

**Resolution in Favor of Empirically Supported Sex Education  
and HIV Prevention Programs for Adolescents**

*Passed by the APA Council of Representatives on February 20, 2005*

WHEREAS the proportion of newly identified HIV cases among persons under 25 has increased since 1994 (CDC, 2002b); and,

WHEREAS statistical models suggest that half or more of all HIV infections occur before age 25 (Rosenberg et al., 1994); and,

WHEREAS most of those diagnosed with AIDS at ages 21 to 24 were most likely infected during adolescence as a result of the latency between acquiring HIV and an AIDS diagnosis; and,

WHEREAS death from AIDS, as well as new cases of HIV, in adolescence disproportionately occurs among females and persons of color (CDC Survey, 2001; U.S. Department of Health and Human Services, 2001); and,

WHEREAS adolescents are at risk for HIV primarily through their sexual behavior (CDC, 2004a) and males who have sex with males continue to constitute the majority of adolescents living with and/or newly infected with HIV (CDC, 2001; 2002 &c); and,

WHEREAS approximately 64% of heterosexually acquired HIV infections reported in the United States during 1999-2002 occurred in females and the proportion of HIV-infected females was highest among persons aged 13-19 years (CDC, 2004b); and,

WHEREAS the following have been identified as risk factors for HIV: early age of sexual debut, more frequent intercourse, less consistent use of condoms, more than four sexual partners, the co-occurrence of a sexually transmitted illness (STI), and anal or vaginal intercourse with an infected partner (CDC, 2002b & c); and,

WHEREAS in many urban areas of the country a common age of first sexual intercourse among specific subgroups of adolescents is age 12 for males with the national average being age 16 (Aten, et al., 2002; Post & Bokin, 1995; Raine, Jenkins, Aarons, et al., 1999); and,

WHEREAS one in five young people have sex by age 15 (Albert et al, 2003); and,

WHEREAS several subgroups of adolescents are at an elevated risk for HIV infection, including adolescents of color, homeless adolescents, males who have sex with males (MSM), gay, bisexual and transgendered adolescents, injection drug using adolescents, victims of sexual abuse, mentally ill adolescents, and adolescents in the juvenile justice or foster care system (Futterman, Chabon, & Hoffman, 2000); and,

WHEREAS the use of condoms can substantially reduce the risk of HIV infection (CDC, 2003 p. 9; CDC, 1993; Crosby, DiClemente, Wingood, Lang, Harrington, 2003; Macaluso, et al, 1999); and,

WHEREAS most adolescents who are sexually active do not use condoms consistently (Keller et al., 1991); and,

WHEREAS young people report concerns about HIV/AIDS, but many do not perceive themselves to be personally at risk and lack accurate information about circumstances that put them at risk for HIV infection (Henry J. Kaiser Family Foundation, 2000); and,

WHEREAS there is limited evidence for the efficacy of abstinence-only and abstinence until marriage programs with only a few published scientific studies (Thomas, 2000; Denny, Young,

Rausch, Spear, 2002) that are quite limited as a result of a lack of randomization and homogeneity of samples, making behavioral change difficult to measure and the results not generalizable; and,

WHEREAS many published studies associated with abstinence-only education programs (Kirby, Korpi, Barth & Cagampang, 1997; Roosa & Christopher 1990; St. Pierre, Mark, Kaltreider, & Aikin, 1995; Christopher & Roosa, 1990) have failed to find a reduction in sexual behavior; and,

WHEREAS virginity pledges, abstinence-only programs, and abstinence until marriage programs have been shown to have the unintended consequence of increasing the probability that adolescents will have unprotected intercourse at the time of first intercourse (Bearman & Bruckner, 2001; Bearman & Bruckner, 2004); and,

WHEREAS virginity pledgers who contracted sexually transmitted diseases (STDs) were less likely to know they had an STD (Bearman & Bruckner, 2004); and,

WHEREAS abstinence-only and abstinence until marriage programs as a way to prevent HIV transmission have not been shown to be effective in long-term, randomized controlled studies, especially for sexually experienced adolescents (Bearman & Bruckner, 2001; Jemmott, Jemmott & Fong, 1998; Kirby, Korpi, Barth & Cagampang, 1997); and,

