

# Texas Sexuality Education Instruction: Shame and Fear-Based Methodology

Kelly L. Wilson, PhD, MCHES

Associate Professor  
Department of Health and Human Performance  
Texas State University  
Jowers Center  
601 University Drive  
San Marcos, Texas 78666  
Telephone: 512-245-4373  
Email: [kwilson@txstate.edu](mailto:kwilson@txstate.edu)

David C. Wiley, PhD

Professor  
Department of Health and Human Performance  
Texas State University  
Jowers Center  
601 University Drive  
San Marcos, Texas 78666  
Telephone: 512-245-2946  
Email: [davidwiley@txstate.edu](mailto:davidwiley@txstate.edu)

Brittany Rosen, MEd, CHES

PhD Student  
Department of Health and Kinesiology  
Texas A&M University  
4243 TAMU  
College Station, Texas 77843-4243  
Phone: 979-842-2184  
Email: [br1100@hlkn.tamu.edu](mailto:br1100@hlkn.tamu.edu)

## ABSTRACT

*State policy and curriculum standards establish general guidelines regarding sexuality education while local school boards decide how teachers provide sexuality education. Local school districts may utilize programs and speakers from outside organizations and locally produced materials for sexuality education. Purpose: This article examines Texas curricular materials that commonly rely on scare and shaming tactics to teach students sexuality education. Methods: Materials provided by 990 Texas school districts were evaluated. The information related to the content of sexuality education was catalogued and entered into an SPSS database. Results: Problems with fear-based instruction about sexuality fell into three broad categories: 1) exaggerating negative consequences of sexual behavior; 2) demonizing sexually active youth; and 3) cultivating shame and guilt to discourage sexual activity. Conclusions: Informing students about realistic consequences of sexual activity is a vital element of sexuality education; however, in their eagerness to scare students away from a behavior (i.e. sexual activity), teachers use exaggerated, misleading, and misinterpreted facts. Recommendations: Young people need scientific, medically accurate information about sexuality to help them make healthy decisions. The use of fear, shame and guilt are not supported educational strategies in sexuality education.*

## INTRODUCTION

From a legal standpoint, the sexuality education debate in Texas public schools has long been settled. The Texas Education Code (TEC) 28.004 (1995) clearly indicates that sexuality education instruction must be part of the curriculum for Texas public school students. The debate now centers on what type of sexuality education should be taught.

Though a number of terms are used to categorize sexuality education, the two primary approaches in teaching sexuality education are abstinence-only and abstinence-plus (Kirby, 2007). In the abstinence-only approach, students learn that abstinence from sexual activity is the only healthy and morally correct option for unmarried people. Under this approach, students are provided no information about contraception and other means of preventing pregnancy and sexually transmitted diseases (STDs); however, failure rates of contraceptives are often included in this approach. Conversely, abstinence-plus education includes sexuality education that emphasizes abstinence as the first and best choice for unmarried youth, but also includes medically accurate information on pregnancy and STD prevention, including contraception (Wiley & Wilson, 2009).

Texas youth rank well above national averages on virtually every published statistic involving sexual risk-taking behaviors. The Centers for Disease Control and Prevention's 2007 Youth Risk Behavior Survey compared Texas youth to a national sample of adolescents on several sexual risk-taking behaviors (see Table 1) (Centers for Disease Control and Prevention, 2008). The 2009 sexual risk-taking behaviors followed the same trends—ranking above the national average (Centers for Disease Control and Prevention, 2010).

Outcomes of these risky sexual behaviors are equally of interest. In 2009, the teen birth rate among girls age 15-19 in Texas was 60.7 compared to 39.1 in the United States (Martin et al., 2011). Texas has one of the highest teen pregnancy rates among girls age 15-19 in the country at 88 pregnancies per 1,000 teenagers ages 15-19. The U.S. average is 70. Couple these data with the proportion of children under 18 living below the federal poverty level (24%) and without health insurance (17%) (The Annie

E. Casey Foundation, 2009), it is no surprise that Texas adolescents rank consistently at the top in these statistics, sexual risk-taking behavioral outcomes and ways to prevent them are of concern across the nation.

