

Impact of Sex Education on LGBTQ+ Individuals

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Abstract:

Sex education in the United States has been proven by current literature to be inadequate for preventing STI transmission and reducing rates of teen pregnancy. However, not enough research has been conducted on the experiences of LGBTQ+ students in US sex education. Beyond this, a gap in current literature exists in that the sources of data on sex education efficacy rarely include former or current students. LGBTQ+ people have been marginalized in countless ways in society but have been further excluded by a current sex education curriculum designed for heterosexual and cisgender individuals. For this reason, it is important to question the impacts of this sex education on the knowledge, attitudes and experiences of LGBTQ+ youth. In this study, the sample for participants was LGBTQ+ students at the University of Colorado of Boulder, aged 18 or older and having attended school in the US prior to college. Snowball sampling was used for recruitment and the data collection method was semi-structured individual interviews conducted over Zoom video conferencing. Each participant was interviewed once for a total of nine interviews. The results of this study show overwhelming impact by exclusion as well as impacts by harmful discourses surrounding STI transmission and gendered expectations for sexual encounters. In addition to this, participants reported obtaining additional information about sex through the internet, some specifically mentioning pornography as a source. Finally, participants expressed that in an ideal sex education program, LGBTQ+ identities would be included, as well as inclusive discourse around consent, pleasure, communication skills, and trauma and abuse. Based on these results, several future research priorities are identified. However, it can be concluded that meaningful inclusion of LGBTQ+ identities in sex education as well as accurate and relevant information on safe-sex practices are necessary to implement now for the benefit of all students, but especially queer youth.

Table of Contents:

INTRODUCTION 5

KEY TERMS..... 7

LITERATURE REVIEW 8

What is the state of sex education in the US? 8

Where are LGBTQ+ within that sex education? 11

What are the impacts of these omissions? 13

DATA AND METHODS..... 20

RESULTS AND DISCUSSION..... 23

CONCLUSION..... 35

REFERENCES 40

APPENDIX (INTERVIEW GUIDE)..... 44

Introduction:

Sex is something that nearly everyone will experience at some point in their lives and yet, there are so many people in the US who are not prepared for this experience. Sex education in the United States is different wherever you go and, in most cases, is limited by attitudes inspired by Christianity and not by evidence. Reflecting on my own experience with sex education, I realized I really didn't get one. My sex education consisted of a single unit in my general health class about STI's, and this unit was a series of student research presentations about the risks, symptoms and treatments of STI's. When I was in high school, I didn't know that I was bisexual, so when it came to STI prevention, I didn't know I'd need to know more than I was taught.

A big problem with sex education, in general, is that youth often do not know what they do not know. They do not know what they should be learning to have safe and healthy sexual and romantic relationships. This is multiplied for LGBTQ+ youth. At the very least, contraceptives and STI prevention for heterosexual and cisgender people is normalized, information is readily available on the internet and, for the most part, is common knowledge of instructors of sex education. In drafting my questions for this project, most of my curiosity came from my personal experience as a bisexual woman, wondering if others in the LGBTQ+ community had experiences similar to mine; experiences of exclusion, misinformation, and questioning one's own identity in a heteronormative atmosphere.

The research question at focus for this study is "What impact (if any) does current sex and sexuality education curricula have on the attitudes and knowledge of LGBTQ+ individuals?". By asking this question, I hope to echo the calls for sex education reform and specifically provide data and testimony from LGBTQ+ former students. The goal of this study is

to determine the ways US sex education is failing LGBTQ+ youth, and to obtain these individuals' suggestions for their ideal sex education program. The input of former students on education reform is invaluable and current literature examining the efficacy of sex education is largely from the heterosexual and cisgender perspective and does not come from the perspective of current or recent students but more often from researchers and instructors. This study will fill a gap in literature surrounding sex and sexuality education, providing missing perspectives from LGBTQ+ students who are the greatest authority on their own sexuality.

Key Terms and Definitions:

LGBTQ+: Umbrella term for those who do not identify as heterosexual and/or cisgender, stands for Lesbian, Gay, Bisexual, Transgender, Queer, Plus

TNB: Transgender and Non-binary

GNC: Gender-Nonconforming

Cisgender: One's gender identity corresponds with biological sex assigned at birth

Heteronormative: Promotes heterosexuality as the normal, preferred, or default sexual orientation

Cisnormative: Assumes or promotes gender corresponding with sex assigned at birth

Gender: One's own identity determined by themselves, and expressed through clothing, behavior and appearance

Sex: Biological sex determined at birth by chromosomes and genitalia

Gender Dysphoria: Distress caused by incongruence of one's biological sex and gender identity

Neoliberalism: Ideology favoring free-markets and deregulation, also favors individualism and competition

Literature Review:

What is the state of sex and sexuality education in the US?

The current literature on the state of sex and sexuality education in the US is largely descriptive. Additionally, present research is rarely explanatory of the educational and sexual health outcomes of US students.

Elliot (2014) discusses the way sex and sexuality education in US Schools existing within a neoliberal framework has constructed a “responsible sexual agent” whose definition changes based on gender but disregards the question of sexual orientation. Their observations of several sex education lessons show that there are different expectations posed toward young women and men in schools. For instance, the topic of consent was a very gendered issue, being positioned as something that men ask for and women give and never the other way around. This article also explores the ways individuals are made to feel personally responsible for negative consequences of sex that are also known to stem from gender, race, sexual orientation and socio-economic status. These neoliberal curricula, even the most progressive and comprehensive, are constructing the “responsible sexual agent” and denying the presence of broad societal factors that contribute to teen pregnancy and STI rates. This shifts responsibility for public health away from our society, culture and government and places the blame on individuals.

Measuring on several longitudinal sexual health measures such as virginity status, contraceptive use, frequency of intercourse, likelihood of pregnancy, and probability of contracting an STD, Sabia (2006) works to answer the question of whether sex education has an impact on sexual behaviors and health in adolescence. This study uses data provided by the National Longitudinal Survey of Adolescent Health and mainly focuses on virginity status and

age at first sexual encounter as the main predictors of sexual health. The conclusion states that sex education has no impact on adolescent behaviors based on these two factors. A limitation to this data is that it is not aggregated by type of sex education provided so the knowledge that there are higher rates of teen pregnancy and STD's in counties with abstinence-only education is not taken into account for this conclusion.