WHEREAS abstinence until marriage programs make no effort to address the unique needs of lesbian, gay, bisexual and transgendered (LGBT) adolescents and thereby discriminate against LGBT adolescents who are disproportionately affected by HIV and who are precluded by law from marrying; and,

WHEREAS abstinence until marriage programs imply that LGBT adolescents should remain unrealistically abstinent for life because they make no effort to address the unique needs of LGBT adolescents; and,

WHEREAS abstinence until marriage programs are inherently discriminatory and violate the 1975 APA antidiscrimination resolution on gay, lesbian, bisexual, transgendered and questioning individuals (see <http://www.apa.org/pi/lgbc/policy/statements.html#1>); and,

WHEREAS most comprehensive sexuality education programs include the message that abstinence or mutual monogamy with a partner known not to be HIV infected are the safest ways to prevent sexual transmission of HIV and thus support the goals of abstinence and delaying initiation of sexual behavior (CDC, 2003); and,

WHEREAS HIV prevention programs for youth that focus on delaying initiation of sexual behavior are valuable and justified on the basis of developmental theory; and,

WHEREAS comprehensive sexuality education programs that provide information, encourage abstinence, promote condom use for those who are sexually active, encourage fewer sexual partners, educate about the importance of early identification and treatment of STDs, and teach sexual communication skills are effective with sexually experienced adolescents (Mullen et al, 2002); and,

WHEREAS comprehensive sexuality education programs that discuss the appropriate use of condoms do not accelerate sexual debut (Blake, 2003; Guttmacher, et al., 1997; USPHS, Surgeon General 2001) and yet do decrease pregnancy rates (CDC, 2004c); and,

WHEREAS empirical research shows that comprehensive sexuality education programs decreases the likelihood of unprotected sexual intercourse at the time of first intercourse (Main, et al., 1994; Kirby, 2000; Kirby, 2001) and reduces sexual risk behaviors that contribute to HIV (CDC, 1999; O'Donnell, 2002); and,

WHEREAS targeted comprehensive sexuality education programs for adolescents have been shown to decrease high risk sexual behaviors among gay, lesbian and bisexual youth (Blake, et al., 2001; Kegeles, Hayes & Coates, 1996; Remafedi, 1994; Rotheram-Borus, Rosario, Reid & Koopman 1995; Rural Center for AIDS/STD Prevention, 2002; Wright, Gonzales, Werner, Laughner, & Wallace, 1998); and,

WHEREAS targeted comprehensive sexuality education programs for substance dependent adolescents have been shown to, not just decrease high risk sexual behaviors, but to increase the number of adolescents who abstained from sex (St. Lawrence, Crosby, Brasfield & O'Bannon, 2002); and,

WHEREAS targeted comprehensive sexuality education programs for high risk adolescents in family and community-based institutional settings allow for access to hard-to-reach adolescents and they have been demonstrated to be effective, particularly in increasing condom use and condom acquisition (Harper & Robinson, 1999; Jemmott & Jemmott, 2000; Lightfoot & Rotheram-Borus, 2000; Peterson & DiClemente, 2000); and,

WHEREAS comprehensive sexuality education programs are effective in reducing risky behaviors and HIV transmission (Rotheram-Borus et al., 1998) and increasing condom use among those having sex for the first time (Rosenfeld, Myer, Merson, 2001; Low-Beer & Stoneburger, 2001); and,

WHEREAS comprehensive sexuality education programs are effective in preventing high risk sexual behaviors for adolescents living with HIV (Rotheram-Borus, et al., 2001); and,

WHEREAS a considerable body of evidence shows that comprehensive sexuality education programs focusing on both abstinence and condom use for those who choose to have sex have resulted in reductions in HIV-risk behavior and delays in the onset of intercourse (Collins et al., 2002; Kirby, 2001; Pedlow & Carey, 2001); and,

WHEREAS current Federal policy and practice in support of abstinence-only programming is based on little scientific evidence (Thomas, 2000) and thus may result in negative consequences for adolescents such as increased pregnancy rates or STDs; and,

WHEREAS a majority of parents support comprehensive sex education programs for their children (Henry J. Kaiser Family Foundation, 2000); and