More than a decade ago, the Texas Legislature made the decision to promote abstinence-only over any other method of sexuality education in Texas schools. While the law does not prohibit other approaches to sexuality education, state officials have been and remain committed to an abstinence-only philosophy (Sexuality Information and Education Council of the United States (SIECUS), n.d.). Yet, there is a growing body of evidence indicating abstinence-only programs are ineffective in changing teen sexual behavior. To date extensive longitudinal studies have found youth who participated in abstinence-only programs were no more likely than youth not in the programs to have abstained from sexual intercourse in the four to six years after they began participating in the study. Youth in both groups who reported having had sexual intercourse also had similar numbers of sexual partners and had initiated sex at the same average age (Devaney, Johnson, Maynard, & Trenholm, 2002). Additional state and national studies have reported similar results (Kirby, 2008; Kohler, Manhart, & Lafferty, 2008).

Previous studies have documented serious and pervasive problems with the accuracy of prominent federally funded, abstinence-only curricula. In 2004, California Congressman Henry Waxman of the U.S. House Committee on Government Reform examined abstinence-only sexuality programs and found them rife with distortions and false and misleading information. The congressional report found specifically that abstinence-only curricula contain scientific errors, provides false information about the effectiveness of contraceptives, treat stereotypes about girls and boys as scientific fact, and often blurs the line between science and religion (United States House of Representatives Committee on Government Reform – Minority Staff, 2004).

Research results about the effectiveness and accuracy of abstinence-only sexuality education caused states to withdraw from the abstinence-only approach. Meanwhile, Texas policy-makers have remained committed to abstinence-only sexuality education. State policy and curriculum

standards establish general sexuality education guidelines, including state-approved health textbooks, but each local board of trustees decides how teachers will provide sexuality education. Under the concept of local control, each district has latitude in decisions about how to approach sexuality education. For example, districts may utilize programs and speakers from outside organizations and locally or teacher developed materials for sexuality education.

Broad generalizations about sexuality education based on Texas' state policy are not sufficient to describe what actually happens when the policy is implemented in classrooms. An overwhelming majority of Texas school districts—more than 94 percent—do not give students any human sexuality instruction beyond abstinence-only (Wiley & Wilson, 2009). Just over two percent ignore sexuality education completely, and only four percent of Texas school districts teach any information about pregnancy and STD prevention, including various contraceptive methods. Furthermore, from scientific and methodological perspectives, the quality of many abstinence-only programs used in Texas classrooms is poor and inadequate (Wiley & Wilson, 2009). Public opinion research shows that even in a state like Texas, well known for its conservative politics and religion; most parents want their children to be taught information on abstinence *and* effective methods to prevent unintended pregnancy and STDs (Scripps Howard, 2004).

## PURPOSE

This study provides an in-depth examination of what information is being provided to students in classrooms through instructional materials. This study offers a comprehensive examination of sexuality education in virtually all of Texas' public school districts and examines the curricular materials that commonly rely on scare tactics and shaming to teach students about human sexuality.

## METHODS

In 2007, with a request for information under the Texas Government Code 552 (1993)—Public Information Act—contact was made with every public school district in Texas (1,031 districts). Because the request was made under this Act, districts were required by law to submit all relevant documents (Texas Govern-

ment Code, 1993). District representatives were asked to provide any and all documents describing and explaining sexuality education instruction. In the end, 990 districts (96%) complied with the request by submitting documents and materials. This study is based on the direct evaluation of original documents submitted by districts: curricular materials, student handouts, speaker presentations, board policies, School Health Advisory Council (SHAC) minutes, and other relevant documents.

Materials were evaluated and supporting documentation related to the content of sexuality education were catalogued and entered into an SPSS database. In some cases, however, documents indicated a district utilized outside speakers, programs or curricular materials in its sexuality education instruction, but a complete copy or explanation of those resources was not provided in the district's response. In cases where a district file lacked complete information, researchers utilized a variety of secondary sources to gather relevant data.

There are two important notes about the criteria used to categorize material submitted related to the content of sexuality education. First, with regard to sexuality education philosophy, the reviewers applied a broad definition for "abstinence-plus" when evaluating school districts. A district including any curricular materials or speakers mentioning the most basic information about effective contraceptive use was determined to follow an "abstinence-plus" philosophy. Districts providing materials not including information about contraceptives—or referred to them only in terms of failure rates—were categorized as "abstinence-only" material. Likewise, districts that reported using *only* the state-approved health textbook were categorized as "abstinence-only" districts (because of the lack of contraceptive information included in the state-approved health textbooks).

