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## The Effects of LGBTQIA+ Representation (or the Lack Thereof) in Sexuality Education in the United States

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The Effects of LGBTQIA+ Representation (or the Lack Thereof) in Sexuality Education in the  
United States

Senior Project Submitted to  
The Division of Social Studies  
of Bard College

by

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Annandale-on-Hudson, New York

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## Table of Contents

|   |    |
|---|----|
| Abstract  | 6  |
| Introduction  | 8  |
| Literature Review   | 11 |
| Inclusive Curricula and the Obstacles of Implementation     | 18 |
| Laws and Bills Impacting the LGBTQIA+ Population In Schools | 21 |
| Methodology   | 25 |
| Findings  | 30 |
| Discussion  | 41 |
| Limitations   | 46 |
| Conclusion  | 46 |
| References  | 51 |
| Appendix A: LGBTQIA+ Glossary Produced by PFLAG             | 59 |
| Appendix B: IRB Proposal Form                               | 64 |
| Appendix C: Informed Consent Form                           | 69 |
| Appendix D: IRB Approval                                    | 72 |



### **Abstract**

The purpose of this exploratory study is to add to the understanding of how lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+) representation (or the lack thereof) in sexuality education programs impacts youth and adolescents' who identify as LGBTQIA+. Sexuality education is perceived as one way to prevent unhealthy sexual behaviors and a way to give youth knowledge about their bodies. However, contemporary sexuality education in most schools in the United States is not tailored to fit the needs of LGBTQIA+ youth. According to research, in most schools this population is often left out of the curriculum entirely, where heteronormative bias' primarily shape classroom discussion. In the absence of a comprehensive and national level of standardization for sexuality education in the United States, LGBTQIA+ youth do not have the ability to receive the same knowledge and skills about their health as their non-LGBTQIA+ peers. Through my research, I gained insight regarding the influence and impact sexuality education experiences have had on youth and adolescents' construction of identity, sexuality, gender, and perceptions about LGBTQIA+ populations.





## **Introduction**

Sexuality education in K-12 schools has enabled the silencing of sexual and gender diverse (SGD) identities, omitting queer youth as a result. In many schools, LGBTQIA+ students are stigmatized or ignored as heteronormative biases shape the instruction in sexuality education courses. Education and schooling are substantial agents of socialization for the formation of identity. Through sexuality education, the foundation of identities and sexualities that has been considered has often been through the lens of heteronormativity and reproductive ideology (e.g., abstinence-only, contraception-based education emphasizing penis and vaginal intercourse). The lack of queer representation in sexuality education causes the isolation of LGBTQIA+ youth at a formative time of growth and identity construction.

Inconsistency of curricula and the pervasiveness of discrimination in school-based sexuality education (SBSE) policies in the United States inequitably affect students of all gender identities and sexual orientations. Curricula, especially abstinence-until-marriage programs, exclude LGBTQIA+ youth and potentially cause harm with the curricula's message, as they "instruct youth to adopt a very narrow definition of sexual relationships and emphasize heterosexual marriage as essential to healthy sexuality" (Fine & McClelland, 2006).

This homogeneity in sexuality education curriculum comes in part from the lack of a national level of standardization. State by state, standards and regulations for sexuality education vary drastically, and even with specific guidelines, schools may not act in accordance with the delegated curriculum. Many school environments are not conducive to identity exploration, where overt and implicit discrimination hold bias over sexuality education courses.

Comprehensive sexuality education is essential in creating an inclusive environment that does not minimize the existence of LGBTQIA+ youth as an "other". Research indicates that

including positive representation of LGBTQIA+ people, history, and events in the school curriculum is “associated with higher levels of self esteem and lower levels of depression, students who had access to an inclusive curriculum are less likely to have considered suicide within the last year” (Kosciw, Clark, & Menard, 2021). On the other hand, research has shown that negative representation may result in consequences such as “higher use of drugs and alcohol, increased rates of depression with resulting higher rates of suicide ideation and attempts, and risky sexual behavior” (Ellias, 2010).

Sexuality education can be a tool in order to prevent unhealthy sexual behaviors for youth, as well as to teach them about their bodies and different SGD identities. Comprehensive sexuality education is instrumental in minimizing sexual risks and increasing the diversity of knowledge. However, youth in the LGBTQIA+ community are less likely to receive comprehensive sexuality education than their non-LGBTQIA+ peers (Centers for Disease Control and Prevention [CDC,] 2011). The lack of representative sexual health information for SGD youth and the inclusion of harmful representation of SGD identities in SBSE impact LGBTQIA+ youth during a critical period of development, where the exclusive material is shown to be frequently linked to adverse health outcomes for this population (Naser, 2022). According to the Gay, Lesbian, and Straight Education Network (GLSEN)’s 2021 National School Climate survey, 71.6% of students reported that their classes did not include any LGBTQIA+ topics; when considering all students in the sample, including those who did not receive sexuality education, only 7.4% received sexuality education that included LGBTQIA+ topics (Kosciw, Clark, & Menard 2021).

Through the voices of individuals in the LGBTQIA+ community, this project creates a space to describe how LGBTQIA+ representation (or the lack thereof) in sexuality education

courses influences youths' understanding of sexuality, gender, and identity. For this study, inclusive defines sexuality education material relevant to LGBTQIA+ youth, where curriculum is not dismissive of SGD identities. Conversely, exclusive defines sexuality education material and experiences that are not relevant, disrespectful, and silencing to the LGBTQIA+ community (Gowen & Wings-Yanez, 2014). Based on the viewpoints and opinions of LGBTQIA+ individuals, it is apparent that their K-12 sexuality education was predominantly focused on the expectation of heteronormativity.

## Literature Review

The initial implementation of sexuality education in K-12 schooling in the United States occurred through the superintendent of Chicago Public Schools, Dr. Ella Flagg Young, in 1913. This experimental program aimed to endorse moral and scientifically based sexuality education. At first, this program was protested due to the public sphere wanting to keep sex a private matter, one that is solely discussed in the family. The program consisted of three lectures to inform students about “personal sexual hygiene, problems of sex instincts, and a few of the hygienic and social facts regarding venereal disease” (Jenson, 2007). These three main categories were aimed at youth to shape how they viewed their sexual identity and to form a social cohesion of corresponding ideals with their peers.

Superintendent Young explained that the first lecture would “present physical facts; the second and third would cover venereal disease and the need for personal continence until marriage” (Huber & Firmin, 2014). Personal purity courses and social hygiene initiatives were some of the attributes of the curriculum that gained support, primarily backed by members of the social hygiene movement. The social hygiene movement originated in the early 1900s, “bringing together different groups that were concerned with venereal diseases, prostitution, society's moral standards, and family life” (Wuebker, 2020). Many reformers of the Progressive Era, such as those within the social hygiene movement, viewed the turn to sexuality education as a tool to confront the impurity of prostitution and venereal disease.

The curriculum introduced during the Chicago experiment tied sexuality education closely with the “educated middle-class reformers' worldview, for it promised to roll back the new culture's challenges to sexual respectability while it replaced the old enforcers of respectability with institutions more congenial to the reformers' embrace of science and

bureaucratic rationality” (Moran, 1996). The fulfillment of the sexuality education curriculum exposed the desires and social aspirations of the social hygiene movement and the Progressive Era reformation. “Schools were already emphasizing health and sanitation, and social hygiene seemed like a logical extension. Sex education became part of the call for schools to teach complete living and moral instruction” (SIECUS, 2021).