WHEREAS the Institute of Medicine (Ruiz, 2001) and numerous professional and health organizations (e.g., the American Academy of Pediatrics, the American College of Obstetricians & Gynecologists, the American Medical Association, the American Public Health Association, the National Education Association, the National Medical Association, the National School Boards Association, the Society for Adolescent Medicine, Planned Parenthood Federation of America, Advocates for Youth and Sexuality Information and Education Council of the United States) support comprehensive sexuality education programs and recommend the elimination of existing congressional, federal, state and local mandates for abstinence-only and abstinence until marriage programs that censor information about condoms and contraception for the prevention of pregnancy and STDs including HIV; and,

WHEREAS the Department of Health and Human Services Strategic Plan for Fiscal Years 2002-2008 has as its first goal to prevent the spread of disease and illness, focusing in part on providing education and other materials to reduce unsafe sexual behaviors \*U.S. Department of Health and Human Services, Strategic Plan, FY 2003-2008, p. 2); and,

WHEREAS the Administrations's 2005 budget proposes to double funding to \$270 million for abstinence only education programs; and,

WHEREAS Federal guidelines (Devaney, et al., 2002, p. 31, 34) recommend that programs to prevent HIV/STIs among youth be based on empirical evidence derived from methodologically sound studies characterized by:

- a) adequate sampling strategies to ensure minimum selection bias and maximum generalizability; and,
- b) valid and reliable measurement techniques; and,
- c) the use of appropriate comparison groups; and
- d) pre and post-intervention assessment that includes long-term follow-up to ensure maintenance of intervention effects.

THEREFORE, BE IT RESOLVED that the American Psychological Association (APA) strongly supports the foregoing Federal guidelines and further recommends:

that programs to prevent HIV/STIs among youth include clear definitions of the behaviors targeted for change, address a range of sexual behaviors, be available to all adolescents (including youth of color, gay and lesbian adolescents, adolescents exploring same-sex relationships, drug users, adolescents offenders, school dropouts, runaways, mentally ill, homeless, culturally diverse and migrant adolescents), and focus on maximizing a range of positive and lasting health outcomes; and,

that widespread implementation of particular programs occur only in those instances when the efficacy and effectiveness of the programs have been well-established through sound scientific methods; and,

that new programs, including abstinence-only and abstinence until marriage programs, be tested in comparison to programs with proven effectiveness; and,

and that public funding for the implementation of comprehensive sexuality education programs be given priority over public funding for the implementation of abstinence-only and abstinence until marriage programs until such programs are proven to be effective.

BE IT FURTHER RESOLVED that the American Psychological Association supports efforts to:

Educate policy makers about research documenting the limitations of abstinence-only and abstinence until marriage programs, including their failure to attend to the prevention needs of MSM adolescents who are disproportionately affected by HIV/AIDS; and,

Encourage and promote policy makers to base funding decisions and laws on the well-designed scientific research with outcome data measured in terms of pregnancy rates, STIs, and HIV, as well as the health needs of young people, particularly those youth that are at elevated risk for HIV; and,

Urge state governments, Congress, and the executive branch to eliminate censorship of HIV safer sex messages in federally-funded HIV prevention programs; and

Promote comprehensive sexuality education programs designed to prevent HIV; and,

Promote HIV prevention as part of all adolescent mental health and substance abuse treatment and prevention programs; and,

Promote and encourage funding for research and program evaluation initiatives that are directed at youth and families who are at the greatest risk for HIV such as:

- Adolescent males who have sex with males, which remains the highest risk category (CDC, 1995; CDC, 2002c);
- Youth of color and especially young women of color aged 12-19 (CDC, 2004b);
- Adolescents with an early age of onset of sexual activity (CDC, 2002b, c);
- Adolescents with more than four sexual partners (CDC, 2002b,c);
- Runaway and homeless adolescents who engage in "survival sex." (Stricof, et al., 1990; Shalwitz, et al., 1990; Sweeney, et al, 1995; GAO, 1989; Rotheram-Borus, 1991; Rotheram-Borus et al, 1992; Yates, et al., 1988);
- Youth with a history of forced or coerced sex or sexual abuse (Goodenow, Netherland, & Szalacha, 2002; Lyon, Richmond, D'Angelo, 1996; NIMH Multisite HIV Prevention Trial Group, 2001);
- Youth with mental health problems (Brown et al., 1997; Donenberg & Pao, 2004);
- Youth in the juvenile justice system (Teplin, Mericle, McClelland, & Abram 2003);
- Transgendered adolescents (Garofalo et al., 2004);
- Ethnic minority adolescents (CDC, 2002c);
- HIV positive youth (Frederick, et al., 2000; Futterman, et al., 1990; Hein, 1989; Rotheram-Borus, et al., 1997); and

