherlands (150 / 100,000)! And the U.S. Gonorrhea (458 / 100,000) rate is 33 (13.9 / 100,000) times greater than the Netherlands! (Adolescent Sexual Health in Europe and the U.S.- Why the Difference, Advocates for Youth, September 2009).

What do the Europeans know that we don't? The answer is not very complicated and comes down to several factors, including comprehensive education and health care:

- European governments strongly support education and run massive public health campaigns encouraging safe sexual behavior.

- Teens have access to health care, including contraception, through national health insurance plans.

- Sexuality education is integrated across school subjects at all grade levels. Parents support the role of educators and health care providers in making this information available to teens.

- Research is the basis for public health policy to reduce unintended pregnancy and STIs—not politics and religion. (AFY, Sept. 2009).

Despite the fact that European youth are receiving information about and access to contraception, they delay sex on the average of 1 to 2 years longer than American teens. A 2007 reporting reviewing 115 evaluations of U.S. sex education curriculum found that none of the programs discussing abstinence and contraception increased the onset of sexually activity or the frequency of sex among teens.

Let's get real. The existence of contraception is not the reason teens think about and have sex. In our culture, sex is all around us—on television shows, in advertising, on the news even. Kids see sexual references every single day. And education about contraception certainly did not create the public health crisis we are in—in fact, the research shows quite the opposite. It is our refusal to properly educate our students in Wisconsin (and the U.S. frankly) that has helped get us where we are today—with rising teen birth and STI rates. The Healthy Youth Act takes one step in the right direction to address this serious public health disaster we are in.

4. <u>The Healthy Youth act is a commonsense, middle of the road approach and the first step towards reversing devastating health trends. It eliminates ineffective abstinence-only education and modernizes current WI law.</u>

The Healthy Youth Act is a commonsense, middle of the road approach to sex education. School districts can decline to provide this instruction altogether, but this bill does require that parents are notified that their children won't get this information. And it maintains a parent's ability to both review the curriculum and materials, participate in the selection of sex ed curriculum and to opt their children out of the instruction if they so choose.

The bill does require that if taught, sex ed curriculum must include some core components if age appropriate that have been proven to work to reduce teen pregnancy and disease.

The Healthy Youth Act also eliminates ineffective abstinence-only education. For example, current law requires that abstinence be taught as the only method of avoiding STI/HIV. AB 458 changes that by ensuring that if STI/HIV prevention is taught, students receive information about both abstinence and barrier methods.

This bill, however, does require that school districts stress the value of abstinence as the most reliable way to prevent pregnancy and sexually transmitted infections. But it also ensures that students receive lifesaving information about contraception and barrier methods to prevent pregnancy and the spread of STIs. AB 458 sets this standard for sex education in Wisconsin.

Finally, After 25 years and $1.5 billion federal funds being wasted on what we now know is highly ineffective abstinence-only programming, President Obama and the Congress have invested in evidence-based, successful teen pregnancy prevention funds. By changing WI law to align it with the requirements coming down from the federal government, this bill puts the state in a good position to

draw in federally funding to address the public health crisis of teen pregnancy and STI increases that we are seeing.

If we do nothing in the face of this crisis, what we will see is more of the same. It is incumbent upon this legislature to take the steps needed to address the health crisis we are seeing in the state. Our children deserve it, the vast majority of parents and voters want it and it is the responsible thing to do.

Please support this important bill.

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Please Support the Healthy Youth Act, SB 324

My name is Meghan Benson and I'm the Dane County health educator for Planned Parenthood of Wisconsin. Currently, PPWI has me and two Milwaukee educators that provide age-appropriate and medically accurate sexuality education for students, young adults, parents and families. In 2008, PPWI provided direct education to nearly 10,000 individuals and was invited into 31 schools for specific sexuality education programs.

I. Healthy educators know that comprehensive sexuality education works.

As the Dane County Educator, I work with teens, families and other educators everyday. About 50% of the programming I do is in middle and high schools and the rest is with community organizations. Typically, schools and organizations invite me to present one day programs on a topic they choose. The most requested are basic programs on human anatomy and reproduction; contraception and STD prevention; or communicating with parents about sexuality. Often, the information I provide supplements the schools' health courses. PPWI does not receive compensation from schools for my time. Schools are always aware of the program I am going in to teach beforehand and I make any materials available to them prior to the class.

My role is to give students the facts about their bodies and sexuality. But, as we know, parents are really the prime educators when it comes to these issues. I can provide the health basics, but students look to their parents for their values about sexuality and healthy behaviors. To complement the work I do with students, I also run about 1-2 parent programs a month that focus on how parents can talk to their kids about sexuality and healthy behaviors. Enhancing that parent-student communication line is a core piece of my work.

We know that young people are more likely than adults to make choices that put their health and safety at risk. But, we also know that when teens have accurate health information and practical skills - such as communication, decision-making, and refusal skills – they are far more likely to make better decisions.

II. Only medically accurate, age-appropriate sexuality education has been shown to successfully reduce teen pregnancy and STI rates.

There have been dozens of comprehensive sexuality education programs that have been rigorously evaluated and published in peer-reviewed journals. The vast majority, if not all, have been shown to reduce risky behaviors and decrease negative health outcomes, such as teen pregnancy and STDs. These comprehensive sexuality education programs contain the same core elements as those outlined by Healthy Youth Act.

Abstinence-only, on the other hand, has utterly failed our youth. There has not been a single peer-reviewed evaluation finding that abstinence only programs are effective in reducing teen sex, pregnancy or STD rates. States that have the highest teen birth rates—Texas, Florida and Georgia, all teach abstinence only, although Texas has just changed course because their teen birth rate got so high and abandoned abstinence only education. The states that have the lowest teen pregnancy rates, Vermont and New Hampshire, teach comprehensive sex education.

One question I am often asked is: isn't abstinence-only education better than nothing? No, actually, it is not. The bulk of the research shows that abstinence-only programs have no positive effect on teen behavior—these teens are having sex at the same rate, but they are much less likely to use contraception or condoms to avoid pregnancy and STDs. Abstinence-only isn't just ineffective, it's dangerous.

III. What is medically accurate and age appropriate sexuality education?

Comprehensive sexuality education like that outlined in the Healthy Youth Act provides students with medically accurate information about human anatomy and reproduction. But that's not all. It also empowers students to make healthy decisions by teaching them skills to:

- Avoid dating violence
- Recognize sexual, emotional and physical abuse and seek help
- Encourage healthy relationships with family, friends and dates
- Avoid risky behavior like drinking or using drugs

All of these important elements are included in this bill.

Comprehensive sexuality education also must also be age-appropriate. What is taught to a young child is much different than what is taught to a high school student. Examples of age-appropriate sex ed for various ages are the following:

For children ages 5-8

- Each body part has a correct name and function
- No one should touch the private parts of a child's body except for health reasons or for hygiene.

For children ages 9-12

- During puberty, internal and external sexual and reproductive organs mature in preparation for adulthood.
- Many skills are needed to begin, continue, and end friendships.

For middle school students (ages 12-15)

- The best decision is usually one that is consistent with one's own values and does not involve risking one's own or others' health and safety
- Sexual abstinence is the best method to prevent pregnancy & STDs
- Young people who are considering sexual intercourse should talk to a parent or other trusted adult about their decision and about contraception to preventing pregnancy & STDs

For high school students ages 15-18

- Dating relationships can be enhanced through open, honest communication
- Individuals can help fight STDs by serving as an accurate source of information, by being a responsible role model, and by encouraging others to protect themselves

The Healthy Youth Act is so necessary right now because one thing I am constantly doing in the schools correcting inconsistencies and misinformation—there really is no standard in Wisconsin when it comes to sexuality education. The bill helps to address this inadequacy by providing a basic level of guidance for school districts and ensuring that they are aware of what successful sexuality education programs look like.