This first initiative was cut short and removed from the Chicago curriculum. The program was dismantled due to a campaign initiated by the Catholic Church against the program's values and morals. Nevertheless, the implementation of the sexuality education experiment enacted in Chicago set the foundation for the refined sexuality education programs seen in many schools today in the United States (e.g., abstinence, contraception, lack of SGD identities).

Contemporary sexuality education in the United States reflects disparities among each state, particularly concerning the inclusion of LGBTQIA+ topics. In total, 48 states have enacted policies that mandate sexuality education in public school curriculum (Garg & Coleman, 2021). However, individual states are left up to decide the education the students receive. This lack of coherence allows for topics in curricula to vary drastically, state by state. The inconsistency of a national level of standardization allows the day-to-day curriculum to be decided by individual school districts. Discrepancy of curriculum causes an absence of uniformity and allows discriminatory education to become more prevalent. According to the 2021 GLSEN National School Climate Survey, most LGBTQIA+ students (58.9%) had experienced LGBTQIA+-related discriminatory policies or practices at school. Some of the most common discriminatory policies and practices experienced by LGBTQIA+ students “targeted students’ gender, potentially limiting their ability to make gender-affirming choices and negatively impacting their school experience” (Kosciw, Clark, & Menard, 2021).

Most common in the curriculum are abstinence and contraception-based topics, which produce a bias toward heterosexual identifying individuals as normative. Of the 48 states that have enacted policies on sexuality education, abstinence education is required in 42 states and recommended in three states, and contraception education is required in 27 states and recommended in three states (Garg & Coleman, 2021). The overarching discourses about sexuality education that have “survived and thrived for over a century are exemplified by abstinence-only-until-marriage SBSE and have perpetuated heteronormativity, as well as privileges based on race, gender, religion, and class” (Elia, 2010). Introducing policies such as abstinence-only denies that sexual exploration is a normal part of adolescence and causes a systemic erasure of any choice that is not marital heteronormativity.

A study assessed 13 health textbooks commonly taught in the United States, which aimed to understand the inclusivity or exclusivity with which textbooks defined and described gender and sexuality (Naser, 2022). The results of this research indicated that most of the SBSE health textbooks included education on abstinence-only or abstinence-based discussion, with little to no discussion of sexuality, gender, or sexual and gender diversity. This analysis shows a bias for gender binary and heterosexual practices in most SBSE health textbooks. If discussions of diverse sexualities were included in textbooks, it does so in a way that “others” those identities or associates them adverse consequences (Naser, 2022). When SGD identities are mentioned in the textbooks, it often is associated with HIV/AIDS, which covertly sends the message that LGBTQIA+ identities are dangerous, to be feared, and non-normative.

Due to the belief that sexuality education can be considered a sensitive and controversial topic, parental and guardian permission to attend the class has been established in many states, where “permission may be required before students being enrolled in the class as an ‘opt-in’ or

students may be exempt from the class with a written request from parents or guardians as an ‘opt-out’ (Garg & Coleman, 2021). This process creates an even greater barrier for students to access comprehensive sexuality education. Parents and guardians are often given a choice of what their children are educated on through the implementation of “opt-in” and “opt-out.” While parents “may be open to communicating with their heterosexual teens about sex, some research suggests that parents are more likely to omit sexuality education if they are unsure of their child’s sexual orientation or if they know their child is not heterosexual” (Evans, Widman, & Goldey, 2020).

As of 2020, only 22 states have policies that include topics related to LGBTQIA+ youth in school-based sexuality education, while 29 states do not include LGBTQIA+ topics (Garg & Coleman, 2021). Of the 22 states that have policies, nine mandate inclusive education, six mandate discriminatory education, and five mandate neutral education (Garg & Coleman, 2021). Of the 29 states that do not mention LGBTQIA+ topics in their policies, 13 require schools to use heteronormative language in sex education, further stigmatizing the LGBTQIA+ population (Garg & Coleman, 2021).

Heteronormative language is anything that asserts a heterosexual binary, such as language that promotes monogamous heterosexual relations or marriage within the context of abstinence. An example of heteronormative language policy in Illinois’ sex education curriculum requires that the course material and instruction “shall teach honor and respect for monogamous heterosexual marriage” (Garg & Coleman, 2021). States such as California and Michigan contain topics in sexuality education curricula that include inclusive LGBTQIA+ discussion, though also topics that include heteronormative language. Often, language indirectly targets the exclusion of queer youth by normalizing a gender binary model that focuses on heteronormative language.



Frequently, heteronormative language does not serve the purpose of explicitly targeting LGBTQIA+ education policies, though what is taught causes LGBTQIA+ topics to be left out entirely and dismissed from the curriculum; this advances hidden bias against LGBTQIA+ individuals. The effects of discriminatory policies in many schools caused 81.8% of LGBTQIA+ students in the GLSEN survey to report feeling unsafe because of at least one of their actual or perceived personal characteristics (Kosciw, Clark, & Menard, 2021).

Previous research indicates that “when individuals are in an environment that directly and systematically excludes them, they experience unique stressors including discrimination, internalizing prejudice, fear, and vigilance regarding potential stigmatization” (Naser, 2022). This can be understood through the minority stress model, which refers to the “additional, unique, and chronic stress caused by stigma and discrimination experienced by members of marginalized groups” (Meyer, 2003). Research suggests that minority stress experienced by LGBTQIA+ youth increases their risk of physical and mental health problems, including: “STIs, eating disorders, depression, anxiety, suicidal ideation, substance use, and post-traumatic stress disorder” (Hatzenbueler & Pachankis, 2016). The experiences that youth face in sexuality education classrooms take place at a critical period in development, and research consistently exhibits how exclusive materials are linked to negative health outcomes.

Racial injustices have the ability to persist in sexuality education classrooms, where research demonstrates that BIPOC LGBTQIA+ individuals have disproportionately less access to sexuality education as well as a lack of comprehensive curriculum. Every aspect of “American history, culture, and institutions, including sexuality education, are informed and shaped by white supremacy. The way many young people experience today’s sexuality education affects how BIPOC young people navigate sex and relationships in their schools and their communities”

(HRC Call-To-Action, 2023). Therefore, due to the often white bias surrounding sexuality education in the United States, there is an exclusion of topics integral to BIPOC youth understanding of their sense of self and their identity. In sexuality education courses, discussion of BIPOC communities are often demonstrated through polarizing statistics (such as the case of teen pregnancy) instead of meaningful, culturally-appropriate research. As a result, “BIPOC youth rarely have access to culturally competent, medically accurate, and comprehensive sex education” (Masucci, 2016).

According to research published in the Washington University Law Review, black students nationwide are far more likely than white students to receive abstinence-only instruction (SIECUS). Research indicates that abstinence-based and abstinence-only SBSE are “largely ineffective and inherently exclude topics integral to those who identify as SGD” (Naser, 2022), and this leads BIPOC communities to face a greater number of disparities than their white peers in sexuality education classrooms. The GLSEN Research Institute found that LGBTQIA+ students of color faced “multiple forms of victimization in schools, and that two in five LGBTQIA+ students of color experience racist and homophobic victimization” (Kosciw, Clark, & Menard, 2021). Sex Ed For Social Change (SIECUS) found that predominantly BIPOC school districts receive 23 million dollars less than white districts while serving the same number of students. When funding is limited, schools often lack resources to provide comprehensive inclusive sexuality education, systematically affecting people of color (SIECUS, 2020).