## RESULTS

Fear-based instruction was included in the materials that were submitted by Texas public school districts, and fell into three broad categories: 1) exaggerating negative consequences of sexual behavior; 2) demonizing sexually active youth; and 3) cultivating shame and guilt to discourage sexual activity. Examples of each of these categories are presented.

Rising rates of teen pregnancy and STDs clearly highlight the potential health consequences of sexual activity among young people. Informing youth about these legitimate and very real adverse health risks is a necessary component of any responsible and ethical sexuality education program. Unfortunately, this research shows students enrolled in Texas secondary schools are likely to hear a variety of exaggerated, distorted, and false information about consequences of sexual behavior.

The state's most widely used vendor-produced curriculum, *Scott & White Worth the Wait®*, which is used in 17 percent of Texas school districts, warns students that premarital sexual activity leads to depression, suicide and divorce later in life (SIECUS Review, 2008j). This curriculum's admonition that "teenage sexual activity can create a multitude of medical, legal, and economic problems not only for individuals having sex but for society as a whole" makes *Scott & White Worth the Wait®* tame in comparison to other materials (SIECUS Review, 2008j). Over-the-top hyperboles about the repercussions of sexual activity are key elements in many abstinence-only materials submitted by school districts.

A list of catastrophic consequences associated with adolescent sexual activities used in materials and presentations can be found in Table 2. Of these exaggerations, death is not an uncommon theme when it comes to instruction about sexuality. The *Why kNOW?* curriculum, tells sixth-graders: "WARNING! Going on this ride could change your life forever, result in poverty, heartache, disease, and even DEATH" (SIECUS Review, 2008h) [Emphasis in original]. Other materials directly connect death to sex before marriage. Materials inform youth if they have sex before marriage, they should be prepared to die (Rose, 2005), or engaging in sex is compared to playing "Russian roulette with all but one chamber full" (Baird ISD, n.d.).

Human Papilloma virus (HPV) is often singled out as a particularly ruthless killer. A video provides an excellent example of the distortions common to fear-based instruction about sex and HPV: You've found this girl you love, I mean this is it, all those other girls, they were just messing around. This is the real thing. Pull out that diamond, look her in the eyes, if you're really cool guys you get on your knees, you say "marry me, by the way I've got genital warts, you'll get it

too, and we'll both be treated for the rest of our lives in fact you'll probably end up with a radical hysterectomy, cervical cancer, and possibly death but marry me." (SIECUS Review, 2008e)

HIV/AIDS is also commonly used in attempts to frighten students about the dangers of sexual activity. The consequences of contracting HIV (or any STD) are certainly very real and serious. Nonetheless, many abstinence-only programs and presentations cannot resist the temptation to exaggerate and distort information about HIV. School districts, for example, falsely tell youth they are in the "highest risk group for HIV/AIDS" (Midland/Odessa Area AIDS Support, Inc., 2008). This message is coupled with the dire warning:

When we [parents] were their age, we had no STDs to worry about that could kill us. Today, we list 7 in their world that can actually kill them....They constantly receive the message that "everything is acceptable today." But what they are not being told is that if they do what is so accepted today THEY COULD DIE! (Midland/Odessa Area AIDS Support, Inc., 2008) [Emphasis in original]

Additional attempts to frighten students were found. For example, exercises included the statement: "AIDS is not curable and will result in \_\_\_\_\_ [death]" (Baird ISD, n.d.). Skits and role playing sometimes reinforce the idea that sexual behavior always results in tragic consequences. For example, a skit called "Jumping off the Bridge" discourages the use of condoms as protection from STDs, exaggerating their failure rate in an effort to discredit their effectiveness at all (Baird ISD, n.d.).

Finally, many students learn if an STD does not kill them, the psychological consequences of sexual intercourse are dreadful. Abstinence-only materials regularly imply—and sometimes state outright—the future is bleak for any student who engages in any premarital sexual activity. The point is carried so far that the consequences presented seem absurd to young people. For example, the *Why kNOW?* curriculum informs students: "But if we take the bait, they could lead to our ultimate destruction or death. It may not be a physical death, but just as real – the death of a relationship, a friendship, a dream or a goal" (SIECUS Review, 2008h). In an over-the-top fashion, the *FACTS* curriculum puts it bluntly stating "You know people talk about you behind your back because you've had sex with so many

people. It's so empty too. Finally you get sick of it all and attempt suicide" (SIECUS Review, 2008c).