Teen Birth & Chlamydia Rates in WI: Too High

Senate District	County	Chlamydia rates per 100,000 for teens 15-19	Birth Rates per 1000 for women <20
Sen. Lehman	Racine	2,782	48.5
	Marquette	1,008	44.3
Sen. Olsen	Green Lake	1,478	-
	Waushara	696	37.4
Sen. Hopper	Winnebago	1,016	21.4
	Fond Du Lac	964	29.9
Sen. Grothman	Sheboygan	1,127	30.6
	Ozaukee	203	-
	Washington	398	15.4
Sen. Jauch	Douglas	1,310	32.3
	Bayfield	-	-
	Iron	1,359	-
	Ashland	379	39.1
	Sawyer	656	58.2
	Washburn	301	-
	Barron	832	29.2
Sen. Erpenbach	Green	426	26.4
	Dane	1,332	22.0
Sen. Hansen	Oconto	1,084	23.7
	Brown	1,439	35.9

The average WI Chlamydia rate for the entire population is 371 / 100,000 people. The U.S. national average is 370 / 100,000. All WI Chlamydia data is from WI STD Program Data, 2008.

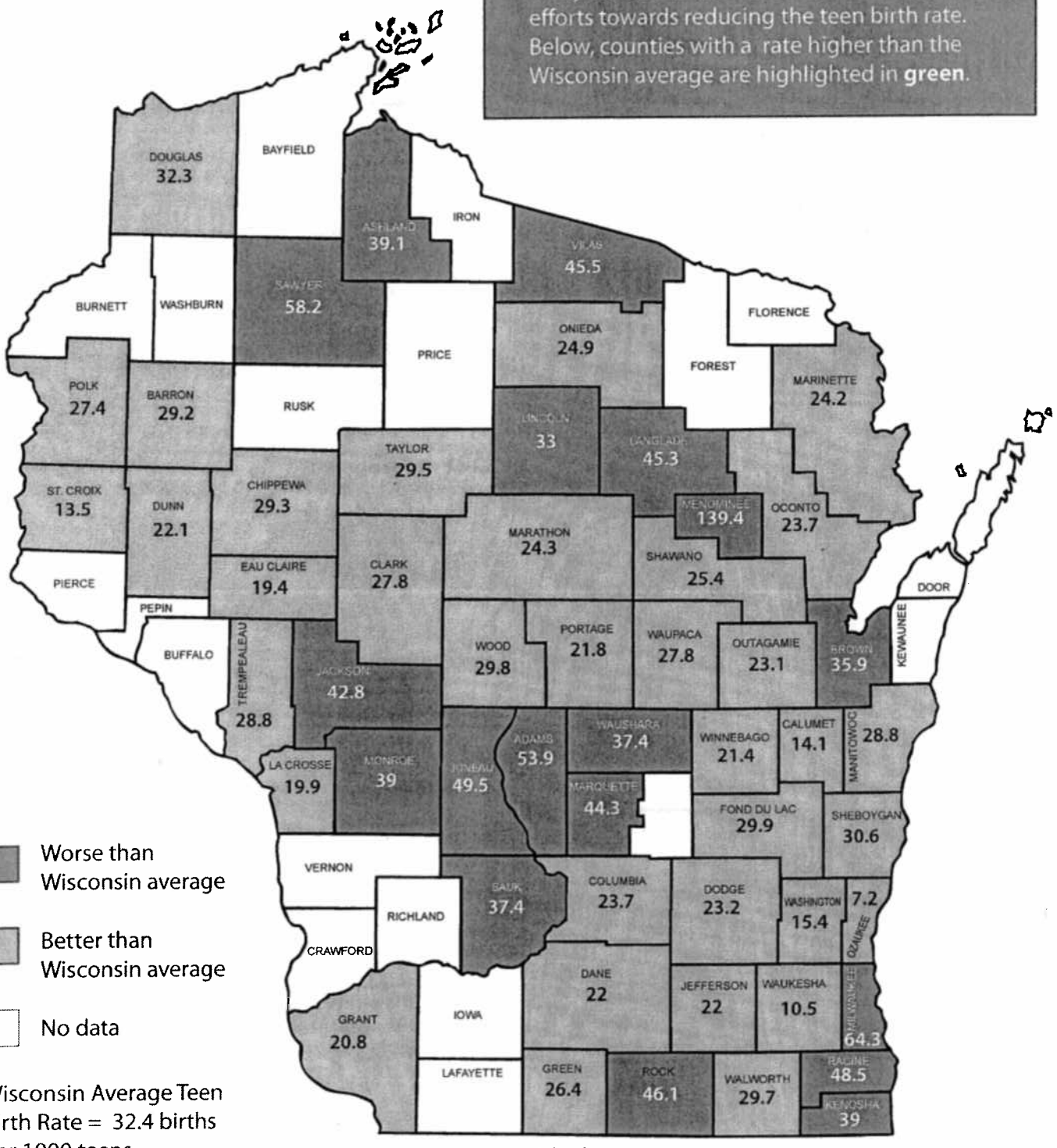
The average WI teen birth rate is 32.4 / 1000 teens. The U.S. national average is 40.5 / 1000. All WI data is from WI DHS, Births to Teens in Wisconsin, 2007.

* A teen birth rate is not calculated if there are fewer than 20 births for an age group.

Healthy Youth alliance

Teen Birth Rates:
Too high in Wisconsin

Many Wisconsin counties show a strong need for efforts towards reducing the teen birth rate. Below, counties with a rate higher than the Wisconsin average are highlighted in **green**.



Worse than Wisconsin average

Better than Wisconsin average

No data

Wisconsin Average Teen Birth Rate = 32.4 births per 1000 teens.

Data for teens ages 19 and under

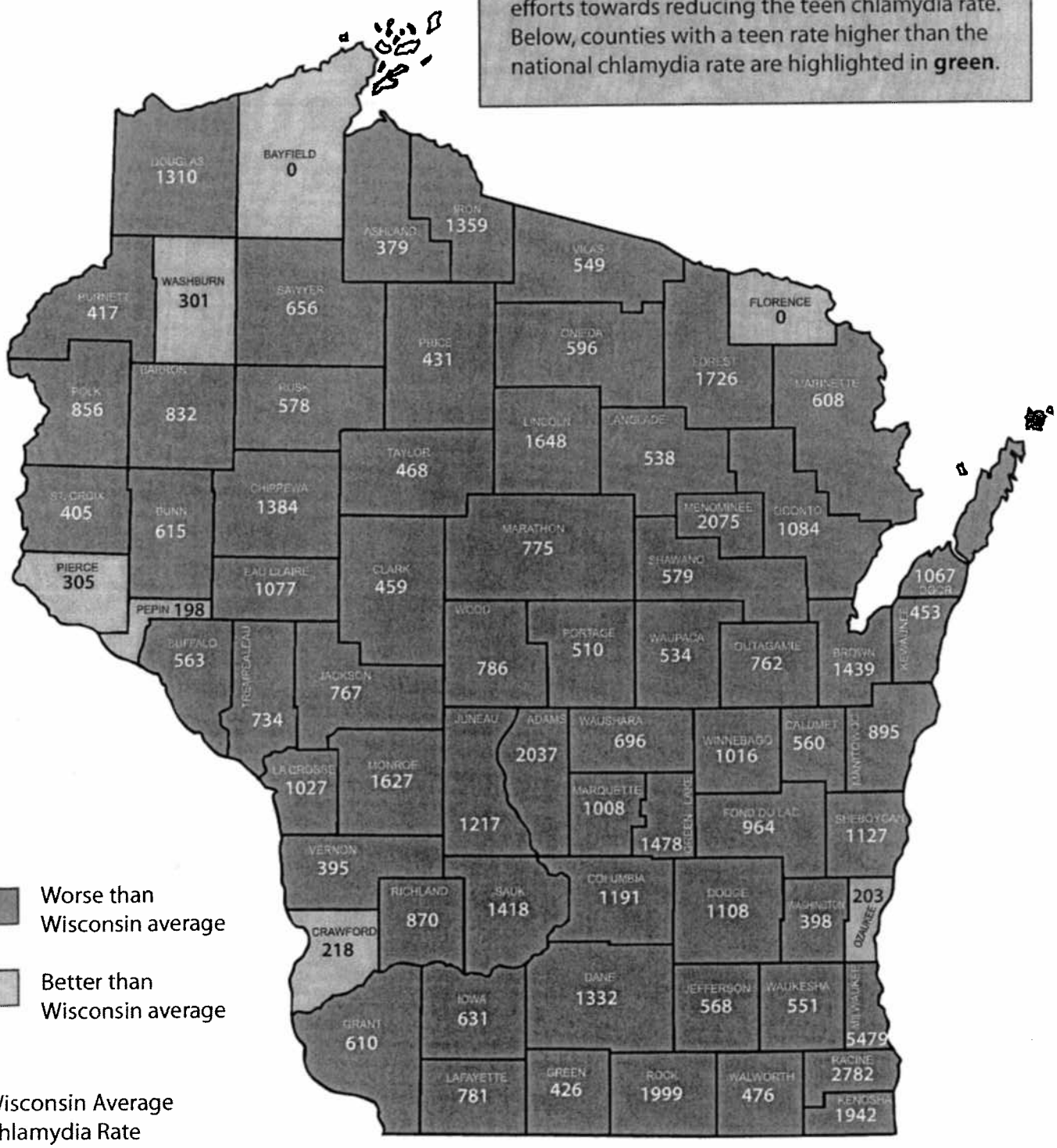
Source: *Births to Teens in Wisconsin, 2007. Bureau of Health Information and Policy, Division of Public Health. Wisconsin Department of Health Services.*