Promote and encourage programs that serve the needs of those whose sexual experiences, by law, occur exclusively outside of the context of traditional marriage, including men who have sex with men, gay, lesbian, bisexual and transgendered youth; and,

Promote training of psychologists in treating youth at risk and to document the need to add this training to all psychology training programs; and,

Promote and facilitate psychologists' acquisition of competencies associated with HIV prevention for youth, including mastery of the literature on HIV prevention and mastery of scientific evaluation of comprehensive sexuality education programs; and,

Encourage psychologists to be especially sensitive to the social and cultural biases which may result in some groups and individuals being underserved by abstinence-only and abstinence until marriage programs, as well as those receiving comprehensive sex education; and,

Work cooperatively with caregivers, families, medical providers, community based organizations, schools and multidisciplinary teams to improve the effectiveness of all programs designed to prevent HIV in youth; and,

Advocate for more rigorous evaluation of abstinence-only programs; and,

Advocate for increased funding for the widespread implementation of family, community and school based HIV prevention programs with proven effectiveness as demonstrated by rigorous evidence-based research.

#### References

- Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York: Alan Guttmacher Institute, 19-20.
- Albert, B., Brown, S., & Flanigan, C. (Eds.) (2003). *14 and Younger: The Sexual Behavior of Young Adolescents*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

- Aten, M.J., Siegel, D.M., Enaharo, M., Auinter, P. (2002). Keeping middle school students abstinent: outcomes of a primary prevention intervention. *Journal of Adolescent Health*, 31(1), 70-78.
- Bearman, P. & Bruckner, H. (2004). The relationship between virginity pledges in adolescence and STD acquisition in young adulthood: After the promise: The long-term consequences of adolescent virginity pledges. Paper presented on March 19, 2004 at the National STD Conference: Philadelphia, PA.
- Bearman, P. & Bruckner, H. (2001). Promising the Future: Virginity Pledges and First Intercourse. *American Journal of Sociology*, 106, 859-912.
- Blake, S.M., Ledsky, R., Lehman, T., et al. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91, 940-946.
- Blake, S.M. (2003). Condom availability programs in Massachusetts high schools: Relationships with condom use and sexual behavior. *American Journal of Public Health*, 93(6):955-962.
- Brown, L.K., Lourie, K.J., Pao, M. (2000). Children and adolescents living with HIV and AIDS: a review. *Journal of Child Psychology and Psychiatry*, 41(1),81-96.
- Centers for Disease Control and Prevention (CDC, 2004,a). Fact Sheet: Young People at Risk for HIV/AIDS Among America's Youth.
- Centers for Disease Control and Prevention (CDC, 2004b). Heterosexual Transmission of HIV - 29 states, 1999-2002. *Morbidity and Mortality Weekly Report*, 43(06), 125-129.
- Centers for Disease Control and Prevention (CDC, 2004c). CDC HIV/STD/TB Prevention News Update - May 11, 2004.
- Centers for Disease Control and Prevention (CDC) (2003). Incorporating HIV prevention into the medical care of persons living with HIV: recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. . *Morbidity and Mortality Weekly Report*, 52(12), 1-24.
- Center for Disease Control and Prevention (CDC) (2000). HIV/AIDS Surveillance in Adolescents L265 slide series (through 2000).
- Centers for Disease Control and Prevention. (2002a). Table 13: AIDS cases in adolescents and adults under age 25, by sex and exposure category, reported through June 2001, United States. <http://www.cdc.gov/hiv/stats/hasr1301/table13.htm>
- Centers for Disease Control and Prevention. (2002b). Table 14: HIV infection cases in adolescents and adults under age 25, by sex and exposure category, reported through June 2001, from 34 areas with confidential HIV infection reporting. <http://www.cdc.gov/hiv/stats/hasr1301/table14.htm>
- Centers for Disease Control and Prevention (CDC) (2002c). Diagnosis and Reporting of HIV and AIDS in States with HIV/AIDS Surveillance --- United States, 1994-2000. *Morbidity and Mortality Weekly Report*, 51, 595-598.
- Centers for Disease Control and Prevention. (2002d). Fact Sheet: Youth Risk Behavior Trends From CDC's 1991, 1993, 1995, 1997, and 1999, 2002 Youth Risk Behavior Surveys [Internet]. Available at: [www.cdc.gov/nccdphp/dash/yrbs/trend.htm](http://www.cdc.gov/nccdphp/dash/yrbs/trend.htm).
- Centers for Disease Control and Prevention (2002e). Male latex condoms and sexually transmitted diseases: Fact Sheet for Health Professionals. [Internet]. Available at [www.cdc.gov/hiv/pubs/faq/faq23.htm](http://www.cdc.gov/hiv/pubs/faq/faq23.htm). Last updated Dec 2, 2002.
- Centers for Disease Control and Prevention. (2002). Need for sustained HIV prevention among men who have sex with men. March 11, 2002. Available at: [www.cdc.gov/hiv/pubs/swfacts/msm.htm](http://www.cdc.gov/hiv/pubs/swfacts/msm.htm).
- Centers for Disease Control and Prevention. (2001). Young People at Risk: HIV/AIDS Among America's Youth [Internet]. Available at: [www.cdc.gov/hiv/pubs/facts/youth.pdf](http://www.cdc.gov/hiv/pubs/facts/youth.pdf).
- Centers for Disease Control and Prevention. (2001). Compendium of HIV Prevention Interventions with Evidence of Effectiveness. Revised on August 31, 2001.
- Centers for Disease Control and Prevention. (1999). Resurgent bacterial sexually transmitted disease among men who have sex with men - King County, Washington, 1997-1999. *Morbidity and Mortality Weekly Report*, 48, 773-777.