The ignorance and exclusion of LGBTQIA+ and BIPOC identities and advancement of heteronormative curriculum deny youth sexual agency by controlling information that is vital to their health and overall well-being (Ellias, 2010). Interpersonal stress and discrimination that LGBTQIA+ experience has been shown to lead to adverse mental and physical health outcomes.

In a survey of more than 150,000 students in grades 9 -12 between 2001 and 2009, the CDC found that LGBTQIA+ students were more likely to engage in behaviors related to violence, including: “dating violence; sexual assault; school avoidance because of safety concerns; attempted suicide; tobacco, alcohol, and other drug use; and unhealthy weight management” (Kann, Olsen, McManus, Kinchen, Chyen, Harris, & Wechsler, 2011). Studies such as this present the fact that LGBTQIA+ youth are more likely to engage in behaviors that are deemed as risky to their health and overall well-being than their non-LGBTQIA+ peers.

Without clear policies and guidelines that eliminate discriminatory and heteronormative language from sexuality education courses, states are unequipped to create effective curricula that benefit the LGBTQIA+ population in schools (Garg & Coleman, 2021). Gender identity and sexual orientation are not fostered in K-12 schooling environments, and this continues to further the stigma surrounding LGBTQIA+ topics. In the absence of a comprehensive and national level of standardization for sexuality education in the United States, LGBTQIA+ youth experience an even greater barrier than their non-LGBTQIA peers in obtaining knowledge and skills about their health.

### **Inclusive Curricula and the Obstacles of Implementation**

Research has demonstrated that when comprehensive inclusive sexuality education is taught in classrooms, it enables young people to learn about LGBTQIA+ identity and create an environment of acceptance. As Human Rights Campaign notes, “Even smaller-scope programs delivered in schools, community settings, or online that are designed or adapted to be LGBTQIA+ inclusive can make a difference for LGBTQIA+ youth — particularly if they are evidence-based” (HRC Call-to-Action, 2023).

There are many obstacles that arise in contemplating the best approach to implementing inclusive and comprehensive sexuality education in the United States. A multitude of states mandate that discussion on sexual and gender diverse identities cannot occur, whereas, others deem it important to use normative language. As of May 2020, Alabama, Arizona, Florida, Illinois, Louisiana, North Carolina, Oklahoma, and Texas required that when sexual education refers to LGBTQIA+ individuals and relationships, it must be negative.

Researchers have found that inclusive comprehensive sexuality education curriculum should include at a minimum:

Information for all students about sexual orientation and gender identity that is age-appropriate and medically accurate; depictions of LGBTQIA+ people and same-sex/gender loving relationships in a positive light in stories and role-plays, use gender-neutral/expansive terms such as “they/them” and “partner” whenever possible; prevention messages related to condom and birth control use do not suggest only heterosexual youth or cisgender male/female couples need to be concerned about unintended pregnancy and STI prevention; and a lack of assumptions about students’ sexual orientation or gender identity. (HRC Call-To-Action, 2022)

An inclusive curriculum that can be implemented in elementary, middle school, and high school would include an array of different ideas that present youth with an opportunity to obtain increased awareness and representation of the LGBTQIA+ community. Based on the age gaps between these levels of schooling, each set of inclusive curricula would be age-appropriate and accurate. An approach that schools could potentially implement for inclusive curricula, produced by the HRC Foundation, would be to follow three main aspects in the classroom at a minimum: “refrain from negative and discriminatory discussion about the LGBTQIA+ population, relevance of the curriculum to LGBTQIA+ youth, whether or not sexual and/or gender identity are explicitly mentioned, and include information on sexual health that includes a diverse understanding and identities” (HRC Call-To-Action, 2023).

Beginning at an elementary level, research has shown that including aspects of an inclusive curriculum that is representative of the LGBTQIA+ community, and that does not negate their existence, has the opportunity to set up the foundation for acceptance and comprehension at a young age. An example of inclusive curriculum that has been implemented by the Multnomah County Health Department in Oregon includes books for students in early childhood development, which includes stories about healthy sexuality, friendships, consent, and LGBTQIA+ families. One book that was included in the reading list was titled “This Day in June,” which conveys positive aspects of a Pride Parade for LGBTQIA+ people and families. These books often provide a wide array of racially diverse families and show an inclusive representation of queer and trans identities. (Multnomah County Sexual Health Education, 2016)

GLSEN created an elementary school toolkit for inclusive sexuality education titled “Ready, Set, Respect,” where the lessons focus on “name-calling, bullying and bias, LGBTQIA+ inclusive family diversity, and gender roles and diversity and are designed to be used as either stand-alone lessons or as part of a school-wide anti-bias or bullying prevention program” (GLSEN, n.d.). The curricula intends to inform young people to gain a greater understanding of diverse populations and learn about identities that may relate to themselves, their families, and the world around them.

The Human Rights Campaign (HRC) sets forth examples of inclusive curriculum for middle schoolers and sets forth the notion that curriculum should begin to delve into teachings about biology, the human body, pronouns, gender identity, and sexual orientation. The HRC expresses how LGBTQIA+ identities should be made present when discussing healthy relationships, boundaries, and consent for this age group. A website for teachers and students titled “AMAZE” creates animated videos that provide videos for middle school students about

sexuality, gender identity, bodies, and relationships. Examples of videos include: “Sexual Orientation”, “Behavior, and Identity”, “How Do LGBTQIA+ Couples Become Parents,” “What Is Asexuality” (AMAZE, n.d.). These videos are meant to give age-appropriate and relevant information that offer an inclusive and comprehensive approach to including the LGBTQIA+ population in sexuality education classes.

The website “AMAZE” also includes examples of curricula for late middle school and high school students that are representative of the LGBTQIA+ community. Aspects of this curriculum include sexual decision-making, consent, healthy living, and understanding gender identity and sexual orientation. GLSEN also created an activity for high schoolers that focuses on exploring how self-identification can be “empowering and allows for discussions with peers and teachers about what it means to be proud of the labels and identities that we all hold,” students also explore the “damage that can be done when someone applies labels to another person without that person’s permission (consent)” (GLSEN Learning Empowerment, n.d.). The main objective that is meant to be achieved through this activity is for youth to have the ability to “converse with peers in regards to sexual orientation and gender identity, and for participants to learn the power of self-identified labels and identities they would like to be called. This activity enables students to discuss the impact of labels, and the idea of consent as applied to labels, and allows students to generate examples of positive labels” (GLSEN Learning Empowerment, n.d.).

Across all levels of education, it is integral that schools create a space that is representative of SGD identities so that LGBTQIA+ youth can receive the same benefits and knowledge as their non-LGBTQIA+ peers. Human Rights Campaign notes that inclusive comprehensive sexuality education provides “factual, non-stigmatizing information on sexual orientation and gender identity as a part of human development and teaches youth to respect

LGBTQIA+ people” (HRC Call-To-Action, 2023). Research demonstrates that inclusive sexuality education that is standardized nationally could minimize adverse health outcomes in LGBTQIA+ youth, and in doing so sustain a schooling environment that creates equal opportunities for all students.