McCarthy and Grodsky (2011) ask whether adolescent sexual activity have negative impacts on their educational outcomes. The authors argue that there are different contexts for sexual encounters, and some may be more harmful for a student's education than others. This study aggregates their data based on gender and whether their encounters were in a romantic (exclusive relationship) context or nonromantic context. They argue that these distinctions are important because a sexual encounter in adolescence in a romantic relationship has little to no impact on educational outcomes for either party in the relationship but could lead to truancy or skipping school. The outcomes are similar for males and females.

Jiskrova (2019) examines the various ways young people get information about sex and specifically contraceptives and how each of those avenues impact later contraceptive use. Jiskrova found that adolescent attitudes about contraceptives was a predictor for future use and therefore future risk of contracting STD's. Parent attitudes had little to no impact on these outcomes, and no significant link was found between school sex education programs and pregnancy rates and STI's. The authors' recommendations for impacting adolescent attitudes and later pregnancy and STI rates is to include more information about contraceptives in schools.

Shapiro (2018) details the current standards of sex education mandates across the states and calls attention to the disparities present because of the different state sex education requirements or lack thereof. Only 20 states require information on condoms or contraception,

and only 20 states and the District of Columbia require sex and/or HIV education to be medically, factually, and technically accurate. In addition, very few of the 24 states and DC that require sex education include consent and healthy relationships in their curriculum. California, Oregon, and New Jersey have the most progressive sex education curricula, requiring medically accurate information, discussing consent and relationship skills, and encouraging open conversations about sex and sexuality. These three states also have the three lowest rates of teen pregnancy.

Weaver (2005) conducted a study of wealthy developed countries and compared their sex education curricula and their rates of teen pregnancy and STI's. Their findings show that the dominance of abstinence-only sex education in the US has not cultivated a culture of abstinence among young people and likely stunts the development of a sex-positive and safe culture surrounding sex and sexuality. Out of the nations examined in this study, the US had the highest rates of STI's and teen pregnancy. Weaver and colleagues also name the high average number of lifetime partners and widespread socio-economic disparities as potential causes for these rates; factors that can be addressed and potentially mitigated with more comprehensive and candid sex education.

Maziarz and colleagues (2019) compared current proportions of abstinence or comprehensive sex education programs against current proportions of US schools that grant students access to condoms or contraceptives. The findings show that while 63% of school districts teach a comprehensive sex education curriculum, only 7% of schools offer condoms and only 29% use outside agencies to refer students for contraceptives. These disparities could be due to social desirability bias in the survey data. However, these data also suggest that there is a disconnect between the message that students are receiving and the actual safe-sex methods they

are given access to. As a wealthy, developed country with the highest rates of teen pregnancy and STI's, there should be more access and more openness for contraceptive use in adolescents and their schools.

Astle (2020) and colleagues' study was similar to my own in sampling from college students and in conducting qualitative research through focus groups. These authors asked college students what they thought could be improved about current sex education programs. The college at which this study was conducted was in a state that teaches abstinence-only, so the sample is likely a majority of students who experienced that form of sex education. Only 2 out of 38 students said their program was helpful or somewhat helpful and only 6 out of 38 reported being educated on contraceptives like birth control or condoms. Participants reported scare tactics and exaggerated negative consequences. These students stated six main areas they believed sex education should cover and that reform should include: mental, relational and emotional aspects of sex, updated and realistic information, provide information on sexuality, cover diverse sexual behaviors and identities, start earlier and be offered more often, and be taught by trained instructors.

Where are (or aren't) LGBTQ+ identities in sex and sexuality education?

Pascoe (2019) focuses on how gender and sexuality are constructed in schools in ways that are othering for students who do not identify as cisgender and/or heterosexual. Schools are a formal institution of education, but students are also educated and socialized within informal avenues through a hidden curriculum. By embracing gendered traditions such as Prom King and Queen, limiting resources for LGBTQ+ groups like Gay-Straight Alliances, by celebrating openness of heterosexuality and punishing openness of a non-straight sexuality for being

“inappropriate,” students are being taught by a hidden curriculum what is and is not acceptable. This means that schools are not only institutions of education, but also institutions of regulation for gender and sexuality that play a role in young peoples’ identities. LGBTQ+ individuals are othered in school in the form of omission in sex education, exclusion in school traditions, and punishment for open expression. If one’s identity is constantly excluded in schools, are they even institutions of learning for those excluded individuals?

In another study similar to mine, Gowen and colleagues (2014) conducted focus groups with Oregon LGBTQ+ youth to discuss the ways current sex and sexuality education is based on an assumption of heterosexuality. In addition to studying the presence of heteronormativity in these curricula, researchers also questioned the impacts this can have on young people. The results of this study state that youth overwhelmingly experienced their sex education to have been catered toward straight individuals only and therefore exclusive toward LGBTQ+ individuals. The impacts of this exclusion included LGBTQ+ youth not paying attention to important safe-sex information, LGBTQ+ identities being pathologized, and creating unsafe school environments for these individuals.

Garafolo and colleagues (1998) conducted one of the first studies on the association of health risk behaviors and sexual orientation on a representative, school-based sample of adolescents. This study found that students who identified as Gay, Lesbian, or Bisexual in high school at the time of the first survey, showed an increased risk for health risk behaviors such as suicide, sexual risk behaviors and multiple substance use. Furthermore, these individuals are more likely to participate in multiple risk behaviors and initiate risk behaviors at a younger age than their peers. Garafolo and colleagues, therefore, suggest that any risk prevention or sex education programs must be geared toward the needs of Gay, Lesbian and Bisexual individuals.

Elia and colleagues (2010) provide a detailed history of sex education in the US and a scale to measure current sex education curricula. This study found that current sex education programs are operating on a heterosexual and cisgender default mode, excluding LGBTQ+ individuals from this important education. Elia and colleagues suggest that gender and sexuality should be topics included in sex education curricula in an unbiased and democratic way.

Olson-Kennedy and colleagues (2016) identify several research priorities and define gaps in our knowledge about Trans and gender non-conforming (GNC) youth and their development. Authors identified school environments as a priority for research and reform. Including Trans and GNC individuals in regular curriculum and especially in sex and sexuality education is crucial for their development.