Healthy Youth Alliance

Chlamydia Rates:

Too high in Wisconsin Teens

Many Wisconsin counties show a strong need for efforts towards reducing the teen chlamydia rate. Below, counties with a teen rate higher than the national chlamydia rate are highlighted in **green**.



Worse than Wisconsin average

Better than Wisconsin average

Wisconsin Average Chlamydia Rate
371 cases per 100,000 people.

Source: *Sexually Transmitted Disease in Wisconsin, 2008: Persons 15-19 years of age. Wisconsin STD Program.*

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What the Research Says...

Over the past 25 years, Congress has spent over $1.5 billion on abstinence-only-until-marriage programs, yet no study in a professional peer-reviewed journal has found these programs to be broadly effective. Scientific evidence simply does not support an abstinence-only-until-marriage approach.

Federal Evaluation Finds Abstinence-Only-Until-Marriage Programs Ineffective
In April 2007, a federally funded evaluation of Title V abstinence-only-until-marriage programs was released. The study, conducted by Mathematica Policy Research Inc. on behalf of the U.S. Department of Health and Human Services, found that abstinence-only-until-marriage programs are ineffective. Of the more than 700 federally funded abstinence-only-until-marriage programs, the evaluation looked at only four programs. These programs were handpicked to show positive results and they still failed.[1]

- Mathematica's evaluation found no evidence that abstinence-only-until-marriage programs increased rates of sexual abstinence—the entire supposed purpose of the programs.
- Students in the abstinence-only-until-marriage programs had a similar age of first sex and similar numbers of sexual partners as their peers who were not in the programs.
- The average age of sexual debut was the same for the abstinence-only-until-marriage participants and control groups (14 years, 9 months).

Abstinence-Only Programs Do Not Impact Teen Sexual Behavior
In early November 2007, the National Campaign to Prevent Teen and Unplanned Pregnancy released Emerging Answers 2007, a report authored by Dr. Douglas Kirby, a leading sexual health researcher, discussing what programs work in preventing teen pregnancy and sexually transmitted diseases, including HIV. The report found strong evidence that abstinence-only-until-marriage programs do not have any impact on teen sexual behavior.[2]

- The study found that no evidence to support the continued investment of public funds.
  "In sum, studies of abstinence programs have not produced sufficient evidence to justify their widespread dissemination...Only when strong evidence demonstrates that particular programs are effective should they be disseminated more widely."

- The study also found that, to date, no abstinence-only-until-marriage program that is of the type to be eligible for funding by the federal government has been found in methodologically rigorous study to positively impact teen sexual behavior.
  "At present, there does not exist any strong evidence that any abstinence program delays the initiation of sex, hastens the return to abstinence, or reduces the number of sexual partners. In addition, there is strong evidence from multiple randomized trials demonstrating that some abstinence programs chosen for evaluation because they were believed to be promising actually had no impact on teen sexual behavior."

Abstinence-Only Programs Do Not Affect Rates of HIV Infection or Sexual Behavior
A July 2007 "meta-study" published in the British Medical Journal reviewed the most recently available data examining the results of 13 abstinence-only trials including almost 16,000 students.[3]

- Abstinence-only-until-marriage programs were ineffective in changing any of the behaviors that were examined including the rate of vaginal sex, number of sexual partners, and condom use.

- The rates of pregnancy and sexually transmitted diseases (STDs) among participants in abstinence-only-until-marriage programs were unaffected.

- As a result of this meta-study, the researchers concluded that recent declines in the U.S. rate of teen pregnancy are most likely the result of improved use of contraception rather than a decrease in sexual activity.

Abstinence-Only-Until-Marriage Programs Negatively Impact Young People's Sexual Health
Virginity pledges—promises that young people make to remain abstinent until marriage—are becoming increasingly popular in schools and communities across the country. While not a program in and of themselves, virginity pledges are so common in abstinence-only-until-marriage interventions that having taken such a pledge is often an indication that a young person has been involved in an abstinence-only-until-marriage program.

- Research on virginity pledges found that for a select group of young people, pledges did delay the onset of sexual intercourse for an average of 18 months (a goal still far short of the average age of marriage).[4] However, the same study also found **that young people who took a pledge were one-third less likely to use contraception when they did become sexually active** than their peers who had not pledged.[5] In other words, pledges can cause harm by undermining contraceptive use when the young people who take them become sexually active.

- The researchers also found that **pledgers have the same rate of sexually transmitted diseases (STDs) as their peers** who had not pledged. Not only were pledgers less likely to use condoms to prevent STDs, they were less likely to seek medical testing and treatment, thereby increasing the possibility of transmission.[6]

- Further research found that, among those young people who have not had vaginal intercourse, **pledgers were more likely to have engaged in both oral and anal sex than their non-pledging peers**. In fact, among virgins, **male and female pledgers were six times more likely to have had oral sex than non-pledgers,** and **male pledgers were four times more likely to have had anal sex than those who had not pledged.**

- According to the researchers, in communities where there are a higher proportion of pledgers, overall STD rates were significantly higher than in other settings. Specifically, in communities where more than 20% of young adults had taken virginity pledges, STD rates were 8.9% compared to 5.5% in communities with few pledgers.[7]

Numerous State Evaluations Fail to Find Abstinence-Only-Until-Marriage Programs Effective
Since 1996, the federal government has spent over half a billion dollars on Title V abstinence-only-until-marriage programs despite the fact that numerous evaluations prove these programs to be, at best, ineffective.