### **Laws and Bills Impacting LGBTQIA+ Population In School**

Hundreds of anti-LGBTQIA+ bills and laws have been created to further restrict and regulate the LGBTQIA+ community. This has been done to create a culture of control and to survey what youth are being exposed to and taught in the schooling environment. The bills and policies being enacted have the opportunity to further isolate and alienate the LGBTQIA+ community and directly impact the schooling youth are receiving. The American Civil Liberties Union (ACLU) thus far in 2023 has tracked 399 anti-LGBTQIA+ bills that have been enacted in the United States.

The “Don’t Say Gay Law” , signed into law by Florida Governor Ron DeSantis in March of 2022, is currently in effect in the State of Florida. This bill forbids classroom discussion on sexual orientation and gender identities in specific grade levels. The law reads, “Classroom instruction by school personnel or third parties on sexual orientation or gender identity may not occur in kindergarten through grade 3 or in a manner that is not age-appropriate or developmentally appropriate for students in accordance with state standards” (Diaz, 2022). Laws and bills similar to this have been imposed in other states which further the harm and isolation of LGBTQIA+ populations. Not only are laws such as “Don’t Say Gay” impacting students in health classrooms, but they are also creating an erasure of identities that exist in all proponents of the schooling systems.

The language used in this law aims to allow for the law to be bent in ways that are not only used to harm students and families but also teachers and the overall community. This law has the capability of leading to schools outing students in the LGBTQIA+ community to their families, thereby, would cause a further decline in the mental health problems already faced by adolescents. Not only are students not being taught aspects of their identity in sexuality education classrooms, but fear and control is further placed upon them based upon the expectations of state legislatures. It has been demonstrated that “only 1 month after the Don’t Say Gay Bill was passed, tweets on the social media platform Twitter were shown to mention the LGBTQIA+ community in a negative representation alongside slurs increased 406%; according to a report which was conducted by the LGBTQ advocacy group Human Rights Campaign and the nonprofit Center for Countering Digital Hate” (NBC News, 2022).

Following the introduction and implementation of the “Don’t Say Gay” law, other states have been replicating Florida's law and using it as a template to limit and restrict the LGBTQIA+ population in schools. These proposed bills similarly target the dissemination of information related to LGBTQIA+ issues as well as the safety and well-being of LGBTQIA+—identifying students and staff members in K–12 education. In 2022, a law that echoes Florida’s “Don’t Say Gay” law was implemented in Alabama, though, this law also prevents transgender students from using bathrooms, lockers, and other such facilities that align with their gender (Branagin, 2022).

Anti-trans bills are becoming more widespread, where the majority of these bills seek to limit youths' access to gender-affirming care, ban trans youth from participating in sports, and restrict name changes and usage of correct pronouns in school. 155 anti-trans bills and laws were introduced in 2022; banning trans youth from sports (passed in 18 states), criminalizing doctors for providing medical care (e.g., Arizona, Arkansas, Tennessee), classifying parents who help



their trans children with treatment as child abusers (e.g., Texas). “More legislation has been filed to restrict the lives of trans people so far in 2022 than at any other point in the nation’s history, with trans youth being the most frequent target of lawmakers” (Brangin and Kirkpatrick, 2022).

Other bills permit teachers to “out” their students to their parents and prohibit teaching trans-related topics and history. These bills make it even more difficult for access to inclusive and comprehensive education to be implemented in schools, and it drastically negatively affects the LGBTQIA+ community. Due to transphobia and structural oppression, suicidal ideation and attempts are demonstrably higher in trans teens and adults compared to their cisgender peers. In 2022, Arkansas passed a ban on gender-affirming healthcare for minors, and the state saw a “rash of teen suicide attempts and anxious families looking to move so as not to disrupt their child's care” (Jourian, 2022).

The Trevor Project, a suicide prevention organization for LGBTQIA+ youth, released a poll in 2023 outlining the impacts of anti-LGBTQIA+ policies, laws, and bills on LGBTQIA+ youth. The study revealed that “86% of transgender and nonbinary youth say recent debates around anti-trans bills have negatively impacted their mental health; as a result of these policies and debates in the last year, 45% of trans youth experienced cyberbullying, and nearly 1 in 3 reported not feeling safe to go to the doctor or hospital when they were sick or injured”, (Trevor News, 2023). Some schools have adopted policies that require teachers and administrators to inform students’ parents or guardians if they request to use a different name/pronoun, or if they identify as LGBTQIA+ at school. As shown through the survey these policies and bills make “67% of transgender and nonbinary youth feel angry, 54% feel stressed, 51% feel scared, 46% feel nervous, and 43% feel unsafe” (Trevor News, 2023).

Anti-LGBTQIA+ legislation that has been introduced affects the climate of state sexuality education policies. There is a substantial connection between the “laws and policies of states and their public education legislation; where the language used can directly be integrated into the state educational standards” (Crowell, 2019). States that denounce and seek to control the rights of the LGBTQIA+ population through law allow for those policies to be directly transferable to school districts in what they decide to include in the curriculum.

## **Methodology**

This research adopts a grounded theory approach using qualitative data from surveys with 20 adults who are currently attending a small liberal arts college in Upstate New York. The recruitment of the participants was done through snowball and convenience sampling. Individuals participating in the study were required to be at least 18 years of age and identify with the LGBTQIA+ community. Participants were required to construct answers based solely on educational experiences in United States K-12 schooling. All procedures prior to conducting the survey were approved by the college's Institutional Review Board (IRB).

The format of the survey was done through a Google Form survey template. All of the information that participants provided was anonymous and confidential; the platform Google Forms does not collect email addresses, therefore, there is no way to correlate respondent answers with their email address or their source of logging onto the online survey.

Potential participants were recruited through advertising the survey by emails sent to LGBTQIA+ clubs at the college and emails sent to class groups. Before beginning the survey, the first page outlined the consent form and what the consent process entails. All participants were required to sign the informed consent form before continuing to the survey. Included in the consent form was a description of the research project as well as any relevant information the participant may need to know.

## *Research Questions*

To gauge a greater understanding of the dynamics and backgrounds of the individuals participating in the survey, eight general questions were asked in the form of multiple-choice responses:

- (1) How do you self-identify in terms of gender?
- (2) How do you self-identify in terms of sexual orientation?
- (3) What is your age?
- (4) How do you self-identify in terms of race and ethnicity?
- (5) What form of K-12 schooling did you attend for most of your schooling?
- (6) What part of the country did you attend school for most of your education?
- (7) Did you have sexuality education during K-12 schooling?
- (8) At what level of schooling did you receive sexuality education?

In addition, eight primary research questions were asked; these questions focus on the opinions of the individuals' experience with K-12 sexuality education. These questions allowed for a greater in-depth understanding of the influence sexuality education has had on individuals' sexualities, identities, and perceptions of the LGBTQIA+ community. The following eight questions were asked in the form of a short answer response:

- (1) How would you describe your overall experience with sexuality education?
- (2) Do you feel your K-12 sexuality education affected your sexual relationships in any way?  
If so, how?
- (3) Were there aspects of your sexuality education that you felt did not support your specific sexual identity?
- (4) Did you receive any sexuality education with a positive representation of LGBTQIA+ issues?

- (5) Did you receive any education with a negative representation of LGBTQIA+ issues?
- (6) Do you feel your K-12 sexuality education impacted your understanding of the LGBTQIA+ community? If so, how?
- (7) Do you feel your K-12 sexuality education impacted your ability to navigate your gender, sexuality, or identity? If so, how?
- (8) Is there anything else you'd like to add with regard to your experience of sexuality education in your K-12 schooling?