Instructional materials commonly portray unmarried people who engage in any sexual behavior as unhappy individuals with low self-esteem and universally poor judgment. Sometimes sexually active students are depicted as prone to self-destructive and even illegal behaviors. *WAIT Training* (used in Texas and in many schools across the nation) presents a misleading *fact*.

Fact: Sexually active teens are more likely to be depressed and to attempt suicide. Sexually active teens are less likely to be happy, more likely to be depressed, and more likely to attempt suicide. Teenage girls who are sexually active are three times more likely to be depressed and three times more likely to attempt suicide than girls who are not active. Teenage boys who are sexually active are more than twice as likely to be depressed and are almost ten times more likely to attempt suicide than boys who are not active. (*WAIT Training*, n.d.)  
[Emphasis in original]

Statistics presented to youth are exceptionally misleading and biased. Additionally, these statistics are effective in communicating to students that sex is inexorably linked to mental disorders, suicide risk, and death. The *FACTS* curriculum compares sexual activity to substance abuse, fire, drunk driving, prostitution, and an ocean storm with "waves of enormous size [that] brought terror and death" (SIECUS Review, 2008d).

Another strategy commonly employed in sexuality instruction utilizes adolescents' tendencies to judge the behavior of peers (Wiley & Wilson, 2009). This approach demonizes those who do not remain abstinent. On the contrary, this strategy promotes those who refrain from sex as being morally superior (Wiley & Wilson, 2009). In numerous school district trainings, teachers hear this predisposed message reinforced. In one educator training, information was asserted that sexually active students are "the topic of gossip and lies" (Gordon, 2007). Additionally, *WAIT Training* suggests young people who are not sexually

active have the ability to develop their self-control and create a value system, implying that sexually active youth do not possess this ability (SIECUS Review, 2008g).

Sexually active students are depicted as inferior to abstinent peers. The *Sex Respect®* curriculum teaches sexually active youth lack self-control, give in to peer pressure and have low self-esteem (SIECUS Review, 2008f). Conversely, students who are not sexually active are assigned a morally superior status in which they can be expected to develop socially, emotionally and intellectually. The *No Apologies™* curriculum sums up this perspective: "Destructive behaviors such as violence, dishonesty, drug abuse and sexual promiscuity arise from a common core—the absence of good character" (SIECUS Review, n.d.).

Scare tactics are often accompanied by strategies designed to cultivate feelings of shame, guilt and embarrassment surrounding sexual activity. Religion plays a role in some of these cases, with sexually active students portrayed as letting God down and violating "God's standards" (Baird ISD, n.d.). In most cases, however, shame-based messages focus on manipulating feelings of guilt and a loss of personal worth.

Some school districts accentuate these points (i.e. shame, guilt, etc.) in a clear fashion. A PowerPoint presentation includes a slide titled "Sex outside of marriage starts a chain reaction." The chain reaction includes: sexual intercourse, guilt that comes with it, self deception (rationalizing) and desertion (we feel separation from the people that we let down because we are doing the forbidden: e.g. parents, future spouse, friends that are counting on you to be strong for them). (Burlison ISD, n.d.)

A number of strategies reinforce the suggestion that sexually active young people are "damaged goods" and engaging in sexual intercourse will make future relationships, including marriage, difficult or even impossible. Various abstinence-only programs, such as *WAIT Training* and others, use a variation of an exercise in which students are instructed to apply clear tape, representing virginity, to their arms. In the *WAIT Training* version of this exercise, students are instructed to rip off the tape, signifying the breakup of a sexual

relationship. The teacher then holds up the tape and shows that it is no longer clear: "He left some very special things on this tape. Skin, hair, cologne, DNA" (SIECUS Review, 2008g). When the tape is applied to another student's arm, students are told that they can see how the "bonding strength" of the tape has been diminished. Teachers are then instructed to ask students: "If this process gets repeated too many times, do you think it will affect this person's (hold up the tape) marriage?" (SIECUS Review, 2008g). Materials from programs explain the tape demonstrates how easy it is to pass on STDs and how "emotional scars can lead to problems 'bonding' with their husband/wife one day" (Lewisville ISD, n.d.). One is left to wonder, of course, how this affects students who are already sexually active.