- Centers for Disease Control and Prevention. (1999). Research to Classroom Project: "Programs That Work." August 31, 2001, revised.
- Centers for Disease Control and Prevention. (1993). Update: barrier protection against HIV infection and other sexually transmitted diseases. *Journal of the American Medical Association*, 270, 933-934.
- Centers for Disease Control and Prevention. (2002d). Fact Sheet: Youth Risk Behavior Trends From CDC's 1991, 1993, 1995, 1997, and 1999, 2002 Youth Risk Behavior Surveys [Internet]. Available at: [www.cdc.gov/nccdphp/dash/yrbs/trend.htm](http://www.cdc.gov/nccdphp/dash/yrbs/trend.htm).
- Christopher, F.S. & Roosa, M.W. (1990). An evaluation of an adolescent pregnancy prevention program: is "just say no" enough? *Family Relations*, 39, 68-72.
- Collins, C., Alagiri, P., Summers, T. & Morin, S.F. (2002). Abstinence Only vs. Comprehensive Sex Education: What are the arguments? What is the evidence? *AIDS Research Institute, University of California, San Francisco, Policy Monograph Series - March 2002*.
- Connolly (2003). Texas county with abstinence-only sex education curriculum shows increases in teen pregnancy, STDs. *The Washington Post* (January 21, 2003).
- Crosby, R.A., DiClemente, R.J., Wingood, G.M. et al. (2003). Value of Consistent Condom Use: A Study of Sexually Transmitted Disease Prevention Among African American Adolescent Females. *American Journal of Public Health*, 93,901-902.
- Crosby, R.A., Yarber, W.L., Ding, K., Diclemente, R., Dodge, B. (2000). Rural and non-rural adolescents' HIV/STD sexual risk behaviors: Comparisons from a national sample. *The Health Education Monograph Series*, 18(1), 45-50.
- Denny, G., Young, M., Rausch, S., & Spear, C. (2002). An evaluation of an abstinence education curriculum series: Sex can wait. *American Journal of Behavior*,26(5), 366-377.
- Devaney, B., Johnson, A., Maynard, R. Trenholm, C. (2002). The Evaluation of Abstinence Education Programs Funded Under Title V Section 510: Interim Report to Congress on a Multi-site Evaluation. *Mathematica Policy Research, Inc.*
- Frederick, T., thomas, P., Mascola, L., Hsu, H.W., Rakusan, T., Mapson, C., Weedon, J., Bertolli, J. (2000). Human immunodeficiency virus-infected adolescents: a descriptive study of older children in New York City, Los Angeles County, Massachusetts and Washington, D. C. *Pediatr Infect Dis J*, 19(6): 551-555.
- Futterman, D., Chabon, B., & Hoffman, N.D. (2000) HIV and AIDS in adolescents. *Pediatric Clinics of North America*, 47(1), 171-188.
- Garofalo, R., DeLeon, J., Osmer, E., Doll, M., Harper, G.W., (May, 2004). Overlooked and misunderstood youth ar risk: A descriptive study of ethnic minority transgender youth. Poster presented at the annual meeting of the Pediatric Academic Society meeting. San Francisco, CA.
- Garofalo, R., Wolf, R.C., Kessel, S., Palfrey, S.J., DuRznt, R.H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101(5), 895-902.
- Goodenow, C., Netherland, J., Szalacha, L. (2002). AIDS-Related risk among adolescent males who have sex with males, females, or both: Evidence from a statewide survey. *American Journal of Public Health*, 92(2):203-210.
- Goodroad, B.K., Kirksey, K.M., Butensky, E. (2000). Bareback sex and gay men: an HIV prevention failure. *The Journal of the Association of Nurses in AIDS care*, 11(6), 29-36.
- Guttmacher S., Lieberman L., Ward D., Freudenberg N., Radosh A. & Des Jarlais D. (1997). Condom availability in New York City public schools: Relationships to condom use and sexual behavior. *American Journal of Public Health*, 87, 1427-1433.
- Harper G.W. & Robinson W.L. (1999). Pathways to risk among inner-city African-American adolescent females: the influence of gang membership. *American Journal of Community Psychology*, 27(3), 383-404.
- Henry J. Kaiser Family Foundation. (2000). *Sex Education in America: A View from Inside the Nation's Classrooms* (Summary of Findings) [Internet]. Retrieved February 24, 2003 from, <http://www.kff.org/content/2000/3048/>
- Howard, M. & McCabe, J.B. (1990). Helping teenagers postpone sexual involvement. *Family Planning Perspectives*, 22, 21-26.