Participants of the study included a diverse sample of varying SGD identities, races, ethnicities, geographical locations, ages, and a range in attendance at private and public schools. An overview of the survey participants is provided in the following table.

Table 1. Summary of Survey Participants\*

| # | Gender Identity  | Sexual Orientation | Age | Race/Ethnic Identity                                  | School/ Religious Affiliation | State(s) of school attendance |
|---|------------------|--------------------|-----|---|-------------------------------|-------------------------------|
| 1 | Nonbinary        | Bisexual, Queer    | 19  | Black, Hispanic, Latinx                               | Public                        | NY                            |
| 2 | Female           | Questioning        | 21  | White   | Private/Catholic              | PA                            |
| 3 | Nonbinary        | Bisexual           | 21  | Asian American, Pacific Islander, and Native Hawaiian | Public                        | NY                            |
| 4 | Female           | Bisexual           | 21  | Hispanic/Latinx                                       | Public                        | NY, NJ                        |
| 5 | Nonbinary        | Lesbian/Queer      | 20  | White   | Public                        | PA                            |
| 6 | Trans Male/Trans | Asexual            | 20  | White   | Public                        | PA                            |

|    |                                    |                                     |    |  |                  |                  |
|----|------------------------------------|-------------------------------------|----|--|------------------|------------------|
|    | Man                                |                                     |    |  |                  |                  |
| 7  | Nonbinary                          | Lesbian                             | 21 | White  | Private          | CA               |
| 8  | Female                             | Bisexual                            | 22 | Arab American,<br>Middle Eastern,<br>and North<br>African      | Private          | CA               |
| 9  | Male                               | Gay, Queer                          | 50 | Hispanic, Latinx   | Private/Catholic | NY               |
| 10 | Female                             | Lesbian                             | 22 | White  | Public           | NY               |
| 11 | Nonbinary                          | Queer                               | 22 | Asian<br>American/Pacific<br>Islander, Hispanic                | Waldorf Charter  | CA               |
| 12 | Trans<br>Female/Trans<br>Women     | Lesbian                             | 21 | White  | Homeschool       | MA               |
| 13 | Trans                              | Bisexual                            | 21 | White  | Private/Quaker   | NJ               |
| 14 | Female                             | Bisexual                            | 21 | White  | Private          | CA               |
| 15 | Nonbinary                          | Bisexual                            | 20 | Asian American,<br>Pacific Islander,<br>and Native<br>Hawaiian | Public           | PA               |
| 16 | Nonbinary, Trans<br>Male/Trans Man | Asexual,<br>Bisexual,<br>Demisexual | 19 | Caribbean Black  | Public           | VA               |
| 17 | Female                             | Bisexual                            | 20 | White  | Private/Catholic | PA               |
| 18 | Female                             | Bisexual                            | 21 | Black, White   | Public           | AK,<br>OK,<br>NC |
| 19 | Questioning                        | Lesbian                             | 21 | White  | Public NY        | NY               |
| 20 | Female                             | Bisexual                            | 21 | White  | Private          | NJ               |

\*All data is self-reported. See Appendix A. for definitions.

### *Data Analysis*

The data was analyzed using a grounded theory approach in order to “construct an explanatory theory that uncovers a process inherent to the substantive area of inquiry through qualitative data analysis” (Tie, Birks, Francis, 2019). To note patterns of relevant information that correlated across the participant responses, the research was coded by using key variables to note patterns and prevalent similarities or differences. Codes were compared across responses and added, combined, and redefined in an iterative process leading to 7 overall themes; *heteronormative school-based sexuality education (SBSE), the pathologization of gayness, lack of discussion on safe sex, lack of discussion on pleasure, self-education on LGBTQIA+ topics, alienation and isolation from peers, and lack of understanding of self-identity*. Relevant quotations were highlighted and connected with corresponding patterns or labels that outlined the main findings of the survey.

## Findings

### *Heteronormative SBSE*

Exclusivity and silencing of discussion on SGD identities prevailed in participant experiences with sexuality education during their K-12 schooling. Across all participant responses, heteronormativity was universal but existed across a continuum and was applied in different respects. The main phenomenon observed through participant responses demonstrates that heteronormativity is the overarching theme that shapes classroom discussion with different degrees of silencing based upon the expectation of heteronormativity, including: *Blatant Silencing*, *LGBTQIA+ Identities as an Afterthought*, and *Perceptions of Inclusivity Within Heteronormative Curriculum*.

#### *Blatant Silencing*

For almost all participants, the blatant heterocentric curriculum and classroom discourse highlighted the lack of representation and lack of heterogeneity that dominated classroom discussion. Leaving out SGD identities in the curriculum exemplifies the existence of passive silencing among a plethora of participant experiences, where the LGBTQIA+ community is left out of the conversation in its entirety. A participant who identifies as nonbinary and who attended a charter school in California expressed that every aspect of their sexuality education “centered around an individual with a penis and their relationship with an individual with a uterus. LGBTQIA+ representation was absent.” Another participant who identifies as a trans male/man, asexual, and who attended a public school stated that their experience was only “a few days in health class that were incredibly uncomfortable and very surface level information, and completely focused on abstinence and heterosexual relationships.” When asked if their



sexuality education supported their identity they conveyed, “I was never even told about my sexuality, you can't be supported if you're never even a footnote.”

Most discussions and exposure to sexuality education in pertinence to relationships stayed within the binary in discussions on males and females. Sexuality education that focused on vaginal/penis intercourse and pregnancy prevention caused participants to see heterosexuality as the perceived norm. This lack of representation and knowledge often left participants feeling as though their identities were not relevant due to the intransigent heteronormative discourses. When asked about what they learned during their K-12 sexuality education, a participant who identifies as a female, bisexual, and who attended a private Catholic school in Pennsylvania stated, “Our sexuality education only included heterosexual couples and did not cover sex for those who may not engage in a heterosexual relationship.” This participant also indicated that through their schooling “when learning about sexuality in high school there was no mention of LGBTQIA+ matters in any regard.” When asked if they felt their K-12 sexuality education impacted their ability to navigate their sexuality and identity they said, “Yes, I think I was nervous to explore my sexuality since it was never talked about. I had to figure out everything on my own.”

Participants repeatedly report the overall brief and binary sexuality education that they experienced, where one individual who identifies as transgender, bisexual, and who attended a public school stated, “My sexuality education simply did not acknowledge people who were like me.” Another participant who identifies as female, bisexual, and who attended public school stated that her experience was “very basic, it mainly covered contraceptives and how to prevent pregnancies.” Similarly, an additional participant who identifies as a female, lesbian, and who attended public school claims that her experience with sexuality education “was very brief and

did not cover a lot of information. We had a week-long session in middle school about genitalia and a week in high school about safe sex in heterosexual relationships male condoms, transmitted STI/STD through male penetration, etc).”

### *LGBTQIA+ Identities as an Afterthought*

Across participant responses, another example of silencing existed where SGD identities were brought up as an afterthought; this sets forth the notion that the LGBTQIA+ population is non-normative compared to the perceived expectation of heteronormativity. In such instances, participants are left feeling as though their identities are not as relevant as their non-LGBTQIA+ peers, it nearly dismisses their existence, and it creates further discrimination against the LGBTQIA+ community by leaving discussion to a mere few sentences. A participant who identifies as nonbinary, lesbian, and who attended a public school said, “The LGBTQIA+ representation was neutral at most, there were a couple sentences at the end of a section about oral sex.” As well as another participant who is questioning their gender identity, identifies as a lesbian, and who attended a public school conveyed, “There was no negative representation, but not much mention at all,” and also expressed that, “LGBTQIA+ relationships weren't really mentioned; they weren't discouraged but were just kinda left out.” To exist as an afterthought in curriculum and discourse during sexuality education classes, communicates that LGBTQIA+ identities are non normative and creates an environment that is not conducive to identity exploration for LGBTQIA+ youth.