What are the impacts of these omissions and benefits of inclusion for LGBTQ+ individuals?

O'Quinn and Fields (2019) examine the Future of Sex Education program put forth by the Obama administration for contributions made for queer individuals by this evidence-based curriculum. The authors found that this progressive curriculum offered information more relevant and inclusive to queer individuals. However, even this program reinforced the gender binary and the idea of "straight time". This term refers to the trajectory discussed in sex education curricula and in popular culture that adheres to a common timeline for straight and cisgender individuals. This rarely applies for LGBTQ+ youth. O'Quinn and colleagues also found that while this program encourages youth agency for risk assessment, it doesn't encourage the same agency when it comes to maintaining and building positive relationships and sexuality. The consequences of this progressive curriculum and its shortfalls for queer individuals are still harmful for this community. The true future of sex and sexuality education incorporates

knowledge constructed by queer individuals and centers young people as the ultimate authority on their own sexuality.

Guzzo and colleagues (2018) question whether adolescent knowledge and attitudes about contraceptives have an impact on later contraceptive use and therefore an impact on the risk for pregnancy or STI's. In a 15-year longitudinal study, the same group was surveyed at adolescence regarding their knowledge about contraceptives, and later about current contraceptive use and other behaviors as adults. The study found that individuals' knowledge and attitudes about contraceptives in adolescence are a predictor for contraceptive use in adulthood. Because adolescence is such a formative period for safe-sex knowledge, it is crucial for school-based sex education programs to include comprehensive and accurate information on contraceptives and STI risks in a way that is relevant to individuals of all genders and sexualities. It is also important that these programs do not resort to fear-mongering and individual blame to encourage use of contraceptives but rely on evidence and encouraging public health. Additionally, as misinformed as straight and cisgender adolescents are by their sex education, LGBTQ+ youth are even more so, experiencing higher risk for STI's in adulthood than their straight and cisgender counterparts.

Marquez (2019) focuses on the ways different types of sex education curricula (abstinence-only, comprehensive, and LGBTQ+ inclusive) impact sexual health variables later in life like sexual dysfunction, sexual risk behaviors, sexual health efficacy, and safe-sex behaviors. The author also hypothesized that certain types of sex education predict internalized homophobia in non-heterosexual individuals. This study found that comprehensive sex education programs were not predictors of later sexual risk behaviors, as it has often been hypothesized that including more information about sex beyond abstinence curriculum would encourage youth to engage in

risky behaviors. This study did support the authors' hypothesis that internalized homophobia predicts sexual distress. Sex can be affirming for individuals' identities. However, if they feel negatively about their identities, sex can be stressful. This study shows that the impacts of sex education are not as great as authors predicted, but there is still a lot of room for improvement for curricula that affirms LGBTQ+ identities and provides young people in that community with the tools for safe sex.

Hobaica and colleagues (2019) focus on trans individuals and the way they experience their sex education, which is largely heteronormative and cisnormative. This excludes their unique identities and therefore their sexuality. One participant described sex education as focusing on anatomy and the gender binary, saying "You are a boy and you are a girl," which is exclusive to those who do not identify with either as well as those who do not identify with the gender they were assigned at birth. Trans individuals in this study reported coming out of their sex education courses feeling excluded and misunderstood, often reporting a delayed understanding of their own identity. These individuals also reported feeling unprepared for sexual encounters, some participants citing uncomfortable or non-consensual encounters. To make up for the gaps left by their school-based sex education, trans individuals in this study relied on friends, organizations like planned parenthood, and other sources of media for information on sex and safe-sex practices. Participants all advocated for more inclusive sex education curricula, predicting safe school environments and increased normalization of trans identities, as well as earlier identification for trans individuals. They also predict decreased gender dysphoria and more positive health outcomes, in addition to more positive sexual encounters with a better understanding of consent.

In a 2017 Dutch study of about 601 students, Baams and colleagues (2017) research whether the content of sex education programs and the level to which they are inclusive of LGBTQ+ individuals is a predictor of a positive school climate. Survey data showed that as LGBTQ+ inclusivity increased in school sex education programs, students became more likely to intervene in a situation where a LGBTQ+ individual was being targeted negatively and specifically name-calling and derogatory language. As curriculum became more inclusive, the school climate improved over time. This shows a benefit to including LGBTQ+ individuals in sex education program beyond sexual health but also extending to social interactions between youth and their peers. LGBTQ+ identities are more normalized, and their classmates are less likely to negatively target them and more likely to intervene in a situation where they are being targeted.

The aim of Haley and colleagues' (2019) study is to use insight from Trans and nonbinary (TNB) youth and parents to form a recommended curriculum for sex education that is trans-inclusive because TNB youth are at an increased risk for negative sexual health compared to cisgender peers. Participants in this study named five sources of sex education, favoring peers, romantic partners and online mediums because of the inapplicability of the information provided by school curricula and medical practitioners. Talking with peers and partners and even searching for information online was likely most helpful for TNB youth because there's more acceptance and relevance from those sources. Information provided by school curricula and medical professionals is often cisnormative and exclusive toward TNB individuals.

A study conducted by Smith (2012) on the impacts of young people viewing sexually explicit material (SEM) in adolescence as a means of sex education concludes that while viewing porn can be harmful and many have negative assessments of SEM, the internet as a tool for sex

education can be helpful. Negative assessments and impacts of viewing SEM in adolescence were reported by cisgender and heterosexual participants as well as LGBTQ+ participants in this study. Common features of negative assessments were a poor portrayal of realistic encounters as porn is commonly created for viewers who are straight men and can actually use same gender sexual activity for the benefit of straight people. This is harmful for LGBTQ+ individuals and especially women who identify as lesbians whose identity is often perceived as entertainment for straight men and not a legitimate sexual orientation. This study also states that the portrayal of gender roles in pornography coincides with many men's attitudes and expectations, and women are more likely than men to be critical of SEM because of the propensity for porn to portray women in submissive roles in relation to men. While the internet is a helpful tool, there are negative impacts to this socialization from a young age.

Rafferty (2018) analyzes the construction and treatment of gender in current health care models, realizing that transgender and gender diverse (TGD) youth are receiving inadequate care due to their gender. These researchers propose a gender-affirmative care model which features developmentally appropriate care that is oriented toward understanding youth's gender experience and which could be applied to sex and sexuality education. This care model recognizes TGD identities and actively works to break stigmas and is a stark contrast to current heteronormative models of care and education.

