Asexuality gets more attention, but is it a sexual orientation?

Some sexuality experts are skeptical

For years, Julie Decker had suspected she didn’t have the same desires as other girls. As a young teen, she didn’t fixate on boys (or girls, for that matter). In high school, she didn’t want to date anyone. But a boy asked her out repeatedly, so she relented.

Soon the pair were kissing and fondling, but Decker wasn’t into it.

“It wasn’t unpleasant so much as it was uninteresting and a little bit gross,” Decker remembers. “I spent the whole time trying to memorize a song from a cartoon.”

The encounter solidified Decker’s belief that she wasn’t interested in sex. Decker, now a 27-year-old bookstore employee and writer of fantasy fiction, considers herself asexual.

Decker doesn’t date. She’s doesn’t masturbate. She’s never experienced oral sex or intercourse. And she doesn’t believe she’s missing anything as a result.

“I’m not interested in finding a long-term companion,” said Decker, who lives in Gainesville, Fla. “I have a lot of friends and I’m not lonely.” Added Decker: “I’m in a distinct minority, but there is nothing wrong with that minority.”

A Canadian researcher believes he’s uncovered a clue about how many people have traits that are similar to Decker. In August 2004, Anthony Bogaert, PhD, a Brock University professor, published “Asexuality: Prevalence and Associated Factors in a National Probability Sample” in The Journal of Sex Research.

Using data from a 1994 British sexuality survey of 18,876 people, Bogaert estimates that 1.05 percent of people in the U.K. are asexuals. The sample included males and females between the ages of 16 and 59 who were asked to complete either a long- or short-form questionnaire. When asked to complete the statement “I have felt sexually attracted to …”, respondents were given five choices: (a) “only females, never males” (b) “more often to females, and at least once to a male” (c) “about equally often to males and females” (d) more often to males, and at least once to a female” (e) “only males, never to females” and (f) “I have never felt sexually attracted to anyone.”

Nearly 200 people (138 women and 57 men) said they weren’t attracted to either gender, leading Bogaert to conclude that these respondents were asexuals.

In his paper, Bogaert defines asexuality as “the absence of a traditional sexual orientation, in which an individual would exhibit little or no sexual attraction to males or females.”

The Bogaert study and the existence of an online support group called the Asexuality and Visibility Network has sparked several articles in the media on the topic. Most of these stories explored the possibility that asexuality is a new sexual orientation. That’s an assertion many sexuality experts dismiss.

“Just because someone calls themselves an asexual doesn’t mean that they are asexual in the scientific definition of the term,” said Leonard Contemporary Sexuality Vol. 39, No. 11 November 2005 1
From the Executive Director’s Desk …

- The 38th annual AASECT conference has been moved from New Orleans to St. Louis for June 28 – July 1, 2006. We have decided to give the Crescent City more time to recover from Hurricanes Katrina and Rita. We plan to return to the “Big Easy” in 2008.

- Proposals remain due by November 11 for consideration for the 2006 AASECT conference. The “Call for Papers” is on the website and we hope you will “Meet us in St. Louis.”

- Steve Wales of Arizona and some of our other talented teachers are reviving the AASECT Summer Institutes. We have now arranged a training 20-40 young therapists to gain a huge part of our certification requirements in one intensive week learning how to “Perform Sex Therapy.” The training is now scheduled for July 16-21, 2006 at the Roslyn Retreat in Richmond, Virginia. For more information watch our AASECT list serve or website or contact either Steve Wales (SteveW@phx.interfaith.org) or Tayloe Moore (TMoore@aasect.org). We will need a good response to this special offer to make it happen. Registrants will be accepted on a first come, first served basis and the application will soon be on the AASECT website.

- Awards for 2006 — Mike McGee, Chair of the AASECT Awards Committee, has also posted on our website the nomination form for various awards to be presented at the 2006 AASECT conference in St. Louis. We hope you will consider nominating a worthy individual to receive the Humanitarian Award, Professional Standards of Excellence Award, Distinguished Service to AASECT Award or the Best Sexuality Book of the Year Award.

— Stephen Conley, AASECT Executive Director
As I write this column, I have two, very exciting pieces of important news to report. I received the first copy of the Report of the Blue Ribbon Task Force, chaired by Dr. Dennis P. Sugrue. As you may recall, I asked Dennis to form a distinguished task force to examine and make recommendations concerning AASECT’s structures of membership and governance. It is clear to me that, in certain respects, our organization has been operating in ways that may be outdated and we are perhaps overdue for an overhaul.