The most vivid example of this shame-based instruction comes from a school district that utilizes a skit where students are told that wrapped presents represent a couple's virginity (Brady ISD, n.d.). The female's present, representing her virginity, has been "torn up, symbolizing the possible contamination of STDs and the emotion (sic) weight of past relationships". The boy's present is beautiful because he hasn't given his away, so there is no risk for contamination. (Brady ISD, n.d.)

A narrator concludes the skit by telling students that "whole families have died from AIDS because the mother or father had the disease before they got married and passed it to their spouse and then to the children at birth" (Brady ISD, n.d.). The connotation of sex and *contamination* are clear: virginity is clean, while sex is not. But the skit offers hope of a sort by stating "Even if you have had sex in the past, you can have a 'secondary virginity' and save what is left of yourself for marriage" (Brady ISD, n.d.). Although the idea of second or renewed virginity is approached and encouraged in schools, it is still not quite good enough. In *Choosing the Best PATH™*, an exercise called "A Mint for Marriage" has students pass around an unwrapped peppermint patty. Once the candy is returned, the teacher asks if a student would like to eat it. The teacher is to ask: "Why is this patty no longer appealing?" The answer: "No one wants food that has been passed around. Neither would you want your future husband or wife to have been passed around." "Is there any way to make the food usable again? (Put it back in the wrapper, refrigerate it,

and the bacteria will die. It will be almost like new.) Say that this is similar to renewed virginity, when a person who has been sexually active decides to be abstinent until marriage" (SIECUS Review, 2008a).

Finally, the *FACTS* program (used in 20 Texas districts) denigrates children from divorced families. The Teacher's Edition of the *FACTS* curriculum states, "Children of divorce are 5 times as likely to be suspended from school; 3 times as likely to need psychological counseling; and are absent from and late for school more" (SIECUS Review, 2008b). Setting aside the fact that no citations are provided for these "facts", it is unclear why students should be made to feel badly about having parents who are divorced, something over which they have no control. Apparently, the purpose of this statement is to sanctify the "nuclear" family and warn students well in advance of marriage about the evils of divorce.

## CONCLUSIONS

There is no doubt that fear and other negative messages are ineffective ways to educate young people about sexuality and health. Research has shown using fear-based strategies increases fear levels among students, but does little to actually change behavior (Dillard, Plotnick, Godbold, Freimuth, & Edgar, 1996). Students must be taught self-efficacy skills (i.e. "I can do this"), not just be given scare tactics (i.e. "have sex and be prepared to die"). In fact, if both the perceived risks of sex and the perceived efficacy of prevention strategies are high, individuals are more likely to adopt preventive behaviors. However, when perceived risk is high but expectations about the effectiveness of prevention are low, individuals are likely to dismiss the risk message as propaganda (Witte & Allen, 2000). In short, telling students that "sex can kill" while providing abstinence as the only means of prevention (and ignoring or distorting information about condoms or other prevention strategies) may result in many students completely ignoring the message.

Failure to make a distinction between treated and untreated STDs—particularly HPV—is a common fear tactic in many materials and presentations in Texas secondary schools. HPV is one of the most common STDs that can cause genital warts and can lead to cervical and

other forms of cancer if left untreated (Centers for Disease Control and Prevention, 2011). Abstinence-only speakers and materials, however, commonly paint HPV as equivalent to a terminal cancer diagnosis. Untreated and high-risk HPV does lead to cervical cancer in some women (Centers for Disease Control and Prevention, 2011), but is not directly deadly. Unfortunately, most students never encounter this full explanation. Thus, it is unclear why youth would be educated that an STD diagnosis leads to death.

Materials and curricula submitted from school districts often took a negative turn with sexuality messages. Under this approach, students learn that engaging in pre-marital sexual behavior of any kind is primarily judged as a failure of character. Such tactics reinforce the association of shame and fear with sex, a natural human activity in which most people engage in as adults.

There is no doubt that youth, especially in Texas, are faced with pressure from peers, pop culture and contemporary media regarding sexuality. Rather than focus on teaching students how to counter such pressures, some abstinence-only programs portray students who succumb to these pressures as inferior to those who do not. The representation of this pressure suggests that these peers dominate and excel beyond students who become sexually active.