Blake and colleagues (2001) compare the risk behaviors of several gay, lesbian, and bisexual (GLB) and heterosexual adolescents and the associations with gay-sensitive HIV instruction. In this study of high school students, GLB youth reported more substance use, high-risk sexual behaviors, suicidal thoughts or attempts, and personal safety issues than heterosexual youth. Among sexually active youth, GLB individuals reported more lifetime and recent sexual

partners than heterosexuals and more of them reported using alcohol before their last sexual encounter. In contrast, GLB students in schools with gay-sensitive HIV instruction reported fewer sexual partners, less recent sex, and less substance use before sex. This demonstrates the importance of inclusive curriculum and specifically in the realm of STD's and STI's to not use fear tactics or othering GLB individuals in the conversation around HIV and AIDS.

Elia and colleagues (2010) study the impact of heteronormative sex education on school climate with regards to LGBTQ+ issues and other students. The United States's history of abstinence-only school-based sex education has not only misinformed generations of young people but has systematically and completely left out those who do not identify as heterosexual and/or cisgender. These curricula have had negative consequences on school climate for LGBTQ+ youth. This community, as well as their heterosexual and cisgender classmates, would benefit from a sex education program that actively included positive and accurate information on LGBTQ+ safe sex and relationship skills.

Cruz (2019) created a handout for educators of LGBTQ+ youth in response to research stating that LGBTQ+ young people feel far less satisfied with their sex education curriculum than their heterosexual counterparts. Cruz outlines important data showing LGBTQ+ individuals are more likely to participate in sexual risk behaviors, increasing odds of STI transmission as well as having higher rates of antibiotic resistant strains of infections. Further, only four states mandate inclusion of information specific to LGBTQ+ identities be covered in sex education and only about 40% reported having access to LGBTQ+ sexuality information in their school library. This handout outlines priorities and key issues for LGBTQ+ young people and provides suggestions for future lesson plans that will be more inclusive and open.

Proulx and colleagues (2019) also focus on school climates surrounding LGBTQ+ issues. Specifically, regarding homophobia in schools, Proulx questions the connection between positive LGBTQ+ inclusion in school curricula and especially sex-education curricula and adverse mental health and victimization of LGBTQ+ youth (referred to in this study as Sexual Minority Youth). Their study found that students in schools with LGBTQ-inclusive sex education programs have lower odds of experiencing adverse mental health and victimization at school.

Current literature on sex education in the US and with specific regard to LGBTQ+ youth in schools demonstrates a pattern of exclusion for this marginalized community as well as an inadequate curriculum that fails to meet the needs of all students. The gap in this literature is a lack of testimony from current and former students on the efficacy and impacts of their sex education programs. Further, there is a need for research focusing on LGBTQ+ youth and their experiences in school sex education. This study contributes to that gap in knowledge by concentrating on the lived realities of former students in the LGBTQ+ community, gathering their perspective of the current problems as well as their recommendations for future sex education curricula.

Data and Methods:

Recruitment

This project's source of data was semi-structured interviews with undergraduate students at the University of Colorado, Boulder, who identify as a member of the LGBTQ+ community. This group was chosen for the study sample because they have attended a US school and taken some form of sex and sexuality education course within the last several years. This group has had recent experience with sex education and can provide the important perspective of former students as well as LGBTQ+ individuals with context for sexual encounters and what is needed for safe sexual encounters. Also, this group is one that I am a member of, so I began recruitment with individuals that I knew prior to this study and used snowball sampling. Using an IRB approved email script, I reached out to individuals in my life who met the requirements for my study. The individuals who participated were then asked to provide my contact information to others they know who meet the study requirements. Through this process, I was able to recruit nine individuals to participate in interviews for this project.

Participant Interviews

The interviews through this project were confidential, semi-structured, and conducted virtually over Zoom. The interview guide used for this study is included in the appendix. I conducted 9 interviews total, ranging from about 50 to 70 minutes in length and the average being about 56 minutes. I received consent from participants to take interview notes throughout the interview because the interviews were not recorded. Participants were made aware that the study is confidential, and their personal information would not be in the write-up and would be removed from notes during analysis. Participants provided their age, sexual orientation and

gender for purposes of analysis. Of the participants, two were cisgender women, three were cisgender men, and four were non-binary. Four participants identified as primarily bisexual, two identified as gay or lesbian, and three identified as primarily queer. The ages of participants ranged from 19 to 23 years of age, two being 19, five being 20, one being 21, and one being 23.

Table 1

Participant Number	Age	Gender	Sexual Orientation
1	20	Cis Woman	Bisexual, Pansexual
2	21	Non-Binary	Bisexual, Pansexual
3	19	Cis Man	Gay
4	19	Cis Woman	Lesbian
5	23	Non-Binary Demi Girl	Queer
6	20	Non-Binary	Queer, Gay
7	20	Cis Man	Bisexual
8	20	Cis Man	Bisexual, Queer
9	20	Non-Binary	Queer

The questions asked during interviews were designed to be open-ended so that participants could describe their own experience with sex education in whatever way they felt was relevant. The questions were designed to help understand the levels of exclusion or inclusion participants felt in sex education and how their experience impacted their attitudes surrounding sex, sexuality, and safe sex behaviors. An additional goal was to determine what LGBTQ+ individuals felt was missing from sex education and what should be added to curriculum for improvement.

Data Analysis

To analyze the data, I color coded broad themes, which are listed below in Table 2. I highlighted sections of interview notes that corresponded with the broad themes. After the first three interviews, I reviewed notes to take note of emerging themes that I hadn't expected that would be worth probing in future interviews. At the conclusion of all interviews, I highlighted the data using the coding guide I wrote.