Dennis, with his customary skill and diligence, gathered a truly phenomenal group: Drs. Sandra S. Cole, James Huggins, Jo Marie Kessler, Judith Seifer and Beverly Whipple. Let us be frank, this is an extraordinarily talented and dedicated group of the top leaders in our field … and they have labored, with all their devotion, vision and wisdom, to bring us a set of outstanding recommendations for AASECT’s future.

In my opinion, this Report is a gem that synthesizes efficacy and insight in showing us how to expand our organizational membership and yet make its democratic governance more streamlined and more powerful.

The Report will be considered by AASECT’s Board of Directors at its November meeting and published in Contemporary Sexuality soon thereafter. Then there will be consequent By-Law revisions that will come into the mailbox of every voting member in the New Year. I am confident that, by the time of our annual conference in 2006, AASECT will be bigger and better, and we will have new By-Laws in place to secure the brightness of our future.

In relation to our 2006 annual conference, it is — of course — a disappointment that we cannot meet in New Orleans. Our hearts go out to all the people who suffered from the devastation of this year’s hurricane disasters. However, our executive director, Dr. Steve Conley, made the judicious decision to postpone having our conference in Louisiana and to support New Orleans by going there in 2008.

Meanwhile, Steve has worked strenuously to find us an alternative site for the annual conference in 2006, and has pulled “a rabbit out of the hat.” AASECT is going to St. Louis, Missouri, next year … and I am delighted.

As many of you will remember, AASECT had a wonderful conference there in 1999 and it will be a pleasure to go back. St. Louis is a vibrant city with music, food, museums, parks, and other recreational opportunities as well as an outstanding university and medical school. It is also geographically accessible, by land or by air, for a large percentage of our membership.

These are two exciting developments — and I ask you to support them. Please vote for the new By-Laws that the Board of Directors will be sending you in just a few months — they will help us create an improved organization for all concerned. And please … let’s all plan to have a great time in St. Louis.

Barnaby B. Barratt, PhD, DHS can be reached at (805) 588-7098 or Barnaby@mwsexual.com.
R. DeRogatis, PhD, director of the Center for Sexual Health and Medicine at Johns Hopkins University. “It doesn’t mean that they don’t have a sex drive, it just means that they are choosing not to use it.”

Marty Klein, PhD, is an AASECT-certified sex therapist and publisher of Sexual Intelligence, agrees. “Every clinician has seen people with no interest in sex, sometimes lifelong,” he said. “Some have been exploited; some have personality disorders; some are terrified of their own sexuality; some are, well, just not interested in sex.”

Neither DeRogatis nor Klein believes asexuality deserves special recognition.

“No, it’s not a sexual orientation,” DeRogatis said.

Added Klein: “The entire issue here is the question of the identity/orientation ‘asexual.’ The fact that … one researcher refers to people who are uninterested in sex by a special name doesn’t mean that it is a meaningful or clinically valuable category.”

Eli Coleman, PhD, professor and director of the Program in Human Sexuality at the University of Minnesota, would like to see more academic effort put into the question of whether asexuality is a sexual orientation.

“In a sense, asexuality defies one of the basic tenets of sexuality: That we are all sexual beings,” Coleman said. “Some people may not have much of a sexual drive. But does that make it an orientation? It’s a very interesting question that is certainly worthy of investigation.”

In thinking about the issue, Coleman agreed with Klein that there might be pathological reasons why some people identify themselves as asexual. But he left the door open for other possibilities.

“Some people don’t develop [a sex drive] because of some sort of pathology,” Coleman said. “But for others, it might be a normal variant of the complexity of human sexuality. So is it pathogenic or a normal variant? I would guess that there’s probably a bit of both.”

In addition to extrapolating data to estimate the number of asexuals, Bogaert also analyzed how participants in the British survey answered other questions in an attempt to identify traits that may contribute to one’s lack of sexual desire. “Asexual people were more likely to have adverse health, and the asexual women had a later onset of menarche relative to the sexual women. Asexual people were also shorter and weighed less than sexual people. Finally, there was some evidence that asexual people were more religious than sexual people, at least in regard to attendance at religious services,” Bogaert wrote.