- In 2003, **Pennsylvania's** evaluation found that, **"taken as a whole, this initiative was largely ineffective in reducing sexual onset and promoting attitudes and skills consistent with sexual abstinence."**[8]
  The report also states that "overall, the evidence indicates that abstinence-only programs should be focused on early adolescence (grade seven). Programs for urban youth, especially females, should begin in grade six. Beyond the eighth grade, abstinence-only programs can continue to play a valuable role in reinforcing and supporting youth who choose to remain sexually abstinent. **For those youth who do not remain abstinent, however, the reduction of teenage pregnancies, STDs, and HIV/AIDS requires an alternative strategy."**[9]

- **Texas'** 2004 evaluation included five self-selected "abstinence education" contractors who participated in a study conducted by researchers at Texas A&M University. Analysis found that there were "***no significant changes***" in the percentages of students who "pledg[ed] not to have sex until marriage."[10] In addition, the analysis revealed that **the percentage of students reporting having ever engaged in sexual intercourse increased for nearly all ages between 13 and 17.**
  One of the study's investigators said, **"we didn't see any strong indications these programs were having an impact in the direction desired...these programs seem to be much more concerned about politics than kids, and we need to get over that."**[11]

- **Arizona's** evaluation states that "sexual behavior rates do not appear to be changing." Despite claiming some success with short-term outcomes and "abstinence success rate" among virgins, the final report, released in 2003, recognizes that "abstinence-only programs work best for sexually inexperienced youth" and that young people's **"intent to pursue abstinence...showed significant decline from post-test to follow-up."**[12]

- **Kansas'** 2004 evaluation revealed that there were **"no changes noted for participants' actual or intended behavior; such as whether they planned to wait until marriage to have sex."**[13] The evaluation also revealed negative changes in attitudes. After participating in abstinence-only-until-marriage programs, students surveyed were less likely to respond that the teachers and staff cared about them and significantly fewer students felt they "have the right to refuse to have sex with someone."[14]

  Researchers concluded, **"rather than focusing on Abstinence-Only-Until-Marriage, data suggests that including information on contraceptive use may be more effective at decreasing teen pregnancies."**[15]

- An independent study commissioned by the **Minnesota** Department of Health found that **sexual activity doubled among junior high school participants in the state's *Education Now and Babies Later* (*ENABL*) program at three schools between 2001 and 2002**. The number of participants who said they would "probably" have sex during high school almost doubled as well. Although it found some positive effects on parent-teen communication, the study found no positive impact of the *ENABL* program on teen sexual behavior. Almost a decade earlier, the state of California also found no impact after state-wide use of the *ENABL* program.[16]

- The **Maryland** Center for Maternal and Child Health evaluated its Title V abstinence-only-until-marriage program in 2002. Although the report was not made public, it was possible to determine from the information available that participants' pre- and post-test scores showed no significant change in attitudes or practices regarding abstinence. In addition, the **proportion of youth who reported that they would remain abstinent until the completion of high school and the proportion of youth who reported abstinent behavior in the year prior to the survey both declined** between pre- and post-test.[17]

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[1] Christopher Trenholm, et. al., "Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report," (Trenton, NJ: Mathematica Policy Research, Inc., April 2007), accessed 6 September 2007, <www.mathematica-mpr.com/publications/pdfs/impactabstinence.pdf>.

[2] Douglas Kirby, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), p. 15, accessed 5 February 2007, <http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf>.

[3] Kristin Underhill, Paul Montgomery, Don Operario, "Sexual abstinence only programmes to prevent HIV infection in high income countries: systematic review," *British Medical Journal* Online *(July* 2007), accessed 13 August 2007,<http://bmj.com/cgi/content/full/335/7613/248>.

[4] Peter Bearman and Hanah Brückner, "Promising the Future: Virginity Pledges and the Transition to First Intercourse," *American Journal of Sociology* 106.4 (2001): 859-912.

[5] Ibid.

[6] Peter Bearman and Hanah Brückner, "After the promise: The STD consequences of adolescent virginity pledges," *Journal of Adolescent Health* 36.4 (2005): 271-278.

[7] Peter Bearman and Hanah Brückner, "The Relationship Between Virginity Pledges in Adolescence and STD Acquisition in Young Adulthood." Portions of study were presented at the *National STD Prevention Conference*, Philadelphia, PA, 9 March 2004, 10.

[8] Edward Smith, Jacinda Dariotis, Susan Potter, *Evaluation of the Pennsylvania Abstinence Education and Related Services Initiative: 1998-2002* (Philadelphia, PA: Maternal and Child Health Bureau of Family Health, Pennsylvania Department of Health, January 2003) 10, accessed 15 April 2005, <http://www.dsf.health.state.pa.us/health/lib/health/familyhealth/evaluationpaabstinence1998-20021.pdf>.

[9] Ibid., 21.

[10] Patricia Goodson, et al., *Abstinence Education Evaluation Phase 5: Technical Report* (College Station, TX: Department of Health & Kinesiology–Texas A&M University, 2004), 170-172. Emphasis included in original document.

[11] "Texas Teens Increased Sex After Abstinence Program," *Reuters*, 2 February 2005, accessed 17 February 2005, <http://news.yahoo.com/news?tmpl=story&u=/nm/20050131/hl_nm/health_abstinence_texas_dc>.

[12] LeCroy & Milligan Associates, *Final Report Arizona Abstinence Only Education Program 1998-2003*, (Phoenix, AZ: June 2003).

[13] Ted Carter, *Evaluation Report for The Kansas Abstinence Education Program* (Topeka, KS: Kansas Department of Health and Environment, November 2004), 19.

[14] Ibid.

[15] Ibid.

[16] Douglas Kirby, Meg Korpi, P. Barth Barth, Helen H.Cagampang, "The impact of the Postponing Sexual Involvement curriculum among youths in California," *Family Planning Perspectives 29* (1997): 100-108, accessed 15 April 2005, <http://www.guttmacher.org/pubs/journals/2910097.pdf>

[17] L.K. Olsen and D. Agley, "Analysis of Four Years of Abstinence-Only Human Sexuality Programs in Maryland," abstract of paper presented at 130 the Annual Meeting of the American Public Health Association, 13 November 2002.

SIECUS Fact Sheet

What the Research Says...

Comprehensive Sex Education

Comprehensive sex education addresses the root issues that help teens make responsible decisions to keep them safe and healthy. These programs use a holistic approach to provide young people with complete, accurate, and age-appropriate sex education that helps them reduce their risk of HIV/AIDS, other sexually transmitted infections (STIs), and unintended pregnancy. Although strong evidence has shown the effectiveness of these programs, there is currently no federal funding dedicated to this critical component of education.

What is Comprehensive Sex Education?
Comprehensive sex education includes age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning. These programs:

- provide young people with the tools to make informed decisions and build healthy relationships;
- stress the value of abstinence while also preparing young people for when they become sexually active;
- provide medically accurate information about the health benefits and side effects of all contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STIs, including HIV/AIDS;
- encourage family communication about sexuality between parent and child;
- teach young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances; and
- teach young people how alcohol and drug use can effect responsible decision making

Comprehensive Sex Education Reduces Risk Behaviors
In November 2007, the National Campaign to Prevent Teen and Unplanned Pregnancy released *Emerging Answers 2007*, an authoritative and comprehensive review of research findings on the effectiveness of HIV and sex education programs. This review of rigorously evaluated programs showed many positive results, including:[1]

- "Two-thirds of the 48 comprehensive programs that supported both abstinence and the use of condoms and contraceptives for sexually active teens had positive behavioral effects." Many either delayed or reduced sexual activity, reduced the number of sexual partners, or increased condom or contraceptive use.
- None of the comprehensive programs hastened the initiation of sex or increased the frequency of sex.
- Comprehensive sex education programs worked for all youth populations: "Comprehensive programs worked for both genders, for all major ethnic groups, for sexually inexperienced and experienced teens, in different settings, and in different communities."

- Programs that were implemented with fidelity in the same type of setting and with similar youth were found to be just as effective as the originally evaluated program. Therefore, it was found that programs could be replicated and widely disseminated to youth across the country.

A 2007 review of 80 studies that measure the impact of comprehensive sex and HIV education programs on the sexual behaviors of young people throughout the world, and published in the peer-reviewed *Journal of Adolescent Health*, found the programs to be effective at reducing risk behaviors:[2]

- Two-thirds of the programs significantly improved one or more sexual behaviors.
- Many programs either delayed or reduced sexual activity, or increased condom use.
- At least 10 interventions had long-term behavioral effects lasting two or more years; some lasted as long as the effects were measured—three or more years.