*Perceptions of Inclusivity Within Heteronormative Curriculum*

Throughout participant responses, there were only a few instances in which participants described cases of discussion on LGBTQIA+ issues that were considered to be positive. When an inclusive curriculum was taught the few students who expressed a positive experience demonstrated the benefits of representation and highlighted the negativity that exclusionary practices cause. Though, even for participants that would consider their experience with sexuality education a positive one, classroom discourse was still shaped with heteronormative overtones that continues to silence SGD identities as non-normative. A participant who identifies as a female, bisexual, and who attended a public school in the heart of New York City stated that her school was, “Fairly liberal, so even LGBTQIA+ sex was brought up. It was inclusive for anyone.” Nevertheless, she also expressed that sexuality education at her school was also, “Very basic, it mainly covered contraceptives and how to prevent pregnancies.”

Another participant who identifies as trans female/woman, lesbian, and who was homeschooled by their parents in Massachusetts expressed that their experience with sexuality education was “very positive, age appropriate and informative with an emphasis on safety and consent,” and from their education they felt increasingly “more confident in my ability to navigate complex sexual situations.” However, this participant also stated, “For all of its positives it had a distinct bio/gender essentialist view of sex drive, and control. I feel that it gave an understanding that the queer community existed but not information that could be directly used.” Even when participants felt as though their sexuality education was inclusive and included positive aspects of the LGBTQIA+ community, there was still an underlying nature of classroom discussion that was centered on the heteronormative bias with heteronormative language.

*The Pathologization of Gayness*

When sexual orientation was addressed in the classroom, in some instances it was under the pretense of a pathologizing narrative, pairing sexual orientation with being at risk for human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) or other STIs.

This narrative creates a stigma and compares LGBTQIA+ sex to negative consequences. One participant who identifies as female, bisexual, and who attended a public school expressed that:

During sexuality education, homosexual relationships were not talked about or brought up unless questions were asked by students on the subject. Sex educators would only mention non heterosexual interactions when saying ‘you can still get STDS from someone of the same sex’ but not ‘you can still use condoms to protect you from STDS in same sex relations’. There was neglective [sic] language in the way sex ed was taught.

Another participant who identifies as transgender, bisexual, and who attended a private Quaker school stated:

The concept of AIDS/HIV was probably mentioned in 80 percent of conversations about homosexuality. It was always made a big deal that gay/bisexual men couldn't donate blood because of the dangers of giving people HIV. While technically the discussion of pathogens and government policy is meaningful, it becomes harmful when it's the only attention paid to an entire group of people.

When pathologizing the LGBTQIA+ population in sexuality education classrooms, schools send the message that LGBTQIA+ identities are threatening, non-normative, and can exist only in the context of negative ramifications. An additional participant who identifies as a female, bisexual, and who attended a private Catholic school explained that “the only topic covered was regarding HIV/AIDS and it being more prevalent among men.” Whereas, a participant who identifies as nonbinary, trans male/man, asexual, bisexual, demisexual, and who attended a public school stated similarly, “As far as I can remember we didn't get any

representation of LGBTQ issues other than AIDS being an epidemic primarily amongst gay men.”

### *Lack of Discussion on Safe Sex*

A framework of risk reduction was evident in participant responses based on their sexuality education courses in the United States; there is a structural emphasis on avoiding unintended pregnancies and sexually transmitted diseases. Sex is often considered a negative act in all respects, and discussion is mainly shown to center around ways to avoid the negative aspects of sex with little regard for how to participate in safe sex. This is exacerbated for the LGBTQIA+ community, where often the discourse of sex outside of the binary is nearly non-existent. A participant who identifies as a female, who is questioning their sexuality, and who attended a private Catholic school stated that their experience with sexuality education “included heterosexual couples and did not at all cover safe sex for those who may not engage in a heterosexual relationship,” and that they “had no experience involving safe sex and what it meant to engage in sexual activity, especially regarding age gaps.”

Even though sexuality education is regarded as one way to prevent unhealthy sexual behaviors, the lack of education that can be considered relevant for the LGBTQIA+ population limits the ability to learn about ways to have safe sex. This creates an environment that further negates knowledge that the LGBTQIA+ community and their non-LGBTQIA+ peers receive. One participant who identifies as a female, lesbian, and who attended a public school expressed that not only was she “ill-informed about the community” she received a lack of education on “sex in general.” This participant also expressed:

When I didn't know I was trans, I did know that I never wanted to have penetrative sex or have a child/get pregnant, but girl's sexuality education was all about abstinence and the

dangers of sex and the like which just made my tokophobia (fear of pregnancy) worse and made me ashamed of doing anything sexual.

Another participant who identifies as nonbinary, trans male/man, asexual, bisexual, demisexual, and who attended a public school stated that “not learning much other than abstinence is the best thing and sex is scary and dangerous has contributed to issues I have now surrounding sex. I find it incredibly difficult to talk about in explicit terms, and I am often sex repulsed.”

### *Lack of Discussion On Pleasure*

Topics related to sexual pleasure in sexuality education courses created an even greater discrepancy for the LGBTQIA+ community, which has caused participants to have feelings of frustration and demonstrated the continuous cycle of heteronormative ideals that shape classroom discussion. The dichotomy of gender was evident when the discussion on pleasure was relevant, where male and penis pleasure was discussed with little to no discussion on female or vaginal pleasure. A participant who identifies as a female, who is questioning their sexuality, and who attended a private Catholic school expressed that she had “no understanding that sex was supposed to be fun, it only talked about it being almost just an unpleasant experience for women who have sex with men and as if sex was only to be enjoyed by men. I think if we had been taught more involving pleasure it would have been a less awkward transition into relationships and sex itself.”

Another participant who identified as a nonbinary, lesbian, and who attended a public school conveyed that, “When sex and sexuality are portrayed in the context of reproduction and male involvement, it erases the reality that sex can be for pleasure, and it doesn't have to center

men.” An additional participant who identifies as a female, bisexual, and who attended a private non-religious school states that in looking at the overall lack of LGBTQIA+ representation she “wished that female pleasure had been more focused on.”

### *Self-Education on LGBTQIA+ Topics*

What the research participants confirm is that during their K-12 education, they have often been made responsible for obtaining their own knowledge of the LGBTQIA+ community, as the school curriculum has most often left this out entirely. The main source of inclusive comprehensive sexuality education that has been received has not been through schooling, it has been taught through research outside of a traditional school atmosphere. One participant who identifies as a nonbinary, lesbian, and who attended a public school communicated, “I found out everything about being gay and LGBTQIA+ culture from my own self-education. Watching movies, documentaries, and tv shows; reading books and historical retellings; looking for lesbian musicians and actresses to idolize.”

Due to the schools’ lack of education on LGBTQIA+ identities, students are made to be responsible for their knowledge of SGD identities. Participants expressed ways in which they obtained knowledge of the LGBTQIA+ community through outside sources.