- Jemmott, J. B., & Jemmott, L. S. (2000). HIV behavioral interventions for adolescents in community settings. In J. L. Peterson & R. J. DiClemente (Eds.), *Handbook of HIV Prevention* (pp. 103-127). NY: Kluwer Academics/Plenum Publishers.
- Jemmott, J.B., 3<sup>rd</sup>, Jemmott, L.S., Fong, G.T. (1998). Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: a randomized controlled trial. *Journal of the American Medical Association*, 279, 1529-1536.
- Kegeles, S., Hays, R. & Coates, T. (1996). The Mpowerment Project: A Community-Level HIV Prevention Intervention for Young Gay Men. *American Journal of Public Health*, 86, 1129-1136.
- Keller, S.E., Barlett, J.A., Schleifer, S.J., Johnson, R.L., Pinner, E., & Delaney, B. (1991). HIV-relevant sexual behavior among a healthy inner-city heterosexual adolescent population in an endemic area of HIV. *Journal of Adolescent Health*, 12, 44-48.
- Kirby, D., Korpi, M., Barth, R.P. & Cagampang, H.H. (1997). The Impact of the Postponing Sexual Involvement Curriculum Among Youths in California. *Family Planning Perspectives*, 29, 100-108.
- Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*: National Campaign to Prevent Teen Pregnancy.
- Kirby, D. (2000). School-based interventions to prevent unprotected sex and HIV among adolescents. In J. L. Peterson & R. J. DiClemente (Eds.), *Handbook of HIV prevention*. (pp.103-127). NY: Kluwer Academics/Plenum Publishers.
- Lightfoot, M. & Rotheram-Borus, M.J. (2000). Interventions for High-Risk Youth. In JH. L. Peterson & R. J. DiClemente (Eds.), *Handbook of HIV Prevention* (pp. 129-145.) New York: Kluwer Academics/Plenum Publishers.
- Low-Beer, D., Stoneburger, R. (Henry J. Kaiser Family Foundation). (2001). *In search of the magic bullet: evaluating and replicating prevention programs*.
- Lyon, M., Richmond, D., D'Angelo, L., (1996). Is sexual abuse in childhood or adolescence a predisposing factor for HIV infection during adolescence? *Pediatric AIDS and HIV Infection: From Fetus to Adolescent*, 6, 271-275.
- Macaluso, J.M., Keleghan, J., Artz, L., et al. (1999). Mechanical failure of the latex condom in a cohort of women at high STD risk. *Sexually Transmitted Diseases*, 26, 450-458.
- Main, D.S., Iverson, DC, McGloin, J., Banspach, S.W., Collins, J.L., Rugg, D.L., et al. (1994). Preventing HIV infection among adolescents: Evaluation of a school-based education program. *Preventive Medicine*, 23, 409-417.
- Mullen, P.D., Ramirez, G., Strouse, D., Hedges, L.V., Sogolow, E. (2002). Meta-analysis of the effects of behavioral HIV prevention interventions on the sexual risk behavior of sexually experienced adolescents in controlled studies in the United States. *Journal of Acquired Immune Deficiency Syndromes: JAIDS*. 30 Suppl 1:S94-S105.
- NIMH Multisite HIV Prevention Trial Group. (2001). A test of factors mediating the relationship between unwanted sexual activity during childhood and risky sexual practices among women enrolled in the NIMH Multisite Prevention Trial. *Women and Health*, 33(1-2), 163-180
- O'Donnell, L., Stueve, A., O'Donnell, C., et al. (2002). Long-term reductions in sexual initiation and sexual activity among urban middle schoolers in the Reach for Health service learning program. *Journal of Adolescent Health*. 31(1):93-100.
- Pao, M., Lyon, M., D'Angelo, L., Schumann, W., Tipnis, T., Mrazek, M. (2000). Psychiatric diagnosis in HIV seropositive adolescents. *Archives of Pediatrics & Adolescent Medicine*, 154, 240-244.
- Pedlow, C.T. & Carey, M.P. (Aug. 13, 2001). Developmentally-Appropriate Features of HIV Risk Reduction Interventions for Adolescents. Poster, National HIV Prevention Conference, Atlanta, GA.
- Peterson, J. & DiClemente, R. J. (2000). *Handbook of HIV Prevention*. New York: Plenum.
- Post, S.G. & Botkin, J.R. (1995). Adolescents and AIDS prevention. *Clinical Pediatrics*, 34, 41-45.