It is also important to note that for some teens sexual activity is not consensual, but a result of sexual coercion or assault (Abma, Martinez, & Copen, 2010). For these teens, the message that sexual intercourse is a result of moral weakness or causes psychological damage could add further trauma. Most of the sexuality education materials used in Texas schools barely touch on sexual abuse and rarely distinguish between wanted and unwanted sexual behavior. No one chooses to be a sexual assault victim, and victims of any type of sexual violence or aggression should never be made to feel guilty or ashamed. In a worst-case scenario, it is possible that students who were forced to engage in nonconsensual sexual activity will internalize guilt and shaming messages and not report these crimes and/or seek help.

Even sexually active youth who decide to become abstinent are not always spared from shaming. Some abstinence-only programs

emphasize that sexually active students can choose to refrain from any further sexual activity through “secondary virginity” or “secondary abstinence”. These terms have been popularized by the abstinence-only movement but are not concepts supported or used in the scientific or medical communities (Mayo, 2007).

Virginity pledges, designed to keep students virgins or to promote secondary virgins, can also provide an additional mechanism to shame students who break their abstinence pledges. Recent research has suggested that the sexual behavior of those who take virginity pledges does not differ from that of non-pledgers. Pledgers were less likely to protect themselves from pregnancy and STDs (Rosenbaum, 2009). A study released in early 2009 found virginity pledges may not affect sexual behavior, they may decrease the likelihood of taking precautions during sex (Rosenbaum, 2009). Another study found that over time, 53% of pledgers denied ever making a virginity pledge, demonstrating that educators who use these tactics hold these pledges in higher regard than the students who take them (Rosenbaum, 2006).

A predominantly negative, fear-based approach to sexuality education actually creates and perpetuates silence about sexuality. Presenting students with negative and shameful information about sexuality can implicitly discourage questions about healthy sexuality, relationships, methods of protection, STD testing, sexual abuse and other important topics. This often means students feel too guilty, shamed or embarrassed to talk to trusted adults or to seek medical advice if they do engage in sexual behavior (Kay & Jackson, 2008).

This study was limited in that it depended on school personnel to submit all materials used to teach sexuality content. Although most school districts responded, they may not have documented all materials. Further, the authors recognize some curricula may have gone through a curriculum update since this study was conducted.

## RECOMMENDATIONS

Informing students about realistic risks and outcomes of sexual activity is an important element of sexuality education. Educators using such materials do not err in providing this

information. However, in their zeal to scare students away from sexual activity, programs used in classrooms exaggerate and misrepresent the facts. Further, even when there is a push to eliminate federal funding for abstinence-only sexuality education, support still exists for this type of education. Although federal funds have recently been dedicated to evidence-based teen pregnancy prevention, there is no doubt that materials like the ones presented in this study will continue to be used in classrooms across the nation. Educators need to continue supporting comprehensive teen pregnancy prevention programs, and promote evidence-based strategies at the local level to ensure that adolescents have the skills to ensure their own health. Health and sexuality educators face a daunting task when teaching about the risks of premature sexual activity. Young people need accurate facts about sexual activity and behaviors and when educators place an emphasis on shame and guilt during teaching, this kind of instruction carries its own potential consequences.

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**Table 1: 2007 and 2009 High School Youth Sexual Behaviors**

Risk Behavior	2007 Texas Students % 2009 Texas Students %	2007 U.S. Students % 2009 U.S. Students %
Ever had sexual intercourse	52.9% 51.6%	47.8% 46.0%
Had intercourse with four or more persons during their life	17.1% 16.5%	14.9% 13.8%
Did not use a condom during last sexual intercourse*	43.6% 42.3%	38.5% 38.9%

(Centers for Disease Control and Prevention, 2008; Centers for Disease Control and Prevention, 2010)

**Table 2: Exaggerated Consequences of Sexual Behavior**

According to materials and presentations in Texas public schools, having sex leads to...

- Cervical Cancer (SIECUS Review, 2008b)
- Aggression Towards Women (Baird ISD, n.d.)
- Suicide (WAIT Training, n.d.)
- Divorce (SIECUS Review, 2008i)
- Infertility (SIECUS Review, 2008b)
- Poverty (Baird ISD, n.d.)
- Radical Hysterectomy (SIECUS Review, 2008e)
- Low Self-Esteem (Choosing the Best PATH., n.d.)
- Disappointing God (Brady ISD, n.d.)
- Death (Various) (Wiley & Wilson, 2009)