Table 2

Theme	N=9
Exclusion of LGBTQ+/Heteronormative Sex Education Curriculum	9
Fear Surrounding STI's/STD's in or as a result of Sex Ed Curriculum	4
Gendered Expectations in Sex Ed Curriculum	5
Info Outside Sex Ed: Internet/Porn	9 (internet in general) 3 (internet and porn specifically)
Info Outside Sex Ed: Partners/Friends	4
Info Outside Sex Ed: Parents	2
Ideal Sex Ed: Inclusion of LGBTQ+	9
Ideal Sex Ed: Consent	4
Ideal Sex Ed: Relationship and Communication Skills	6
Ideal Sex Ed: Sexual Pleasure	2
Ideal Sex Ed: Trauma and Abuse	2

Results:

The data collected from the interviews displayed several themes in what participants felt was missing from their program, where they got information outside their sex education program, and what they would like to include in their ideal sex education curriculum. At the very core of this study is the question of inclusion for LGBTQ+ students. Every one of my participants said their sex education program didn't include LGBTQ+ individuals. A few students said their instructors mentioned LGBTQ+ identities after they were prompted by students, but it was obvious to them that they were not built into this important program. A quote demonstrating this comes from a lesbian participant who felt empowered to prompt about queer identities because she took her sex education course at 18, with a strong understanding of her own sexual orientation. She asked, "What about the gays?" My teacher said something like, "Yes that is a thing,". This participant also reported feeling "like furniture" and that nothing in her program pertained to her because she identifies as a lesbian. Another participant said that because of his exclusion as a gay man (now identifies as bisexual), he felt indifferent to sex as a whole and didn't pay attention through his sex education program. Another participant expressed frustration with his program's focus on pregnancy prevention and a lack of attention paid to STI prevention, especially for relationships between men.

This exclusion has been experienced by all participants in this study and it demonstrates a dangerous pattern that is present across the country, but what is the significance of this exclusion? It is demonstrated in the current literature but also in the testimony of these former students (Elia & Eliason 2010) (Hobaica et al. 2019) (Gowen & Wings-Yanez 2014) (Olson-Kennedy 2016) (Rafferty 2018) (Elia & Eliason. 2010) (Cruz 2019) (Proulx et al. 2019). These students admitted to feeling frustrated, tuning out during their sex education course, and felt like

they were receiving information that didn't apply to them. This not only makes LGBTQ+ students feel as if they are "outside the range of normality," as one participant stated, but also fails to provide these young people with the tools to keep themselves and their partners safe. This exclusion is responsible, in part, for a gap in knowledge and therefore for the disparities in sexual risk behaviors and adverse mental health for queer youth.

Of the material included in school sex education programs, most participants reported their program providing some type of education for STD and STI prevention, a feature they found to be helpful. Although this material being present in their sex education curricula is reassuring, it is important to question the way this topic is discussed. Merely including information in a sex education program is not enough to ensure the program is effective or that the program reduces harm. Four participants in this study specifically discussed their program using fearmongering of STI's and prevention as a harmful aspect that sparked a staying anxiety surrounding STI's and STI testing. This is an important theme that emerged from interview data because it demonstrates the importance of how this information is delivered to students. It is not enough to include it, if the way it is included does harm to students that lasts far beyond their participation in their sex education program.

One participant discussed recently coming to a realization of her program's impacts on her attitudes. She said that the biggest impact from her sex education program was an "irrational fear of STD's" caused by a curriculum that focused heavily on STD's and taught abstinence as the main form of prevention. Another participant reported feeling anxiety surrounding STD's because of the way they were introduced with "scary STD's and pictures of STD's on genitalia" in their middle school course. They said that this wasn't a great introduction as an anxious

person and a middle school student, and reported this anxiety lasting into adulthood surrounding routine testing, despite their further education on sexual health. Another participant reflected on the way he learned about STI's in his sex education was really similar to the way his instructor taught lessons about drug use and addiction. He described it his teachers instilling the same strain of fear for getting addicted to drugs as for contracting an STI. Additionally, he reported that his program specifically discussed HIV and AIDS by constructing them as the "gay problem." As someone that identified as gay at the time of his sex education, he described the intense fear this sparked, being the one thing in his program that actually applied to him. Yet another participant had a similar experience stating, "They're so fast to talk about unplanned pregnancy or getting STD testing, and the answer for the gay community is 'Well you might have [HIV] now good luck',". The message he received during his sex education was that sexual health resources were only for heterosexual people and that the LGBTQ+ community is neglected in this discourse.

This construction of STI's and STD's through a lens of fear and individual blame is likely doing harm to students experiencing this curriculum, regardless of the presence of safe-sex methods and practices for STI-prevention that may or may not be present in the program. If students are taught about this public health question in a way that blames the individual or instills fear in these young people, this can impact their attitudes about STI's and sex in general for years into the future (Elliot 2014) (Guzzo et al. 2018) (Blake et al. 2001) (Jiskrova 2019). This is not constructive for young people and does very little to reduce the high rates of STI's in this country and specifically within the LGBTQ+ community. What needs to be included in curriculum surrounding STI's is communication skills, i.e., how to talk to partners about prevention and testing, framing STI's as a public health issue rather than a personal trouble, and finally where and how to get tested and access methods of STI-prevention.

Another harmful pattern represented in current literature and confirmed by participants in this study is the presence of gendered expectations in current sex education curricula. These gendered expectations come across in many conversations surrounding sex but particularly when discussing consent or abuse as well as sexual pleasure. Five participants in this study cited gendered expectations in sex education in regard to consent or abuse. The expectations imbued in the consent conversation are that consent is unidirectional conversation, where consent is always coming from the woman in the relationship to the man in the relationship asking for consent. There are several problems with this discourse, one being that this delivers a message to young people of who wants sex and who doesn't (Elliot 2014). These expectations are positioning men as always wanting sex, and never being in a position where they are able to say no. Conversely, this positions women as never wanting sex, and almost always reluctantly giving permission to the man. Another issue with this conversation is that not all relationships are going to have a man and a woman. If men are taught that they are unable provide consent, they might feel compelled to act in ways that align with this hypersexual agent constructed by this heteronormative narrative, landing themselves in unsafe situations.

One participant, a bisexual man who identified as straight during his sex education, stated that he never learned to say no through his course. Later in life, he realized that there were some sexual encounters that he wasn't totally comfortable with, and that he would not consent to if he were in the same situation again. This is an incredibly scary realization for a person to have, that they were not taught to say no, and this resulted in not withdrawing from an uncomfortable or unsafe situation. Consent needs to be taught in sex education as completely separate from gender. No matter what gender, every person needs to be taught that they can provide and withdraw consent for sexual activity at any time. It is completely unhealthy to construct men as

sexually aggressive and women as sexually passive, and unsafe to describe consent as something that a man asks for and a woman provides.