- Raine, T.R., Jenkins, R., Aarons, A., Woodward, K., & Fairfax, J.L. (1999). Sociodemographic correlates of virginity in seventh-grade Black and Latino students. *Journal of Adolescent Health, 4*, 304-312.
- Remafedi, G. (1994). Cognitive and behavioral adaptations to HIV/AIDS among gay and bisexual adolescents. *Journal of Adolescent Health, 15*(2), 142-8.
- Roosa, M.W. & Christopher, F.S. (1990). Evaluation of an abstinence-only adolescent pregnancy prevention program: a replication. *Family Relations, 39*, 363-367.
- Rosenberg, P.S., Biggar, R.J., & Goedert, J.J. (1994). Declining Age at HIV Infection in The United States. *New England Journal of Medicine, 330*, 789-790.
- Rosenfeld, A., Myer, L. & Merson, M. (Henry J. Kaiser Family Foundation). (2001). *The HIV/AIDS pandemic: the case for prevention*.
- Rotheram-Borus, M.J., Gillis, J.R., Reid, H.M., Fernandez, M.I., Gwadz, M. (1997). HIV testing, behaviors, and knowledge among adolescents at high risk. *Journal of Adolescent Health, 20*(3), 216-225.
- Rotheram-Borus, M.J., Gwadz, M., Fernandez, M.K., Srinivasan, S. (1998). Timing of HIV interventions on reductions in sexual risk among adolescents. *American Journal of Community Psychology, 26*(1), 73-96.
- Rotheram-Borus, M.J., Koopman, C., Haignere, C. & Davies, M. (1991). Reducing HIV sexual risk behaviors among runaway adolescents. *Journal of the American Medical Association, 266*, 1237-1241.
- Rotheram-Borus, M.J., Lee, M.B., Murphy, D.A., et al. (2001). Efficacy of a Preventive Intervention for Youths Living with HIV. *American Journal of Public Health, 91*(3):400-405.
- Rotheram-Borus, M.J., Meyer-Bahlburg, H.F., Rosaria, M., Koopman, C., et al., (1992). Lifetime sexual behaviors among predominantly minority male runaways and gay/bisexual adolescents in New York City. *AIDS Education & Prevention, Fall, Suppl*, 34-42.
- Rotheram-Borus, M.J., Murphy, D.A., Kennedy, M., Stanton, A., Kuklinski, M. (2001). Health and risk behaviors over time among youth living with HIV. *Journal of Adolescence, 24*(6), 791-802.
- Rotheram-Borus, M.J., Reid, H., Rosario, M. (1994). Factors mediating changes in sexual HIV risk behaviors among gay and bisexual male adolescents. *American Journal of Public Health, 84*(12), 1938-1946.
- Rotheram-Borus, M.J., Rosario M., Reid H. & Koopman C. (1995). Predicting patterns of sexual acts among homosexual and bisexual youths. *American Journal of Psychiatry, 152*(4), 588-95.
- Ruiz, M.S. (2001). Institute of Medicine (U.S.). Committee on HIV Prevention Strategies in the United States. *No time to lose: getting more from HIV prevention*. Washington, D.C.: National Academy Press.
- Ruiz, J., Facer, M., Sun, R.K. (1998). Risk factors for human immunodeficiency virus infection and unprotected anal intercourse among young men who have sex with men. *Sexually Transmitted Diseases, 25*(2), 100-107.
- Rural Center for AIDS/STD Prevention. (2002). *Fact Sheet: HIV/AIDS Prevention for Gay and Bisexual Male Youth*. Indiana University, Purdue University, and Texas A & M University.
- Silva, M. (2002). The effectiveness of school-based sex education programs in the promotion of abstinent behavior: a meta-analysis. *Health Education Research, 17*(4), 471-481.
- St. Lawrence, J.S., Crosby, R.A., Brasfield, T.L., & O'Bannon, R.E. (2002). Reducing STD and HIV risk behavior of substance-dependent adolescents: a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 70*, 1010-1021.
- St. Pierre, T.L., Mark, M.M., Kaltreider, D.L. & Aikin, K.J. (1995). A 27-month evaluation of a sexual activity prevention program in Boys & Girls Clubs across the nation. *Family Relations, 44*, 69-77.
- Suarez T., Miller, J. (2001). Negotiating risks in context: a perspective on unprotected anal intercourse and barebacking among men who have sex with men-where do we go from here? *Archives of Sexual Behavior, 30*(3), 287-300.