I received a lot of that understanding through the internet and some of my peers who are members. (female, bisexual, public school)

Much of my sexuality education came from what I was exposed to on the internet. (nonbinary, bisexual, public school)

Most of my education and experience with the LGBT+ community came from outside non-school sources, like in person interactions and the internet. (questioning, lesbian, public school)

Due to the lack of classroom discussion, representation, and prevalence of SGD identities, responses widely demonstrated the negative impact this had on the formation of relationships and the space they were able to take up in the school environment. A participant who identifies as a female, lesbian, and who attended a public school stated, “I had no knowledge about sexual relations, romantic relations or any information about the communities endeavors, struggles, accomplishments and prevalence. A lot of what I knew at that time was through friends, social media or my own research.”

#### *Alienation and Isolation From Peers*

Most of the participants, when asked if their sexuality education impacted their schooling experience, expressed that not being taught about their identity greatly influenced them and hindered their connection with their peers. A participant who identifies as nonbinary, bisexual, and who attends a public school felt, “The lack of discussion of non-heterosexual sex in school made me feel alienated from my straight peers. I had to kind of figure out my sexuality on my own.

Social spaces in the school caused participants to reveal feelings of isolation where one participant who identifies as a female, lesbian, and who attended a public school expressed how “I felt uncomfortable in these settings because I was unable to relate to the lectures.” Another participant who identifies as a female, bisexual, and who attended a public stage conveyed a similar feeling where “it felt scarier because of how "new" and deviant that behavior seems socially.”

The lack of knowledge and representation of SGD identities caused participants to feel held back compared to their peers in understanding their own identity and sense of self. An



additional participant that identifies as nonbinary, trans male/man, asexual, bisexual, demisexual, and who attended a public school stated, “I just straight up didn't know that I could like the same gender or be a different gender until middle school since no one told me and I grew up seeing essentially no representation.”

In all instances, participants felt alienated from their peers and described that a vast majority of the discourse of material being taught was not relevant to their experiences or needs. One participant who identifies as nonbinary, lesbian, and who attended public school stated, “I would've been more comfortable expressing that I was a lesbian to people earlier in my life had there been more open conversation around the LGBTQIA+ community in sexuality education.” This participant also said, “I think the lack of representation of non-heterosexual sexualities in education (whether in biology classes or literature class) felt alienating, preventing me from experiencing the same coming of age as other students.”

### *Lack of Understanding of Self Identity*

As heteronormativity has been demonstrated through this research encapsulating the essence of sexuality education courses in the United States, it undoubtedly shows how individuals in the LGBTQIA+ community are left with an absence or depletion of their sense of self and true identity. Participants expressed throughout the responses that in being left out of the curriculum, they felt as though they did not matter as much as their non-LGBTQIA+ peers. One participant who identifies as nonbinary, lesbian, and who attended a public school conveyed that, “There were no opportunities to openly learn about non-heterosexual identities in my school in ways that informed my own self-growth.” Similarly, another participant that identifies as a trans male/man, asexual, and who attended a public school stated, “The sexuality education I received

in high school held me back severely I think. It wasn't until college that I figured out I was aroace or trans.”

Participants expressed immense feelings of discomfort in expressing or recognizing who they were and brought to light the impact the lack of representation in sexuality education courses has had on their identity and construction of their sense of self. One participant who identifies as female, bisexual, who attended a private non-religious school stated, “I had many stereotypes that should have been corrected at an earlier age, and I would have been more comfortable with my sexuality if it had been accepted at an earlier age.” The lack of acceptance was prevalent in many of the participants, as well as a participant who identifies as male, gay, queer, and who attended a private Catholic school in Pennsylvania expressed how he, “Became very insecure in understanding myself and resenting those who lived so flamboyantly.”

Participants focused on how their sexuality education affects their sexual relationships, where a participant who identifies as nonbinary, lesbian, and who attended a public school conveys, “Had I received more education and discussions surrounding identities, I likely would have been aware of my own sexuality earlier on and avoided harmful heterosexual relationships I went through in high school.” There was a climate throughout the responses of participants feeling limited in their ability to see themselves and the world around them to its full extent. Another participant who identifies as nonbinary, trans male/man, asexual, bisexual, demisexual, and who attended a public school revealed that:

My experience with sexuality education was extremely difficult. After finding out that you can like the same sex I realized I was bisexual and played around with that label, and I also realized I was nonbinary around that time, but everyone forgot that I asked to use they/them pronouns so I just gave up and repressed it. Sex continued to be an embarrassing topic even into high school when people around me were doing it and it really just flabbergasted me and scared me.

## **Discussion**

Surveying LGBTQIA+ students about their experiences with K-12 education and the impact sexuality education has had on their sense of self-revealed important factors that limit or isolate their understanding of themselves and the LGBTQIA+ community. The present study is an attempt to offer insights into such experiences, and to center the voices of students as individuals with direct and poignant insights to offer on the widespread heteronormativity of schooling in the United States, particularly in sexuality education.

One important insight to be gleaned from this research is the lack of support from the American education system to create an environment of equity and equality for all students. This research demonstrates how schools are in many ways failing LGBTQIA+ students by not creating a space where individuals in this community, and those outside, can learn and expand their knowledge on SGD identities and therefore limit their understanding of themselves. This is done through the advancement of policies, such as the “Don’t Say Gay” law, that systematically limits conversation on SGD identities in the schools. When LGBTQIA+ identities are left out of discussion and in the SBSE curriculum, the message that is being conveyed is that SGD identities are considered non-normative. In the absence of a national level of standardization for sexuality education, individuals in the LGBTQIA+ community will continue to be underrepresented and experience similar grievances as those who participated in this study, unless reforms are made that include a comprehensive inclusive sexuality education for all.

This research brings to light the overarching fact that what is being taught in sexuality education classrooms across the United States is through the lens of heteronormativity, and based on participant response, it demonstrates the implicit bias and impact of heterocentric sexuality education on the LGBTQIA+ community. When SGD identities are left out of classroom

discussion, all of the participants in this study expressed similar feelings that in not acknowledging people who were like them, they had a more difficult time navigating their true self of self and understanding of the LGBTQIA+ community. Without effective knowledge of sexuality, gender, and sexual health, LGBTQIA+ students are left questioning their worth and where they fit into society.

In the few instances that participants expressed having received positive inclusive education, participants still said that their education was shaped by heteronormative overtones through the use of normative language. Even if schools are making the effort to include LGBTQIA+ identities in discussion and curriculum, they are doing so in a way that creates an understanding that heteronormativity is the expectation. This research demonstrates that it is not merely enough to include SGD identities as a footnote; students desire and deserve representation in an area of study that they have been left out of for far too long.

When the concepts of SGD identities are brought up in the classroom, participants expressed that discussions surrounding HIV/AIDS and other STIs are common. This then communicates that LGBTQIA+ individuals exist in the context of negativity and harmful consequences, which not only sets forth a false narrative that these viruses and diseases exist primarily sounding the LGBTQIA+ community, but does so in a way that limits a comprehensive understanding and factual statistics.

Through the prevailing structure of heteronormative SBSE, when sexual relations are brought up in discussion, it is looked at as an act that should be avoided to limit exposure to harmful viruses, sexually transmitted diseases, and unintended pregnancies. Research shows that high school students engage in sexual behaviors, and sexuality education is presented as being a way to prevent unhealthy sexual relations and to gain knowledge on how to protect yourself.