Another participant, a lesbian woman, also described the content of her sex education course as very gendered in the conversation surrounding consent. She said it almost described women as a “prize” that men were going after, that women do not have their own sexuality, but have sex with men to make them happy. “They didn’t even mention women’s sexuality at all, just said, ‘Be aware of men,’. Great that’s helpful as a woman and a queer person,”. This participant stated the important fact that women can want sex and men can not want sex and also expressed her frustration with this program’s construction of women as being without sexual agency.

In discussing abuse and trauma in sex education programs, one participant reported experiencing gendered expectations in that abuse is something that men commit and something women are on the receiving end of. Similar to the gendered construction of consent, this discourse is harmful to everyone. LGBTQ+ groups are excluded from this conversation entirely as this abuse discourse exists solely within the context of heterosexuality and cisgender partners. In addition to this harm by omission, these expectations are once again positioning men as aggressive and women as passive, positioning men as unable to be abused and women incapable of being abusive. This can make it very difficult for many to recognize signs of abuse, especially if the abuse is coming from a woman or if the victim of abuse is a man. One participant, a queer man, sums up this danger, “Anyone can abuse anyone else, by only talking about [men abusing women], what if I’ve been abused and I didn’t know it because it’s not in my conceptual framing of it.” These gendered definitions of abuse are incredibly dangerous because, as with gendered definitions of consent, this can lead to individuals not recognizing when they are in an unsafe

situation because their situation doesn't fall within the heterosexual, cisgender, and dichotomous definition they were taught.

Finally, within the context of gendered expectations, participants in this study expressed different definitions or assumptions of a person's sexuality and role in sexual pleasure based on their gender. One participant, bisexual and non-binary, reported their school sex education program as being focused toward male-bodied people as a whole, while focusing on female anatomy but disregarding the sexuality of female-bodied people. Continuing this trend, their sex education program focused on pregnancy prevention. In an insightful moment of reflection, this participant compared their experiences with queer partners and their experience with cisgender men and talked about the difference in prioritization of pleasure. This participant said in their experience with men, they noticed the emphasis on the man's pleasure and penetration. "It's very clear when you're with someone who was socialized to find pleasure in their partner versus someone who was socialized to focus on their own pleasure." This participant also cited some conversations with their friends who are straight women and the difference in their sex lives. From these conversations, this participant gathered that their friends weren't having fun during sex and often saw it as an obligation in their relationships. This issue of socialization is everywhere in schools. Young people spend such a large portion of their formative years in schools. The information they are taught, and the messages delivered through a hidden curriculum play a large role in the socialization of students (Pascoe 2019). An important part of a person's identity is their gender and sexuality, and it is important to be very inclusive and accurate with the messages in our schools, especially in sex education.

Our current sex education curricula have been inadequate even for the populations they are designed for (Shapiro & Brown 2018) (Weaver 2005) (Maziarz et al. 2019) (Astle 2020) (O'Quinn & Fields 2019) (Marquez 2019). Because of this, many students seek out other sources to answer the questions they have about sex that weren't answered at school (Haley et al. 2019). All nine participants listed the internet as their main source of sex education information outside their school's curriculum. Three of these participants specifically cited pornography. There is a lack of factual and relevant information about sex and sexuality for straight and cisgender individuals despite most programs being designed with these individuals in mind.

For the LGBTQ+ community, information is even less available through institutional avenues of sex education. This group resorts to internet searches to find answers to their questions about sex and sexuality (Haley et al. 2019). This can be helpful or harmful to young people, depending on the information they encounter. Most participants listed specific YouTube channels they found to be authentic, relevant and sex positive as their primary source for sex education outside their school program. One participant cited a YouTuber named Lacey Green among other online sources like Tumblr. Another participant described the beginning of their internet sex education as rooted in curiosity about puberty and questions about her body. On these sites, there were allusions to sex that sparked further searches on Wikipedia that lead to her discovery of self-proclaimed YouTube sex educators. Another participant described turning to YouTube to answer questions about sex after he started watching porn at a young age. This brings up an important question about sex and sexuality education in the age of the internet. What are the consequences of young people being socialized for sexual encounters through porn?

Three participants in this study listed internet pornography as a significant source of sex education beyond their school program. Porn has been known to portray unrealistic images of sex, neglecting to include consent and communication, portraying damaging gendered expectations of sex, as well as portraying harmful body type and beauty ideals (Smith 2012). One participant named potential harm that was done by being introduced to sex through porn at the age of 11. This participant reflected on how much of his sex education was reliant on the internet and how it is potentially dangerous for children to have access to damaging information and images like pornography from such a young age. The impacts of sexual socialization through porn and other explicit material are a future research priority. From the reflective testimony of participants in this study, it is apparent that young people viewing pornography from a young age can cause young people to have inaccurate expectations of sex and how they see themselves in relation to sex and sexuality.

For other sources of sex information, four participants said friends or partners was a significant source, and two discussed with their parents. Especially for queer individuals, friends and partners are a significant space for exploring and questioning one's own sexuality. Many feel unsafe being open about their identities or expressing the fact they're questioning their identities to their parents (Haley et al. 2019). If they have peers in the LGBTQ+ community, talking about sex and sexuality becomes easier with those individuals.

One individual described an experience learning about sex with friends at a retreat. They met individuals who introduced them to several gender identities and sexual identities they hadn't known about. In particular, meeting a nonbinary, polyamorous peer was instrumental in this participant's education surrounding sex within the context of their own identity. Later in college, this participant took classes and participated in LGBTQ+ groups and experienced a

sexuality education that was open, focused on pleasure, consent, and safety. This participant described their own experience in the LGBTQ+ community to be very sex positive because queer individuals have to go out of their way and find different avenues for sex education and construct a community-based wealth of knowledge. This participant also very insightfully reflected on a trade-off that queer people experience. They said they would not trade the holistic and positive sex education found within the queer community for queer identities to be mentioned in school sex education curricula. This comment brings up a question. Would inclusion of queer identities in school sex education lead to a reduction of sex positivity and sexual health knowledge shared in the LGBTQ+ community?