AASECT-certified sex therapist Joy Davidson, PhD, believes asexuality could be “explained or partly explained” by one of several conditions:

• “Endocrine imbalances that are undiagnosed or not understood;
• An extreme adaptation to unusual or distressing conditions such as pain or punishment for sexual feelings;
• Defense against intolerable anxiety such as trauma, religiosity, anger at oversexualizing of women, expectations of how to be sexual that conflicts with desires, pathological narcissism, history of anorexia in girls as a way to give ‘meaning’ to asexuality or bulimia in males with its higher incidence of asexuality as indicative of other co-morbid conditions;
• Shameful sexual arousal pattern that the individual doesn’t want to have triggered.”

After examining Bogaert’s study, Davidson, the author of “Fearless Sex: A Babe’s Guide to Overcoming Your Romantic Obsessions and Getting the Sex Life You Deserve” has also reached the conclusion that asexuality is a movement in search of an identity. “Saying, ‘Hi, I’m an asexual’ is a cozy way to create a place in a highly sexual culture, but it doesn’t mean their condition is rooted in some unusual set of circumstances,” Davidson said.

However, not every sexuality expert is skeptical about the existence of asexuality. The New York Times quotes Dr. John Bancroft, former director of the Kinsey Institute for Research in Sex, Gender and Reproduction at Indiana University as being open to the idea. (Bancroft was traveling and not available for a Contemporary Sexuality interview.)
“I think it would be very surprising if there weren’t asexuals, if you look at it from a Kinseyan perspective, that there’s this huge variation in human sexuality,” Bancroft said.

In his paper, Bogaert acknowledges that sexual aversion disorder and hypoactive sexual desire are issues that may be related to asexuality. However, he argues that these two conditions tend to occur within couples whereas asexuality can be an individual designation.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) notes that three conditions must be met for sexual aversion disorder (302.71): “deficiency or absence of sexual fantasies and desire for sexual activity,” “the disturbance must cause marked distress or interpersonal difficulty,” and it “is not due exclusively to the direct physiological effects of a substance … or a general medical condition.”

Sexual aversion disorder, meanwhile, is defined by the DSM-IV as “aversion to and active avoidance of genital sexual contact with a sexual partner.” The entry (302.79) adds that “the disturbance must cause marked distress or interpersonal difficulty.”

Decker, the bookstore worker, and David Jay, the founder of the Asexuality and Visibility Network (who is also a self-described asexual), would undoubtedly argue they have no “marked distress or interpersonal difficulty” as a result of their asexuality.

“It’s not a lack of interest so much, as it is a ‘sexual orientation of no,’” said Decker. “It’s not ‘no sexual orientation.’ It’s important to draw that distinction because some people believe that people like me just need to find the right guy or gal.”

Said Jay: “It’s very much a sexual identity. It’s not a lack of sexual identity. We still have things to identify around. There is a common asexual experience.”

The researcher, Anthony Bogaert, would like to see other social scientists explore the issue. “I think it is reasonable to be cautious about the percentage found in one sample, even if that sample is a good one (i.e., national probability sample),” he said. Clive Davis, professor emeritus of social psychology at Syracuse University, believes there’s “good news” and “bad news” in Bogaert’s research methodology. “A probability sample is certainly better than a non-probability sample. So many of the samples in sex research are voluntary so nothing can be generalized. In this case, there’s a lot more to go on.”

What troubles Davis though is that about 30 percent of would-be participants refused to answer survey questions. “Immediately, the probability nature is gone [when that happens],” he said. Those conducting the original British study took that into account and made “reasonable” adjustments to ensure probability, he said.

The 30 percent of people who declined to participate probably did so for a reason, Davis argues. Earlier sexuality surveys are thought to have underestimated the percentage of gays and lesbians in the populations because of refusal rates among those groups. That’s a point Bogaert doesn’t hesitate to make.

“It is interesting to speculate about whether the rate of asexuality is actually higher than reported here given that some of the participants who decline to participate in this survey (about 30 percent) could also be asexual,” Bogaert wrote.

In the final analysis, Marty Klein believes the flood of news reports in The New York Times, Salon.com, Toronto Star, Utne Reader points to another issue that isn’t likely to go away anytime soon.

“The more important story here is how this is simply the latest example of a ‘trend’ that the media picks up, legitimizes, and disseminates on a regular basis,” Klein said. “We can expect to see an Oprah episode on it, and our patients will ask about it. One way our field could really help people is if we talked more about the phenomenon of sexual trend-creation that shapes public consciousness and public policy about sexuality.”