Comprehensive Sex Education Prepares Youth to Make Healthy Choices

The evidence is strong that sex education programs that promote abstinence as well as the use of condoms do not increase sexual behavior. A series of studies show that the lessons learned in comprehensive sex education programs are critical for healthy decision making during the teen years and beyond.

- Studies show that when teens are educated about condoms and have access to them, levels of condom use at first intercourse increase while levels of sex stay the same.[3]
- Other research has found that teens that practiced contraception consistently in their first sexual relationship are more likely to continue doing so than those who used no method or who used a method inconsistently.[4]
- According to a study by researchers from Guttmacher and Columbia University published in the January 2007 issue of the *American Journal of Public Health*, approximately 86% of the decline in teenage pregnancy in this country between 1995 and 2002 was due to dramatic improvements in contraceptive use, including increases in the use of individual methods, increases in the use of multiple methods, and substantial declines in nonuse. Just 14% of the decline could be attributed to a decrease in sexual activity.
    - Abstinence played a greater role in decreasing pregnancy among younger teens aged 15–17, but even among this age group (in which sexual activity declined a healthy 17% between 1995 and 2002), only 23% of the decline in teen pregnancy could be attributed to decreased sexual activity.
    - Among 18–19-year-olds, there was no change in sexual activity during this period; accordingly, the pregnancy rate decline among this group was entirely attributable to improved contraceptive use.[5]

Leading Medical Professional Groups Support Comprehensive Sex Education

Leading public health and medical professional organizations all stress the need for sexuality education that includes messages about abstinence and provides young people with information about contraception for the prevention of teen pregnancy, HIV/AIDS, and other STIs. Some of these supporters include:

American Medical Association	American Academy of Pediatrics
American Psychological Association	American College of Obstetricians and Gynecologists
The Institute of Medicine	Society of Adolescent Medicine
American Nurses Association	American Public Health Association

- For example, the American Medical Association "urges schools to implement comprehensive, developmentally appropriate sexuality education programs" and "supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing

unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex.[6]

Comprehensive Sex Education is Supported by the Vast Majority of Americans

Americans strongly support comprehensive sex education that both promotes abstinence and prepares young people to protect themselves when they do become sexually active.[7]

- According to the results of a 2005-2006 nationally representative survey of U.S. adults published in the *Archives of Pediatric and Adolescent Medicine*, more than eight in 10 of those polled support comprehensive sex education.[8]
- A survey conducted by the Kennedy School of Government, the Kaiser Family Foundation, and National Public Radio found that over 90% of parents of middle school and high school students believe it is very or somewhat important to have sexuality education as part of the school curriculum. The vast majority of those polled also stated that federal government funding should be used to fund more "comprehensive sex education programs that include information on how to obtain and use condoms and other contraceptives" instead of programs that have "abstaining from sexual activity" as their only purpose.[9]
- A majority of voters in nearly every demographic category, including Democrats, Republicans, and independents, as well as Catholics and evangelical Christians, support comprehensive sex education.[10]

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[1] Kirby D, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.

[2] Kirby D, et al. Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World, *Journal of Adolescent Health*, 2007 (40):206–217.

[3] Mark Schuster, et al. Impact of a high school condom availability program on sexual attitudes and behaviors, *Family Planning Perspectives*, 1998, 30(2):67-72 & 88. And Mauldon J and Luker K, The effects of contraceptive education on method use at first intercourse, *Family Planning Perspectives*, 1996, 28:19-24 & 41.

[4] Jennifer Manlove , et al., Contraceptive use and consistency in U.S. teenagers' most recent sexual relationships, Perspectives on Sexual and Reproductive Health, 2004, 36(6):265-275.

[5] John Santelli, Laura Lindberg , Lawrence Finer, and Susheela Singh, Explaining recent declines in adolescent pregnancy in the United States: The contribution of abstinence and improved contraceptive use?, American Journal of Public Health, 2007, 97(1):150-156.

[6] Policy Statement, *H-170.968 Sexuality Education, Abstinence, and Distribution of Condoms in Schools*, American Medical Association, accessed 04 January 2007, <http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-170.968.HTM>.; See SIECUS Fact Sheet *In Good Company* for more examples and complete citations: <http://siecus.org/_data/global/images/In%20Good%20Company-SIECUS-%2010.07.pdf>.

[7] See SIECUS Fact Sheet Public Support for more information. <http://siecus.org/_data/global/images/Public%20Support%20Fact%20Sheet-SIECUS-10.07.pdf>.

[8] Amy Bleakley, PhD, MPH; Michael Hennessy, PhD, MPH; Martin Fishbein, PhD, Public Opinion on Sex Education in US Schools, *Archives of Pediatric & Adolescent Medicine*,. 2006;160:1151-1156.

[9] *Sex Education in America: General Public/Parents Survey* (Washington, DC: National Public Radio, Kaiser Family Foundation, Kennedy School of Government, 2004).

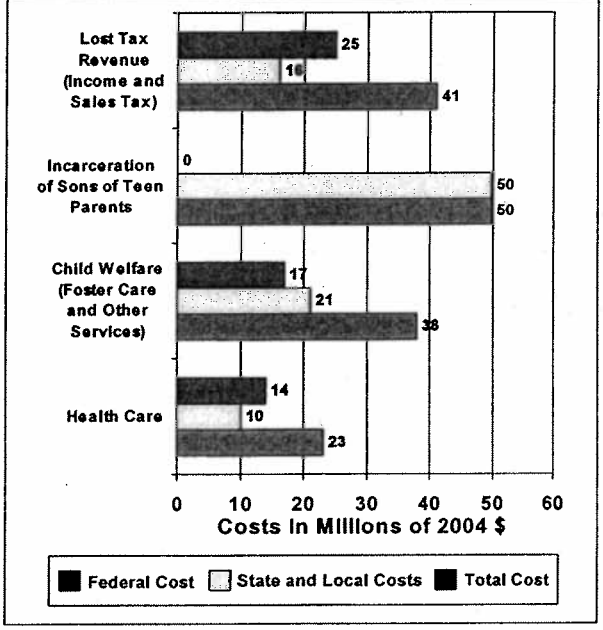
[10] Peter D. Hart Research Associates, Inc., "Memorandum: Application of Research Findings," (Washington, DC: Planned Parenthood Federation of America and National Women's Law Center, 12 July 2007), accessed 2 October 2007, <http://www.nwlc.org/pdf/7-12-07interestedpartiesmemo.pdf>.

By the Numbers:
The Public Costs of Teen Childbearing in Wisconsin
November 2006

Highlights

- A new analysis from the National Campaign to Prevent Teen Pregnancy shows that teen childbearing (teens 19 and younger) in Wisconsin cost taxpayers (federal, state, and local) at least $156 million in 2004.
- Of the total 2004 teen childbearing costs in Wisconsin, 31% were federal costs and 69% were state and local costs.
- Most of the costs of teen childbearing are associated with negative consequences for the *children* of teen mothers. In Wisconsin, in 2004, annual taxpayer costs associated with children born to teen mothers included: $23 million for public health care (Medicaid and SCHIP); $38 million for child welfare; $50 million for incarceration; and $41 million in lost tax revenue, due to decreased earnings and spending.*
- The costs of childbearing are greatest for younger teens. In Wisconsin, the average annual cost associated with a child born to a mother 17 and younger is $5,133.
- Between 1991 and 2004 there have been more than 97,400 teen births in Wisconsin, costing taxpayers a total of $2.8 billion over that period.
- The teen birth rate in Wisconsin declined 31 percent between 1991 and 2004. The progress Wisconsin has made in reducing teen childbearing saved taxpayers an estimated $97 million in 2004 alone.
- Nationally teen childbearing costs taxpayers at least $9.1 billion a year.
- For more information, including a national report and state-by-state comparisons, please visit www.teenpregnancy.org/costs.