Throughout the course of semi-structured interviews and usually following the discussion of omissions in sex education, participants were asked to describe their ideal sex education curriculum. All participants said they would include LGBTQ+ identities in discussions of safe-sex practices and relationship skills. Because all participants reported exclusion of LGBTQ+ identities in their sex education program, it was expected for all these individuals to include LGBTQ+ identities in their ideal curriculum for future sex education programs. Just by including marginalized sexual orientations and genders, this would no longer position LGBTQ+ individuals as outside the realm of normality. Inclusion of LGBTQ+ identities in sex education programs would also lead to a broader discussion of safe sex practices that is helpful for all individuals (Olson-Kennedy et al. 2016) (O'Quinn & Fields 2019) (Baams et al. 2017). Even if someone identifies as cisgender and heterosexual, they will interact with queer people and could find a sexual or romantic partner in a queer person. Beyond this, as one participant noted, a more

positive and broad discussion of safe sex practices includes a more objective and relevant construction of STI's as well as prevention methods.

In addition to a more positive and accurate discourse surrounding STI's and prevention methods, one participant advocated for breaking down the gender and sexuality spectrums, talking about different labels and the benefits and drawbacks to those labels. This discussion would help young people learn about gender and sexuality and where they individually fall on those spectrums. For many, this discussion would mean a better understanding of their own identity at a much younger age.

Further, another participant discussed the importance of sex education instructors having legitimate definitions of gender and sex and the ways they work together. This participant reported his instructor using gender and sex interchangeably, when they are different things. This participant also went beyond the actual classroom for inclusion of LGBTQ+ identities and advocated for ensuring this community's inclusion in drafting sex education policy.

Finally, one participant specifically described the concepts of gender dysphoria and transitioning and how it would have been helpful to include those topics in their sex education (Haley et al 2019) (Olson-Kennedy et al. 2016). As a nonbinary person, they felt gender euphoria when they started using they/them pronouns. This participant stated that by including these definitions in gender discussions, young people would likely feel like they have the tools to describe and explore their own identity.

Some LGBTQ+ individuals do not fully understand their own gender identity or sexual orientation until they are older, oftentimes after they have gone through sex education that was likely exclusive and perhaps irrelevant to their identities. By including these marginalized

identities, young people will be empowered with important terms and definitions that can help in their understanding of their own identity and the identities of others.

Four participants stated that proper discussion around consent was missing from their program and would be included in their ideal curriculum. This theme ties into the gendered expectations that have been imbued in consent discourse framing it as a unidirectional process from the woman to the man in a sexual relationship. Participants felt it extremely important to emphasize affirmative consent and reaffirming consent in future sex education programs. One participant also mentioned including fun ways to get consent from your partner. A common misconception about consent is that it disrupts the enjoyment of sex, but it should be taught that consent is the only way to fully enjoy sex. Another participant advocated for a sex education program that encourages young people to self-reflect to assess if they are actually ready for sexual encounters. It is important to send the message to young people that there is no pressure for these kinds of interactions, and to only engage in them only when they feel ready. Moreover, it is important to understand how to say no to something that causes discomfort or harm. Sexual encounters depend on individual decisions, but they are also dependent on honest communication with partners.

Six participants said they would have found it helpful as a young person to have discussed relationship and communication skills in sex education. Beyond just the physical act of sex, is an important realm of communication with your partner about their needs as well as your own. This comment from participants is really eye-opening to the experience of young people and how they felt unprepared for sexual experiences because they never really learned how to discuss sex with their partners. Teaching young people how to communicate these topics with

romantic and/or sexual partners is crucial for ensuring they have safe and enjoyable experiences. In tandem with teaching communication skills would be normalizing sex as a pleasurable activity.

Two participants said they would like to see discussion of sexual pleasure in sex education. They said that sex was treated very clinically or as something that happens out of necessity in marriage and thought that young people should be able to discuss and explore sexuality within the context of pleasure. This theme likely stems from an abstinence-focused education that sends a message that sex can only occur in monogamous or married heterosexual couples when they want to have children. This discourse is one that can socialize young people to not understand their own or their partner's sexual needs, or to prioritize their own pleasure over their partner's. Additionally, this topic covers the concept of masturbation, which has been somewhat normalized for men and male-bodied people and is still strictly taboo for women and female-bodied people. This ties back to gendered expectations for sexuality, that men want sex and pleasure and women do not. One participant discussed masturbation when advocating for discussion of pleasure in sex education programs. This participant felt it would be important and beneficial to all students to normalize masturbation and learning about their own needs, making them better prepared to communicate those needs to partners.

Following a similar thread of communication and consent is the concept of trauma and abuse. Two participants said they would discuss sexual assault and trauma in their ideal sex education program, stating that they feel it is important for people to recognize the signs of abuse and trauma. In addition, they believe students given the tools and resources to seek help if they

find themselves in an abusive situation. Oftentimes, it is difficult for victims to recognize when they are in an abusive situation, and therefore, it is difficult for them to seek help or to try and remove themselves from that situation. Further, abuse that can occur at young ages might not be recognized as abuse until the victim is older and able to recognize the reality of their experience. Teaching signs of abuse and trauma could be potentially triggering for young people, as these two participants stated, however it could be very helpful for young people to recognize when they are a victim of an unsafe situation so they can advocate for their safety. In this discussion of abuse and trauma, it is also important to teach young people that abuse is not the victim's fault or responsibility, and for individuals to recognize when they might be perpetuating abuse or manipulation to their partners.

The participants of this study have described their frustration with their sex education because their experiences feature harmful discourses, sparking a lasting fear surrounding STI's and instilling dangerous messages about gender roles, but most of all, because in their experiences, their identities were excluded. These results demonstrate the extent to which our current sex education curricula are failing students and especially those in the LGBTQ+ community. For future programs, students request unbiased and medically accurate information about sex and STI prevention that applies to all gender identities and sexual orientations. In addition to this, students propose a more holistic construction of what sex education is, advocating for the inclusion consent, trauma and abuse, pleasure, and communication and relationship skills.