— Todd Melby
Books Column

AAESECT members review recent sexology titles


This text provides a well-rounded focus in terms of topics covered, has a thoughtful layout, is readable, and contains excellent illustrations. Each chapter opens with a note from Dr. Westheimer that is engaging. Cross-cultural issues are covered throughout and contribute to an interesting read. A unique introductory chapter speaks directly to the reader of the benefits of a sexuality course. It offers a multidisciplinary approach which lends appeal to students from a variety of majors, and rather than leave it up to the reader, it specifically spells out how the topics relate to each discipline. Undergraduates would find the online tutoring tool that comes with the text helpful.

The text is not without flaws however. The most serious of these concerns a critical topic. The chapter on “homosexuality” is entitled “Gender Orientation.” The authors use this misleading term rather than “sexual orientation” throughout. These are two distinct measures. This terminology feeds into the prevalent myth that gay and lesbian persons really want to be the other gender. The authors even discuss the Kinsey scale as “a gender continuum” when Kinsey himself used the term sexual orientation. Neither term is listed in the glossary.

The section on coming out emphasizes negative aspects and minimally covers the benefits, foregoing major ones like the emotional health and self-esteem that comes when orientation, behavior and identity coincide. The authors ask readers to “consider all the bad things that can happen to homosexuals if or when they come out,” e.g. “20% of males trade sex for drugs,” “often homosexuals are abused physically by their parents,” “an increased risk of HIV is another terrible aspect of this self-exploration,” job loss, etc. They state that “often coming out involves a decision to limit one’s life as completely as possible to homosexual acquaintances, businesses, friends, socializing, and ‘safe’ places to live.” I worry about young people questioning their sexual orientation reading this and feeling despair.

This chapter reads as if written by outsiders recording their observations to something unfamiliar. Assumptions are stated as fact, like the idea that younger homosexuals sometimes use the term queer to provoke their elders. The authors’ suggestions for recommended learning activities are also problematic: “If in your experience you have noticed that some gay men are effeminate, which theory of etiology might explain this? Based on your personal experiences, do you think that homosexuality is a mental disorder?” Having students spend their time in this way serves to reinforce the very myths we want to eliminate.

The chapter entitled “Physical Expressions of Eroticism and Intimacy” discusses forms of sexual expression between opposite sex partners exclusively. Same-sex sexual expression is covered in its own chapter which underscores the fact that gay is something very different and separate.

In Dr. Westheimer’s opening comments, she states “as long as gays remain ‘they’ rather than ‘we’, they’ll remain outsiders.” Yet this book fails to do that.

Reviewer: Carol P. Stenger, M.Ed. & M.A. Coordinator for Health Promotion-University Counseling Center; Human Sexuality Lecturer/Instructor, Department of Counseling Psychology, University at Albany, State University of New York. estenger@uamail.albany.edu


Aline Zoldbrod, PhD, has produced a thoughtful, informative and in depth exploration of how childhood shapes one’s sexual life in her book, “Sex Smart.” The book begins with an introduction that discusses healthy sexuality and milestones of sexual development. The next few chapters address issues of childhood from touch, trust, feeling good about one’s body, learning about gender, and feeling good about one’s self. It moves into dynamics of power, the permission to explore sex and sexuality, becoming a social person, masturbation and fantasy, changes in adolescence, and the effects of physical violence on sexuality.

In “Sex Smart,” the implication of how many areas of growing up at some level shape sexual attitudes, beliefs, and future relationships is evident throughout the book. For example, learning to become social as a child through friendships teaches one how to connect, communicate, and trust someone outside the immediate family. This may affect sexual adjustment due to sexuality unfolding within a social context. I had never thought of the effect learning to be social as a child might have on intimacy as an adult.
Dr. Zoldbrod gives many examples throughout her book via clinical vignettes and thought provoking exercises and assessments that are located at the end of each chapter. This is a book and workbook in one. Additionally, Dr. Zoldbrod has included five appendices: A diagram of milestones in sexual development, abuse checklist, medical and psychiatric issues, relational factors checklist, anger episode record, and developmental factors contributing to inhibited sexuality in persons from physically violent families. A list of resources in the back of the book is broken down by chapter though I noticed that AASECT was not listed there.