Figure 1: Selected Annual Costs in Wisconsin for Children of Teen Parents, In Millions of 2004 $



* Careful readers will note that the cost breakdown for the *children* of teen mothers does not match the total costs. This is because the total costs include costs associated with both teen *parents* and their *children*. Also note that because we cannot measure and include all outcomes and all costs, the analysis should be considered conservative; that is, it is likely that the full costs of a teen birth are greater than the figures presented here. Due to rounding, federal and state and local costs may not add to the totals presented in Figure 1 and throughout.


FORWARD
E PLURIBUS UNUM

Faustina Bohling
7514 Tree Lane
Madison, WI 53717

Testimony in support of The Healthy Youth Act/SB 324

My name is Faustina Bohling and I am here to urge you to vote to pass Senate Bill 324.

My mother was a teen mom at 18 and I was a teen mom at 17. I remember staring at my bedroom wall, pregnant at age 16, thinking that if I could wish things different, I would have.

I am a proud parent and love my son, but I know life would have been different if I knew then what I know now. I went to college and worked hard, but I could have accomplished more, given more to my community, if I had the information I needed to make healthier life choices when I was younger.

Most teen moms, as you've heard by now, don't have the same story I do. Teen mothers are more likely to drop out of high school and they are more likely to live in poverty than their peers without children. Their children, in turn, are more likely to be teen parents themselves. It's a vicious cycle, one that we must empower our children to break.

When I think of the Healthy Youth Act, I think of my daughter and other children who share her legacy. I am trying to teach her a vision for the future where she is happy and healthy as a result of good life choices. I wish the same for all children and teens. But not all teens have the information and support they need at home.

Some youth, such as me when I was younger, have pasts filled with abuse, which tend to add a sense of urgency to the search for a knight in shining armor, not understanding the bigger picture—the repercussions of hasty sexual decisions and naïve relationship choices.

Because I know what it's like to be that child who needs accurate information and comprehensive sexuality education at school, I support this bill. Because I am now a parent who wants only the best for her kids, I support this bill. Because we know now what we didn't know then, I hope you all will support this bill, too.

Thank you, Chairman Lehman, for the opportunity to share my story with you and your committee members today.


FORWARD
E PLURIBUS UNUM

Patricia Quigley, M.D.
8206 Starr Grass Drive #403
Madison, WI 53719

Date?

Testimony in support of Senate Bill 324

Good morning. Thank you, Senator Lehman, for the opportunity to speak to you in support of the Healthy Youth Act. I am a Pediatrics Chief Resident at the University of Wisconsin and have been a health care provider for four years.

My plan is to work exclusively with adolescents in my practice. As a physician, it is important to make sure children, and especially adolescents, have an age- and developmentally-appropriate understanding of their bodies. For my adolescent patients, this includes the risks of unintended pregnancy and sexually transmitted infections and accurate information about how to prevent these outcomes.

Unintended pregnancy has devastating consequences for the women who get pregnant and their children. Just yesterday I saw a teen mother in my practice. She was 15 or 16 and came with her nine month old baby boy. She brought him in by herself. He was not developmentally appropriate, and did not seem bonded with his mother. It was clear to me that both the infant and the mother were not supported by their family and were struggling as a result.

At a typical visit, teens have a lot of questions for me about sexuality. Even though most parents of my patients want their kids to be educated, often adolescents feel like they can't go to their parents with these questions. They want reliable information and want to feel comfortable asking questions. Often, they turn to their friends as the next best option.

What worries me is that a lot of teens don't know that they aren't getting good information from their friends. And worse yet, I have plenty of patients who don't ask questions. One young adolescent not too long ago, relayed that her partner's condom fell off during sex and she didn't know where it went. She didn't even have the basic understanding of her own body to know where it could possibly be. It was removed during the pelvic exam in the office.

While it is my professional responsibility to provide my patients with information about their health and wellness, the fact is I am lucky if I see them once a year. It is very hard to get adolescents into a clinic. I could easily not see a patient for their entire high school career. So while I can be an excellent source of information, I can't be helpful when they need it most if I never see them.

This is why it is so important that schools providing human growth and development instruction are required to provide *good* instruction. Education on healthy relationships and sexuality can't happen all at once, it must occur over time and adjust to a child's emotional, cognitive and physical development. Schools are the most appropriate place for young people to learn these lessons that will keep them healthy now and throughout their lives.


FORWARD

written testimony via Jude Edmonds (Date?)

TESTIMONY IN SUPPORT OF SB 324, THE "HEALTHY YOUTH ACT"

My name is Sheila Johnston, and I urge you to support SB 324. I am sorry I can't be present today to give my testimony myself. My now seventeen year old daughter was a victim of sexual abuse at the hands of her biological father from ages four (her first clear memory) to age twelve. He and I had been divorced since she was less than one year old, so the abuse was not occurring when I was present, but when she would spend time at his home. Her father had fifty percent placement.

My daughter appeared to be a normal, healthy child, who suffered from what I thought was separation anxiety induced nightmares. Many visits to her primary care physician, as well as five years of counseling with a pediatric psychologist did not unearth the sheer terror she was living. Throughout the years of counseling she experienced, the only conclusion her therapist was able to come to was that my daughter and I were very close, and she preferred to spend time with me, with whom she had a closer bond, than her father. Her physician simply stated that some children experience nightmares more intensely, and frequently, than others, so I shouldn't be alarmed, but instead should comfort her when they occurred.

After her disclosure of the abuse she suffered, when she began intensive trauma therapy, I learned that children, especially bright and creative ones, are able to completely repress those memories when they are not in the moment of the abuse. Sometimes they would appear as emotional responses to other events in her life, or as the nightmares that just wouldn't go away. She never hinted at the hell she was living when with her father.

My daughter was driven to disclose the abuse to me two days after her eighth grade health teacher discussed incest during the human sexuality portion of the class. The discussion occurred on Friday, and she told me Sunday night. She didn't even come close to describing the abuse in its entirety, because she was caught between fear of not being believed, which had been instilled in her by the perpetrator, her father, from a very early age, and the internal torture of knowing exactly how much pain she was inflicting on me by finally discussing the abuse she had experienced at her father's house.

If you haven't been forced to listen to your beloved child say the words "My dad touched me there", then you have no idea the level of guilt, pain and despair, followed closely by pure and all consuming rage you feel. As a parent, you're a failure for not adequately protecting your child against childhood's most daunting evil- the pedophile, and in my situation, I unwittingly delivered her right into the clutches of the perpetrator every week on his custodial days.

My daughter's disclosure came after a classroom discussion on incest. It's not that she wasn't sure that what was going on in her father's home was wrong, but more a matter of having someone with authority, in this case a teacher, verbalize that fact in her presence. In schools, children are taught "stranger danger". Don't go with anyone you don't know. Don't let anyone but your parents touch you "there". What happens when the parent, or another trusted family member, friend or babysitter, perpetrates the abuse? As in my daughter's case, the discussion of incest, and abuse by those familiar to the child, occurred in eighth grade. Had she heard that message earlier, like when she was an early

elementary school student, would she have come forward sooner? Would the abuse have lasted two, or four years instead of eight? It's possible that if she'd been given that message she would have been compelled to report the abuse at its inception, instead of months after it had ended. Education and discussion would have also enlightened her to the fact that she was not the only child this happened to. Abuse is very isolating, and many abused children believe they are completely alone.