Conclusion:

The results of this study demonstrate dangerous omissions in US sex education in schools with negative consequences for all young people, but especially for queer individuals. Young people who identify within the LGBTQ+ community have reported their identities and other queer identities being completely excluded from the discussion in their sex education courses in school. This exclusion is the basis of the disparity in sex education and means that queer youth will get a very minimal amount of relevant information necessary to help them make informed and safe decisions about sex in the future or present. The omission of queer identities in sex education not only denies knowledge to LGBTQ+ youth, but also places the responsibility of closing the gaps in their education on the students themselves. This is incredibly harmful as LGBTQ+ youth are at higher risk for STI transmission and other sexual risk behaviors as a result of this lack of education (Garafolo et al.1998). Instead of recognizing this difference as a public health issue, sexual risk behaviors and high rates of STI transmission have been constructed as characteristic of queer identities as a whole. This discourse deflects blame from our institutions of education and on LGBTQ+ individuals, further absolving these institutions from providing education to a group viewed as risky and unworthy of sex and sexuality education.

Despite the lack of relevant information for LGBTQ+ students, they still receive sex education in schools and are impacted by the information provided. The results of this study present two major themes in recent sex education programs: discourse surrounding STD's and STI's that resorts to fear-mongering and individual blame, and discourse surrounding sexual encounters and abuse that perpetuates dangerous gendered-expectations. These two themes represent the greatest harmful impacts, apart from exclusion of LGBTQ+ identities, of sex education as reported by participants of this study. These themes and their harmful consequences

are also not limited to the experiences of queer individuals. STD's and gendered expectations are experienced by everyone. Also, experiencing fear and stigmas surrounding STI's and testing, and feeling a lack of agency in sexual encounters due to ones' gender can harm anyone. This is demonstrative of the ways a queer-inclusive sex education can benefit more than just queer students.

A final conclusion to be drawn from the testimony of these participants is that, when sex education in schools is incapable of answering young people's questions (as it often is), young people will most likely turn to the internet. This is important for sex education reform because there is no way to dictate what information young people are shown in answer to their questions about sex. In fact, many young people will learn about sex through pornography. While this data is likely not surprising, given the importance of the internet, this also identifies a research priority for the consequences of young people, and especially young queer people, being socialized for sex and other encounters through the internet and porn.

The current literature surrounding sex education demonstrates its failures to prepare young people for safe and healthy sexual encounters, and the contribution of this study to literature on this topic is testimony from recent students who identify within the LGBTQ+ community. Current literature is rarely informed by students, and when it is, it is rarely focused on the population of LGBTQ+ youth. The participants for this study have all taken sex education within the last several years, and are now adults, able to reflect on their own sexual experiences and how their attitudes have been impacted by their sex education. In addition to this, the focus on queer identities and obtaining qualitative data from this group is incredibly important for the future of sex education. It is crucial to recognize that young people are the greatest authority on their own needs.

This study also presented a few broader themes such as our society's construction of sexuality and gender as well as the presence of individual blame for public issues as a function of neoliberal ideology. As queer people's discovery of their identity is often a long process, most of the participants in this study have two or more lenses for reflecting on their experience in sex education: first, as a young person who assumed they were straight and/or cisgender, and a retroactive lens to reflect as a queer person. Because of heteronormative and cisnormative ideals perpetuated through the hidden curriculum in schools as well as media, young people either experience their sex education through a "default" identity, recognizing the inadequacy and irrelevance of their sex education far later in their life.

Expanding on the way that gender and sexuality are constructed in society and specifically in schools brings up an important question. How is sexual passivity intrinsically tied to femininity, and sexual aggression tied to masculinity in our society's construction of gender? In schools, women are taught or expected to be passive, prioritize their partner's pleasure over their own and men are taught or expected to be aggressive and prioritize their own pleasure. That socialization informs behavior in relationships, even for individuals who later identify with another gender or sexuality. An important feature of queer sex positivity is unlearning gendered socialization of pleasure, consent and abuse, a feature that should be incorporated into school sex and sexuality education.

In addition to contributing to a harmful construction of sexuality and gender, US school sex education curricula rely on neoliberal ideology to construct public health issues such as teen pregnancy and STI transmission as a personal trouble that is only solved by constructing an individual agent taking all of the responsibility (Elliot 2014). This construction is incredibly harmful as it ignores social, political, and economic obstacles to obtaining sexual health care. A

participant in this study, specifically brought up neoliberalism and its consequences for young people, aptly stating its weak point. "The problem with neoliberalism and for the people with interest in maintaining it, is the question, 'Is the individual responsible for anything?'. You and I know that they're not because we live in this [*expletive*] society,". The broad issues associated with sex such as STI transmission, teen pregnancy, and assault and abuse should be addressed with broad solutions, informed by evidence and not resorting to individual blame.

Queer inclusive sex education would also feature gender-neutral discourse surrounding consent and abuse as well as a sociological understanding of the sexual health issues we face, recognizing the societal influences and providing individuals with resources for their own care. A quote from one participant is the perfect summation, "You don't even have to be queer to get value out of teaching LGBTQ+ things,". By incorporating a sex education curriculum that includes and affirms queer identities, all students will benefit. In learning about sexual and gender identities, young people will have tools and references for understanding their own identity in a discourse absent from heteronormative, cisnormative gendered expectations rooted in the gender binary. Positive and factual information about STI's and contraceptives as well as resources for sexual health care are also crucial features of future queer-inclusive curricula. Young people all deserved to be affirmed in their identity and given all the tools and information they need to make safe and informed decisions. It is time for queer sex education, centering youth and their needs, allowing them to construct an inclusive and accurate wealth of knowledge that prepares them for safe experiences.

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Appendix:

Interview Questions

1. In general, did you feel included in your sex ed in school? Why or why not?
2. How did your sex ed program make you feel about sex?
3. In your sex ed in school, were sexual orientations other than heterosexuality talked about? Were genders other than man or woman talked about? Were transgender identities talked about? If so, how were they discussed?
4. What safe sex methods were discussed in your sex ed? Did these methods make sense for your identity or your relationships?
5. How effective do you think your sex ed program was? Why was it effective or ineffective?
6. What did you find helpful about your sex ed? Was anything about your program harmful?
7. Would you say that your sex education program made you feel knowledgeable and prepared for sexual and/or romantic relationships?
8. What do you think was missing from your school's sex education program?
9. Where did you get information about sex or sexuality that was outside your school's sex ed?
10. What are all the safe sex practices that you know about? What are your beliefs about these practices?
11. Do you think your sex ed program had any impact on your attitudes about sex, sexuality, or safe sex practices? If so, what was the impact?