“Sex Smart” is an excellent book for anyone seeking to explore the milestones of their sexual development. It is also a great resource book to refer to those we work with, especially in the area of childhood abuse, sexual abuse, or family abuse. Personally, I found the book somewhat challenging to read because some of the subject matter can be heavy, such as neglect, violence, and abuse; yet, these are issues many of us deal with on a regular basis. Zoldbrod reminds us of how these events impact individuals and their sexuality, sexual satisfaction, and relational satisfaction in adulthood. Most importantly, “Sex Smart” provides hope through information, permission to explore, identifying and reframing beliefs, and assessments to improve sexuality.

Sally Valentine, PhD, is a licensed clinical social worker in private practice in Boca Raton, Fla. She may be reached at valentinecounsel@aol.com.


“Follow the simple directions — and you will find life of another complexion.” These words from a popular 1940s song were inscribed in the Woman’s Marriage Manual given to me by my fiancée — in 1947. “Secrets of Sexual Ecstasy” by Broder and Goldman is definitely not your grandmother’s marriage manual. In those days, books presented for the first time the idea that women could, and should, enjoy sex. But we had to wait until now for Broder and Goldman to tell us how.

The authors write in conversational style, offering specific recommendations, simple suggestions and clear directions. The vignettes are, for the most part, believable and understandable. “Secrets of Sexual Ecstasy” covers just about everything the reader wants and needs to maintain joyous sexual encounters. On almost every page there are notes in the margins:

1) Web Talk — provides websites relating to the specific topics being discussed
2) Get Psyched — gives inspirational quotes and advice from well-known experts who have something additional to add to the subject
3) Psychspeak — a plain translation of psychological and technical terms.

I found these sidebars an interesting and informative addition to the book, and certainly most helpful to non-professional readers. There is an excellent Sexual Satisfaction Inventory that can lay the groundwork for improving, changing, and finding ecstasy.

I would like to have seen a few more “Secrets of Sexual Ecstasy” for Senior Lovers and the Sexually Marooned. There are two very good chapters dealing with barriers to sexual ecstasy such as anger, time, availability, and different desire levels. There are suggestions for addressing these barriers that should prove very useful. The authors, however, include aging as a barrier. Unless there are some serious physical problems, normal aging should not be a barrier to sexual ecstasy. Broder and Goldman make the point that all sex and ecstasy is highly individualized. That is true, at any age — A sexy old woman was a sexy young woman. The same nurturing, attention, creativity and connectedness is what makes for ecstasy at any age. In fact, sex over sixty, seventy, eighty, or more, may embody the book — the true ecstasy that comes from self-confidence, trust, and interdependence.

The authors have provided us with excellent, useful, indisputable material. Would I recommend it to my clients? Absolutely! Achieving and maintaining the goal of sexual ecstasy takes time and effort. The reader who spends time and effort “following the simple directions” will achieve and maintain — ecstasy!

By Arlyn H. Miller, Ed.D. Licensed Psychologist, Certified Sex Therapist

In January, Yvonne Fulbright will be CS’s Book Review & Media Editor. To have a project considered for review in CS, please send one copy to the AASECT office and one copy to Yvonne at this address: Yvonne K. Fulbright, M.S.Ed., PhD(c), Book & Media Review Editor, CS, AASECT, 43949 Willowleaf Way, California, MD 20619.
American high schools are more gay-friendly than ever

*Time* magazine’s cover headline on its October 3, 2005 issue is slightly misleading: “The Battle Over Gay Teens.” Through interviews and statistics, the author argues that American society is becoming more accepting of gay and lesbian teenagers. And in decades to come, those changes will bubble up into adult culture, changing laws, as well as attitudes.

“We’re going to win,” said Kevin Jennings, founder of a group that later became the Gay-Lesbian and Straight Education Network, “because of what’s happening in high schools right now … This is the generation that gets it.”

Since 1997, the number of Gay-Straight Alliance chapters in high schools has jumped from 100 to more than 3,000. According to “The New Gay Teenager” from Harvard University Press, the age of first sexual contact among young lesbians and gays has dropped to 16 and 14, respectively.

Anecdotal evidence also suggests a more accepting high school and college culture. A University of Washington man reports telling friends at a College Republican meeting last year that he was queer and received shrugs. “There was five seconds of awkward silence, someone said, ‘OK’ and we moved on,” said Aaron Schwitters. (*Time*, Oct. 3)

**GW fires human sexuality professor**

An adjunct professor who taught human sexuality at George Washington University in Washington, D.C. has been fired. Michael Schaffer, who had taught the course for 17 years, received an email from a school administrator alerting him to the decision.