- Thomas, M.H. (2000). Abstinence-based programs for prevention of adolescent pregnancies: A review. *Journal of Adolescent Health, 26*(1), 5-17.
- Treisman, G.J., Angelino, A.F., Hutton, H.E. (2001). Psychiatric issues in the management of patients with HIV infection. *JAMA, 286*(22), 2857-2864.
- U.S. Department of Health and Human Services, National Center for Health Statistics. (2001). *National Vital Statistics Report*.
- U. S. Department of Public Health Service. Office of the Surgeon General. (2001). *The Surgeon General's call to action to promote sexual health and responsible sexual behavior*. Rockville, MD: Office of the Surgeon General.
- Valleroy, L., MacKellar, D.A., Karon, J.M., et al. (2000). HIV prevalence and associated risks in young men who have sex with men. *The Journal of the American Medical Association, 284*(2), 198-204.
- Yarber, W., Saunders, S.A. (1998). Rural adolescent views of HIV prevention: Focus groups at two Indiana rural 4-H clubs. *The Health Education Monograph Series, 16*(2), 1-6.
- Yates, G.L., MacKenzie, R., Pennbridge, J., Cohen, E. (1988). A risk profile comparison of runaway and non-runaway youth. *American Journal of Public Health, 78*(7), 820-821.
- Weston, G. (2003). Rates of New AIDS cases among major cities with more than 500,000 residents. Data and Research Division of the CDC's HIV/AIDS Administration. Paper presentation. National HIV Conference in Atlanta, GA (July 28, 2003).
- Wright, E.R., Gonzales, C., Werner, J.N., Laughner, S.T. & Wallace, M. (1998). Indiana Youth Access Project: a model for responding to the HIV risk behaviors of gay, lesbian, and bisexual youths in the heartland. *Journal of Adolescent Health, 23*(2), 83-95.
- Young, M., Core-Gebhart, P. & Marx, D. (1992). Abstinence-oriented sexuality education: initial field test results of the Living Smart curriculum. *Family Life Educator, 10*, 4-8.