My daughter's situation highlights why it is vitally important to have age appropriate discussions about sexuality, and abuse in the school environment. When she was a smaller child, her father simply had to convince her that what was happening in his home was normal. As she became older, and was aware that this was a lie, she was told no one would believe her, and the abuse would escalate if she told. Then there was the shame and guilt that grew exponentially throughout the years of abuse. Each incident of abuse increased the feeling that it must be her fault, and that she somehow deserved what was happening to her, in fact, that she caused it to happen. If a child is convinced that other family members will not believe her, then she needs to know there are others who will. Had she realized that there were nonjudgmental people who would listen and ultimately help, then maybe she would have disclosed to a teacher or counselor. It's only after the abuse is discovered that the child is able to receive the treatment she so desperately needs.

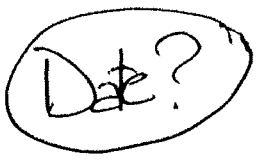
The prevailing theory about child sex offenders is that they are creepy, disgusting individuals that a parent should know not to trust with their child. From what I've learned, few people consider those they do trust, such as those masquerading as loving parents, uncles, brothers-in-law, etc, to be pedophile material. The problem with this, is that pedophiles are very skilled at manipulating children and their caregivers. Therefore, the discussion in school is vital. There can't be the assumption that parents educate their children about incest. In fact, occasionally the non abusive parent is complicit in the abuse by silence. Therefore, age appropriate discussion about sexuality, and families is not about infringing on parents' rights, but instead about empowering and protecting children.

Life as a sexual abuse survivor is fraught with challenges. Incest rips families apart, and can turn them into warring factions of those who believe the abused, and those who seek to protect the abuser. Survivors may be revictimized by cruel or exclusionary treatment from peers, and even friends and family members. Education can provide the stepping stones necessary to assist the survivor to accessing resources available to help them recover, and live healthy and fulfilling lives.

Please support this important bill.

Sheila Johnston
7219 Franklin Ave.
Middleton 53562


FORWARD



Good Afternoon.

My name is Kimberly Wasserman, and I am so grateful to this committee for the opportunity to testify in support of the Healthy Youth Act, SB 324. I strongly support the Healthy Youth Act, AB 324.

I am a social worker who, for the last 15 years, has worked with youth. For the past 41/2 years, I have been a therapist at the Canopy Center, providing group therapy specifically for young people who have been sexually abused. I have worked with children as young as 9 years old all the way through high school, though the agency where I work provides treatment for kids as young as kindergarten. All of these young people are remarkable survivors of sexual abuse. Most of them have had abuse perpetrated against them in their homes by a family member or by a trusted member of their community. 93% of victims of sexual assault knew the offender and 34.2% of those victims were offended by family members.

There are several provisions in this bill that are absolutely critical for children who experience sexual abuse. The first provision in this act that is so important to me and to the youth I work with concerns "teaching students the skills needed to make responsible decisions about sexuality and sexual behavior throughout the pupil's life, including how to refrain from making inappropriate verbal, physical and sexual advances and how to recognize, rebuff and report any unwanted or inappropriate verbal, physical and sexual behaviors."

It is absolutely critical that children be taught this information in school, as it does determine whether a significant percentage of sexually abused children will get the help they need, be able to recover, and hopefully lead healthy and safe lives. When sexual abuse takes place within the home, children are isolated and misinformed by their abusers about what is "normal". Without receiving accurate information at school, a large percentage of the children I work with would not be finally out of the abusive situation and getting desperately needed help.

Sexual abuse is a damaging crime on so many levels. First, there is the physical violence, which can obviously be extremely traumatic and terrifying. But there is also extreme emotional abuse. Perpetrators often tell the child victim that the abuse is a secret, and that something terrible will happen to them or to another beloved family member if they tell about the abuse. This creates a climate of secrecy and shame surrounding the abuse that makes it more likely for it to continue.

For young children, it is very difficult for them to know what types of behaviors are normal and appropriate if they never receive this education. Incest victims often times think that what happens to them in their families happens in other children's families too. Some of the children I have worked with may not have known for some time that the sexual abuse they suffered was wrong without learning this at school. On many, many occasions a child has finally reported the abuse because he or she learned in school what

behaviors are appropriate and what behaviors are not and need to be reported to a trusted adult.

Finally, young children often do not have the language regarding their bodies to clearly express to a trusted adult what is happening to them. Young children need to be taught the appropriate names for their anatomy so that they have the language to communicate when inappropriate sexual or physical behaviors occur, which this bill also addresses. Children need to know how to talk about their bodies and know that it's okay to talk to a grown up about it if they have a concern. This goes a long way towards identifying and ending child sexual abuse.

The other important piece of this legislation concerns making sure that children are informed of the counseling, medical and legal resources that are available for survivors of sexual abuse and assault, including resources for escaping violent relationships. Some sexually abused youth do not feel like they have any options for escaping the abuse. Reinforcing and teaching them that they have options and that resources are available to help them does make the difference in the victim reporting what is happening or remaining silent and continuing to endure the abuse. I have been privileged to witness the healing that can occur when survivors of sexual abuse finally connect with an understanding support system. The power of that connection cannot be underestimated and is pivotal in people's lives.

This bill is an important step in making sure all of our school age children in public school get information about sexual abuse they need to escape the violence and get the help they need to recover, and hopefully to go on to lead healthy and safe lives.

Please support this bill.

Thank you very much.


FORWARD

Date?

Testimony in opposition to SB 324
Emily Beier, on behalf of the Diocese of Madison

I testify before you as the mother of a young daughter, as a concerned citizen of Wisconsin, and as a coordinator of Natural Family Planning classes for the Diocese of Madison. My educational background includes a Master of Science degree in Marriage and Family Studies from the John Paul II Institute for Marriage and Family Studies.

This bill mandates that abstinence and contraception must be taught side-by-side in schools. But teaching students about the "health benefits" of contraception gives a **false sense of security.** Sociological evidence abounds showing that contraceptives fail to ensure the physical, emotional, psychological and relational well-being of our youth. Thus, abstinence-only programs must be allowed, because information on contraceptives continues to fail our children.

Contraceptives Fail Our Children:
Pregnancy: "An average of 11.8 percent of sexually active women using contraception will become pregnant in their first year of use." Moreover, "the rate of contraceptive failure among adolescent girls and young women is markedly higher."

> Citations: Fu, Haishan. *et al.* 1999. "Contraceptive Failure Rates: New Estimates from the 1995 National Survey of Family Growth." *Family Planning Perspectives* 31: 56-63.

STDs/STIs: "Research shows that condom use offers relatively little protection *(from "zero" to "some")* for herpes and no protection from the deadly HPV. A review of the scientific literature reveals that, on average, condoms failed to prevent the transmission of the HIV virus...between 15 percent and 31 percent of the time."

> Citation: Footnote: Dr. Susan Weller, "A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV," Social Science and Medicine, Vol. 36, No. 12 (1993). See also National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, "Summary," Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention, July 20, 2001, at http://www.niaid.nih.gov/dmid/stds/condomreport.pdf.

Psychological/Emotional Health
Dr. Bradford Wilcox, Prof. of Sociology at the Univ. of Virginia, synthesizes information from over a dozen sources in his paper "Scientific Review of Abstinence and Abstinence Programs" regarding the harmful psychological effects of teen sex:

> "A number of social scientific studies find that adolescent

premarital sex, particularly casual sex...is linked to psychological pathologies such as depression, suicide ideation, and suicide attempts." In one study, "adolescents who engaged in sex (but not drugs and alcohol)were three and one-half times more likely to be depressed than adolescents who abstained from sex, alcohol, and drugs." This link is particularly strong for teenagers who have sex...at age 15 or earlier."

Citation: Wilcox, "Scientific Review of Abstinence and Abstinence Education", Pal-Tec, Inc., February 2008, p. 11.

Future Relationships

In regards to future relationships, "Individuals who engage in premarital sexual activity are 50 percent more likely to divorce later in life than those who do not. Divorce, in turn, leads to sharp reductions in adult happiness and child well-being."