Although the vast majority of his class evaluations were positive, two women complained about a classroom discussion on shaving pubic hair. Schaffer said he discussed the topic in these terms: “Think in terms of if you were to put your mouth on someone’s genitals. Would you want it to be shaved? Is a little topiary work appropriate?”

Schaffer often read from student papers in his class, though he didn’t cite author names or identifying details. He also allowed students to opt-out of the exercise. The pubic hair discussion arose from a student paper.

Gilbert Herdt of the National Sexuality Resource Center at San Francisco State University isn’t surprised by the action. “Over the last few years, there has been an increasing attack on sexuality education in the college classroom,” he said. “The result is that college professors have to be careful about what they teach.” (*Inside Higher Ed*, Sept. 13 and *Washington Post*, Sept. 27)

**Colleges fight for right to ban anti-gay military recruiters**

Can colleges and universities ban military recruiters from campus because they disagree with the “don’t ask, don’t tell” policy? The U.S. Supreme Court is scheduled to hear arguments in the case of *Rumsfeld v. Forum for Academic and Institutional Rights* on Dec. 6.

A 3rd Circuit Court of Appeals had found that colleges could bar recruiters because the Armed Forces’ policy on gays and lesbians violates anti-discrimination policies. However, the Defense Department believes federal law trumps university policy. Under the so-called “Solomon amendment,” colleges that don’t allow military recruiters on campus can lose federal funding. (*Scripts Howard News Service*, Oct. 3)

**Connecticut says yes to civil unions, but California’s governor vetoes gay marriage bill**

Connecticut became the third state to adopt “civil unions” as a way to extend some legal rights to gay and lesbian couples. California and Vermont have passed similar laws, while Massachusetts allows gays and lesbians to marry.

In April, Governor M. Jodi Rell, a Republican, signed legislation passed by Democrats in the state legislature. The law took effect Oct. 1 and allows gay and lesbian couples to “serve as conservators of their partners’ estates … receive tax deductions if they inherit money from their partners … [are] assured of hospital visiting rights … [and can] file state income tax returns [together].”

Carolyn Kaas, a Quinnipiac University law professor, believes the new law makes some inroads, but not enough. “Until the federal government is willing to define relationships by state law, we’re not going to fully achieve equality for same-sex couples,” she said.
Meanwhile, in California, Governor Arnold Schwarzenegger vetoed legislation that would have given gay and lesbian couples the right to marry.

“The governor has failed his test of leadership and missed an historic opportunity to stand up for the basic civil rights of all Californians,” said Mark Leno, a Democratic assemblyman from San Francisco.

Schwarzenegger does support the state’s current domestic partner law and has voiced opposition to a pair of ballot initiatives that would curtail equal rights for gays and lesbians. “I support domestic partnership rights and ... will not support any rollback,” he said. (San Francisco Chronicle, Sept. 30 and New York Times, Oct. 1)

EC gets green light in Illinois

Illinois pharmacies that fill birth control prescriptions are now required to dispense emergency contraception. That’s the result of a new rule backed by Democratic Governor Rod Blagojevich.

“Women can feel confident from here on out, that when they have a signed prescription from their doctor for birth control and find a pharmacy that sells birth control, they’ll get their medication quickly without questions or lecturers,” Blagojevich said.

Some conservative lawmakers objected to the provision because they believe the morning-after pill causes abortion. Others believe it conflicts with another Illinois law that allows medical professionals to opt-out of care that is opposed to their spiritual beliefs. But one suburban Republican legislator dismisses both objections matter-of-factly.

Says Rep. Rosemary Mulligan (R-Des Plaines), “I don’t think a pharmacist is there to morally or ethically chastise anyone who comes in.” (Associated Press, Aug. 16)

Pharmacists don’t get birth control veto power in Austin, Texas

The Austin, Texas City Council now requires the nine pharmacies in its medical assistance network to fill birth control prescriptions. Planned Parenthood says the action is the first of its kind in the nation.

“We haven’t heard of any other city to do this,” said Danielle Tierney, Planned Parenthood spokeswoman. “Instead of waiting for a woman to get denied her prescriptions, we’re putting in this extra layer of protection and taking a positive, proactive approach to the problem.”

The ordinance requires Walgreens, the company that won the contract to provide pharmaceuticals to those on medical assistance, to also dispense birth control drugs “in-store, without discrimination or delay.” The law took effect Sept. 1 for the 50,000 people participating in the city’s plan. (Houston Chronicle, Aug. 19)

Advocates for Youth and SIECUS urge HHS to abide by data quality rules

Advocates for Youth and the Sexuality Information and Education Council of the United States (SIECUS) filed a challenge to the federal government’s funding of “inaccurate and ineffective abstinence-only-until-marriage programs.”

Filed with the Department of Health and Human Services (HHS) under the guidelines set forth by the Data Quality Act of 2000, Advocates for Youth and SIECUS issued the challenge to the quality of data and information disseminated through abstinence-only programs sponsored by the Administration of Children and Families (ACF) under HHS.

The Data Quality Act (DQA) directs the Office of Management and Budget to issue government-wide guidelines that provide policy and procedural guidance to federal agencies for ensuring and maximizing the quality, objectivity, utility and integrity of information (including statistical information) disseminated by federal agencies.

Over 100 groups are currently funded by ACF to conduct abstinence-only education. Eleven of the 13 curricula most commonly used by these grantees contain false, inaccurate or incomplete information, according to a recent Congressional report.

Those who make the rules must abide by the rules, said William Smith, SIECUS public policy expert. The false and inaccurate information found in these abstinence-only-until-marriage

continued on page 10
programs clearly violates the agency’s own directive, he said.

SIECUS and Advocates for Youth have asked ACF and HHS to immediately cease sponsorship of programs that fail to provide medically accurate, complete sexual health information. (SIECUS press release, Sept. 13)

Lesbian and gay parents get equality in California

The California Supreme Court has ruled that lesbian and gay parents have the same rights and responsibilities as straight parents after a breakup. The rulings derived from three cases involving separated lesbian couples.

In one case, the court ruled that a lesbian woman could not avoid paying child support for an ex-partner’s biological children. The women (known as Elisa B. and Emily B. in court filings) became pregnant at roughly the same time with semen from the same donor. In 1997, Elisa gave birth to a healthy boy. That same year, Emily gave birth to twins; one was born with Down’s syndrome. The women gave the babies the same surnames and shared in breastfeeding all three babies.

When the couple split in 1999, Elisa took her birth child. She paid child support for about two years and then stopped. That’s when Emily filed suit, asking for financial help with the twins.

In another case, a non-birth mother sought custody rights to a child taken out-of-state by the biological parent after the women separated. The court agreed that she should have parental rights.

The third case was decided largely on “procedural grounds.”

“We believe these rulings, taken together, are a victory for kids,” said a spokesman for California Attorney General Bill Lockyer. “The rulings recognize that the children of same-sex couples have the same interest in maintaining to the maximum extent possible ties to the people who raised them and loved them.”

The issue of gay marriage may soon be a hot button issue in California. A court case challenging a state law that says marriage is only for opposite-sex partners is making its way through the appeals process. A bill making gay marriage legal may receive hearings and a vote in the state legislature. And an anti-gay marriage referendum could make its way onto the ballot in 2006. (Los Angeles Times and USA Today, Aug. 23)

New hope in the fight against HIV/AIDS

A U.S. firm may have found a new way to fight HIV/AIDS. Tests show that PA-457, a drug developed by Panacos Pharmaceuticals of Watertown, Mass., reduced the level of HIV in those with the disease by about 90 percent.

The Phase II study was relatively small, following 33 people over 10 days. A larger Phase III test must still be conducted and FDA approval is still at least several years away.

“It’s too early to say if this will be the next widespread drug, but everything looks about as good as it could at this point,” says Dr. Eric Freed of the National Cancer Institute.

According to the company, “PA-457 ... works by a mechanism different from that of approved drugs or other drugs in development, by blocking a key step in the processing of a viral core protein called capsid.” (USA Today, Aug. 23, Business Week, Sept. 12 and Panacos Pharmaceuticals)

Human trafficking arrests on the rise, two states pondering possible laws

The U.S. Department of Justice reports that the number of people prosecuted for violating federal human trafficking statutes is increasing. Since 2001, 260 people have been charged with such crimes, which often include smuggling women to the U.S. to work as prostitutes, compared to fewer than 100 prosecutions during the previous four-year period.

California and Idaho are considering more stringent penalties for offenders. An Idaho proposal would nearly double the prison sentence (to 25 years) for those convicted of forcing a person to work without pay. However, the evidence of human trafficking in Idaho is nearly non-existent.