Citation: 10. Joan R. Kahn and Kathryn A. London, "Premarital Sex and the Risk of Divorce," Journal of Marriage and the Family, November 1991, pp. 845-855.

Abstinence-Only Programs Work

I would like to highlight two particular abstinence-only programs that have been highly effective in changing the attitudes that are directly linked to early sexual activity.

Abstinence by Choice in the Little Rock area of Arkansas reduced the sexual activity rates of girls by approximately 40 percent and the rate for boys by approximately 30 percent when compared with similar students who had not been exposed to the program.

Citation: Stan E. Weed, Title V Abstinence Education Programs: Phase I Interim Evaluation Report to Arkansas Department of Health, Institute for Research and Evaluation, October 15, 2001. The effects of the program in reducing the onset of sexual activity were statistically significant at the 98 percent confidence level. (Data on statistical significance are not currently included in the written report but were provided separately to the author by the evaluator, Dr. Stan Weed.

Postponing Sexual Involvement (PSI)

Postponing Sexual Involvement, an Atlanta, Georgia program, reduced the rate of initiation of sexual activity during the 8th grade by some 60 percent for boys and over 95 percent for girls.

Citation: Marion Howard and Judith Blarney McCabe, "Helping Teenagers Postpone Sexual Involvement," Family Planning Perspectives, January/February 1990, pp. 21-26.

According to the assessment of Dr. Wilcox, abstinence-only programs are effective when they partner with the larger community, are led by people to whom students have strong ties, and are not just information-based, but are also compelling in their reasons for abstinence, help students plan for the future, and involve community service.

Citation: Wilcox, "Scientific Review of Abstinence and Abstinence Education", Pal-Tec, Inc., February 2008, p. 21.

The evidence is clear and my resources are all cited in the written testimony: sex-ed programs that involve reliance on contraceptives come up short. Our children *will* pay not only with STDs and unplanned pregnancies, but also with serious emotional, psychological, and relational problems. Education in abstinence is the only means of upholding our children's overall well-being and bringing out the best in them.


FORWARD

Parent/Professional Testimony Opposing Senate Bill 324 Date?

Good Morning, my name is Alissa Hirscher, and I stand before you today as a mother of 2 young girls, and as a medical professional that works with adolescents coping with mental illness. I am opposed to SB 324. The concept of teaching that being sexually active is ok as long as you are safe is very deceptive. This medical –model sex-ed approach focuses solely on the physical aspects of sex, and neglects the very real emotional, mental, social and spiritual aspects.

I am concerned about this Bill as a Medical Professional: Sexually Active Teens are more likely to be depressed and to attempt suicide. (See reference) My patients who are sexually active struggle with STDs, unwanted pregnancy, body image, and legal issues, due to sex, even consensual, under age 16 being a Class C felony. Keeping current laws that require promoting abstinence as the safest option supports efforts to keep kids safe and law-abiding.

I am concerned about this Bill as a parent. It is truly the parent's responsibility to educate our children. We may choose to partner with public or private schools, but it is still the duty of the family to teach and educate. Parents must have the opportunity to be involved in the all aspects of curriculum and at all times as the current law states.

Our schools have a lot of power to teach what is "typical", and to set expectations and norms for students, and therefore society. State mandated topics such as informing about "proper use of contraceptives and barrier methods" without talking about marriage and abstinence promotes promiscuity among teens. These methods can protect from *some physical* concerns, but only abstinence protects the whole person – their physical, mental, social, and spiritual being.

Our teens deserve the best education on this issue- and that includes going beyond how to participate in a pleasurable act and hopefully avoid consequences. It means giving them good information about the intense emotions, hormonal bonding, and benefits of participating in this act within a life-time committed relationship. Promoting marriage, family, and parental involvement are crucial for a strong society- removing these things from the sex ed conversation is dangerous and irresponsible.

Thank you,
Alissa Hirscher, OTR
Occupational Therapist
Inpatient Child and Adolescent Psych.

Reference: National Longitudinal Survey of Adolescent Health, 1996.


FORWARD
E PLURIBUS UNUM

Thank you for considering this important legislation and allowing me to speak.

I would like to express my support of Senate Bill 324.

I am the mother of two sons, one 22 and the other 16. I have found that as they progress through the teen years I become less and less intelligent. Teens often get their sexual education from their peers. Much of that peer information is not medically accurate. Parents are often disregarded, unable, unwilling or uncomfortable giving medically accurate information. We should not let our youth flounder in the maze of disinformation and misinformation that surrounds them. We must give them medically accurate information that is based in reality not wishful thinking.

The statistics show that over 60% of students have sex by the 12th grade. Each year over 9 million cases of sexually transmitted infections, and about 822,000 pregnancies occur in teens. In the 14th Senate District, from which I come Adams and Marquette county have higher than the national average teen birth rates. Every county in the 14th District has teen Chlamydia rates higher than the national average with Columbia, where I live, at 3.2 times the national average, and going as high as 5 and a half times the national average in Adams county.

In an ideal world parents would be well informed and have serious fact-based discussions about sex with their children. While many parents do have these talks, many other parents are not comfortable, well informed or willing to discuss sex with their children.

When I was in high school there was a young woman who had just started dating. Her parents owned a dairy farm, and her mother was a nurse. You might think with this background that she would have a fairly good understanding of reproduction, but you would be wrong. Her parents sheltered her from the breeding of cows, and weren't comfortable talking to her about sex.

Within a month of that first date she went to the school nurse anxious and in tears. She had not had her period and was convinced that she was pregnant. When she was asked why she thought she was pregnant she proceeded to tell the nurse that she had been on a date and that she and the young man had kissed a lot. By the way she was not pregnant.

My sons have come home after talking to their friends with a great deal of misinformation they have gotten from their peers. For example they had been told that only gay people could get AIDS, and that withdrawal will keep you from getting a girl pregnant or STDs.

Many students will not get fact based information outside of our schools. The statistics show that Wisconsin's teens are at risk for sexually transmitted diseases, and teen pregnancy. We must be realistic and responsible, and we must educate our children. Please help our youth learn healthy sexual behaviors. Pass Senate Bill 324.

Sincerely,
Margo Miller
813 W. Carroll St.
Portage, WI 53901
608-745-1218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Date?

Concerned Citizens for Women's Health – Winnebago County

Thank you, Chairman Lehman, for the opportunity to testify in support of Senate Bill 324, the Healthy Youth Act.

My name is Darcy Duffy and I am here on behalf of Concerned Citizens for Women's Health of Winnebago County.

We are a grassroots organization of individuals in Oshkosh and the surrounding area that advocates for and supports programs and legislation to improve all areas of women's health in our community, in the State of Wisconsin and across the nation. We wholeheartedly support this bill and urge your committee to vote to pass it without delay.

Eleven thousand teens in Wisconsin will become pregnant this year. That number is staggering. Sixty-five hundred teens will give birth. Teen moms are more likely to drop out of high school, remain unmarried and live in poverty following their pregnancy. Worse, children born to teen mothers are 9 times more likely to live in poverty. In Winnebago County, the Chlamydia rate among teens is three times higher than the Wisconsin average. If left untreated, Chlamydia can result in infertility.

Why wouldn't we—as engaged citizens, as parents, and you, as elected officials—make every reasonable effort to prevent these disastrous consequences in the first place? The Healthy Youth Act is beyond reasonable. It's not a mandate that all schools teach sex ed, it's not a one-size-fits-all approach to education, but it is the least we can do.

If a school board opts to teach sex education, it should be taught in an age appropriate, medically-accurate way and should include elements proven to change risky teen behavior. The vast majority of research regarding sex education shows that only comprehensive sex education does this.

The Healthy Youth Act is a commonsense measure that will improve the health of our children and our communities. It's time to put public health ahead of ideology. Please vote to support Senate Bill 354.

Thank you,

Darcy Duffy
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