“Can we not be proactive, similar to how a county has a disaster-preparedness program?” asked Rep. Donna Boe (D-Pocatello).

In 2004, the Department of Justice awarded grants of $7.6 million to local and state governments to address the problem. (Los Angeles Times, Aug. 12 and Associated Press, July 27)
### Educational Opportunities

<table>
<thead>
<tr>
<th>Event Title</th>
<th>Event Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSSS Eastern &amp; Mid Continent Region Conference 2005</td>
<td>Child, Adolescent, and Elder Sexual Expression - Countering Myth with Scientific Fact Nov. 3 - 6, J.W. Marriott Lenox Hotel, Atlanta, Georgia For registration information visit <a href="http://www.sexscience.org">www.sexscience.org</a> or call (610) 530-2483 or fax (610) 530-2485</td>
</tr>
<tr>
<td>Sexual Medicine Society of North America (SMSNA) Fall meeting</td>
<td>Nov. 17 - 20 in New York City at the New York Hilton For registration information visit <a href="http://smsna2005nyc.org/registration.aspx">http://smsna2005nyc.org/registration.aspx</a></td>
</tr>
<tr>
<td>Sexual Attitudes Reassessment (SAR)</td>
<td>Nov. 19, West Greenwich, R.I. Sponsored by the New England Institute of Human Sexuality For information contact James Miller at (401) 378-3629 or <a href="mailto:mail@neihs.org">mail@neihs.org</a></td>
</tr>
<tr>
<td>“The Trauma Reflected Self: Illusions of Power”</td>
<td>Nov. 18 - 19 Newport, R.I. Dec. 2 - 3, Asheville, N.C. Sponsored by The New Orleans Institute of River Oaks Hospital For information contact Barbara Bolongaro at (504) 734-1740 or (800) 366-1740</td>
</tr>
<tr>
<td>A New Focus Postgraduate Sex Therapy training Institute</td>
<td>Sessions will begin January 2006 in South Florida. For more information contact Karen Engbretsen at (954) 779-2855 or <a href="mailto:drkaren@earthlink.net">drkaren@earthlink.net</a></td>
</tr>
<tr>
<td>Sexual Attitudes Reassessment (SAR)</td>
<td>April 21 - 22, 2006, sponsored by the University of Minnesota’s Program in Human Sexuality For information contact Denise Black at (612) 625-1500 or <a href="mailto:sar@umphysicians.umn.edu">sar@umphysicians.umn.edu</a></td>
</tr>
<tr>
<td>Gumbo Sexualité: Spicing Up Education and Therapy</td>
<td>AASECT’s 38th annual conference in St. Louis, Mo. June 28 - July 1, 2006. Exact date to be announced soon. Call for Papers and updated information now available at <a href="http://www.aasect.org">www.aasect.org</a> and due by Nov. 11. Please consider a paper or poster or workshop for the next great AASECT event. You can also contact us at <a href="mailto:aasect@aasect.org">aasect@aasect.org</a></td>
</tr>
<tr>
<td>AASECT Summer Institute on Training to be a Sex Therapist</td>
<td>July 16 - 21, 2006 Roslyn Retreat Center of Richmond, Va. Space limited to 20-40 trainees For more information, contact Steve Wales (<a href="mailto:SteveW@phx.interfaith.org">SteveW@phx.interfaith.org</a>) or Tayloe Moore (<a href="mailto:TMoore@aasect.org">TMoore@aasect.org</a>) or (804) 752-0026. Visit <a href="http://www.aasect.org">www.aasect.org</a> for application forms. 40 CEs in basic requirements for AASECT certification will be awarded Rights, Respect, Responsibility: A Bold New Vision for Sexual Health in America Save the dates for an important national conference on Aug. 10-11, 2006 Make plans to join Planned Parenthood Health Services of Southwestern Oregon and Advocates for Youth on August 10 and 11, 2006, for a national conference to disseminate findings on the 3Rs — Rights. Respect. Responsibility. © — movement. The conference will occur in Eugene, Oregon, recreational capital of the Northwest, and will explore this positive approach to sexual health that can help in lowering rates of teen pregnancy and sexually transmitted infections. Health and education professionals, activists, policy makers, researchers, and youth from across the United States and Western Europe will present on their 3Rs research and findings, programs, and campaigns.</td>
</tr>
</tbody>
</table>
Meet us in St. Louis.

Join us for the
38th Annual AAASECT Conference
St. Louis • June 28 – July 1, 2006