Though, this research has demonstrated that there is a lack of discussion on safe sex in general, which is more than likely non-existent for LGBTQIA+ identities. When sex is taught through the narrative of negativity, it limits students' access to the proper resources and tools of knowledge to navigate sexual relations. There are grave limitations on the discussion of safe sex for non-LGBTQIA+ individuals, which means discussion on safe sex and healthy discussion on sex is almost left out of the discussion entirely for LGBTQIA+ youth. This leaves students questioning how to engage in healthy sexual relations, and the lack of LGBTQIA+ representation on safe sex leaves this group of people without the knowledge on how to prevent unhealthy sexual behaviors and therefore exposes them to risks.

With limited discussion on safe sex for SGD identities, pleasure is left out of the curriculum entirely. When pleasure was mentioned in sexuality courses, it was approached through a cis-gender narrative with a focus on male pleasure with little discussion on female or other LGBTQIA+ identities. This centers the ideal of sex around the male and limits understanding of how others can have sex for pleasure. Participants expressed having no understanding that sex is supposed to be enjoyable, the knowledge that they gained was how sex was to be enjoyed by men. Sexuality education curriculum sets an unrealistic example of what sex looks like. Schools continuously inform students of the negative impacts having sex can have, and disregards the fact that students are having sex. With this knowledge that is presented through research, schools should equip students with the tools in how to practice safe sex that can be pleasurable to all.

With minimal discussion on LGBTQIA+ identities in general, and with the lack of safe sex discussion, pleasure in all instances has been entirely left out of the curriculum pertaining to LGBTQIA+ youth. This can be understood through looking at the history of sexuality education

in the United States, where when first initiated in the early 1900s, sexuality education was aimed at controlling youth into gendered beings. The social hygiene movement that influenced sexuality education classroom curriculum was centered on youth inhabiting societal moral standards about family life. Personal purity courses were widespread during early sexuality education in the United States, where society was under the impression that sex should not be discussed publicly and kept privately in the family.

How sexuality education was taught throughout history holds pertinence to the curriculum of classrooms in contemporary society, where students look for outside sources in order to gain knowledge on safe sex and pleasure. Student environments outside of school all vary, and some students may not have a supportive household where they are able to obtain information that the schools are not teaching. Schools are causing youth to be ill-equipped with knowledge that they are bound to need. Participants repeatedly convey how through the lack of discussion and representation their sexuality education classrooms has impact their ability to navigate healthy sexual relations and behaviors, which is even more prevalent for LGBTQIA+ who are left out of discourse entirely.

Participant responses exhibit the impact lack of representation of LGBTQIA+ identities had on their relationships with peers and the overall feeling of isolation in social settings. LGBTQIA+ youth, as exemplified through participant responses, are left to figure almost everything out on their own, through research, or by connecting with members of the community. Schools are spaces of knowledge and are meant to be an environment that fosters growth, though it has been shown that this is not the case for LGBTQIA+ youth, at least with regard to sexuality education. SGD youth are made responsible for obtaining knowledge that is not given through a traditional schooling environment, and this has been shown to limit all

students' exposure to the LGBTQIA+ community. When sexuality education is taught through the lens of heteronormativity, it restricts youth from obtaining knowledge that can allow them to gain insights into the broader depictions of identities in society.

Lack of representation for LGBTQIA+ identities in sexuality education courses has been demonstrated across participant responses to create immense isolation from one's environment and peers, as well as an overall lack of understanding of one's own identity. When SGD identities are left out of discussion it limits the opportunity for self-expression, growth, and realization. Feelings of alienation and the lack of support from one's environment correlate with the minority stress model, which is related to the effects of the negative impact discriminatory and exclusive sexuality education has on one's mental and physical health. Minority stress theory proposes that “SGD minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization” (Marshal et al., 2008; Meyer, 2003).

Participants expressed feelings of being set back and experiences of mental health struggles from the heteronormative sexuality education. When SGD identities are not included in classroom discussion, LGBTQIA+ identities are “othered” and deemed as fitting outside of the norms of society. This directly impacts how individuals view themselves and how others perceive and treat them. This, therefore, perpetuates an understanding that those identities which are considered as non-normative are less than, and allows for inequality to persist in all aspects of the schooling environment.

In all cases of sexuality education, as presented through this research, the expectation is heterosexuality. The structure of curriculum and discourse is presented through the lens of heteronormativity, and the framework of norms enable and facilitate the ideology that a

heterosexual lifestyle is deemed as normative. With a lack of LGBTQIA+ representation in sexuality education courses during K-12 schooling in the United States, it is evident how the dismissive and discriminatory practices hold an impact and influence on youth and adolescents' understanding of their sense of self and the perception of the LGBTQIA+ community.

### **Limitations**

This study has several limitations, including its small scope and the selection base inherent in the recruitment methods- only surveying a small sample of LGBTQIA+ students and participants recruited from a small liberal arts college in Upstate New York. The study is not representative of the entire population. However, in learning about the experiences of 20 college students who received varying degrees of sexuality education in the United States, it is revealed from the sample that sexuality education in the United States fails to provide sufficient representation of the LGBTQIA+ community. This study could improve by increasing the number of participants in the sample size, by broadening the scope of questions, and by incorporating viewpoints on non-LGBTQIA+ students on their sexuality education about representation (or lack-thereof) of LGBTQIA+ identities.

### **Conclusion**

To create an equitable and inclusive environment in health classrooms throughout the United States, the implementation of an inclusive comprehensive national level of standardization for sexuality education is imperative for allowing students to obtain opportunities to learn about their sexual health, to explore different gender identities and sexual orientations, to understand relationships, and to have the ability to receive valuable developmentally critical



interpersonal skills. Inclusive and comprehensive sexuality education has the ability to provide students of all identities, expressions, and backgrounds the ability to receive knowledge that is relevant, developmentally appropriate, and medically accurate. If achieved, an inclusive sexuality education that is standardized nationally would have the ability to minimize adverse health outcomes in LGBTQIA+ youth.

All youth have the right to learn about the world and diverse identities outside of the binary. By seeing curricula that includes SGD identities, students can develop self-worth, acceptance, and awareness. A discussion that discriminates, leaves out, or lacks understanding about the LGBTQIA+ population is detrimental to the growth and knowledge of people that most all youth will come in contact with. When students do not learn about LGBTQIA+ topics in school it forms their ideas of what is considered sociology acceptable, therefore, having a space that uplifts and is safe for all is imperative to allow youth to obtain the best educational experience. To create and foster an environment that is conducive to inclusive learning, it will be imperative for educators and administrators to stress the impact exclusive and normative omission of LGBTQIA+ identities has on youth, the importance of learning about people that youth will come in contact with during their life, and the ability to create inclusive sexuality education that would be age-appropriate.

Without sexuality education that is inclusive and equal, the LGBTQIA+ community will continue to struggle in obtaining the knowledge and resources that allow them to be their true authentic selves. The research presented herein makes it clear the overarching phenomenon that is occurring in the United States K-12 sexuality education, where heteronormativity is the perceived norm. SBSE is demonstrated to limit some (in most cases all) LGBTQIA+ individuals' ability to feel comfortable in their skin while leaving them at a disadvantage in understanding

their own identity, sexuality, gender, sense of self, and perceptions of the LGBTQIA+ community.



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## **Appendices**

Appendix A: Definitions Produced by HRC Foundation

Appendix B: IRB Proposal Form

Appendix C: Informed Consent Form

Appendix D: IRB Approval

## Appendix A:

### LGBTQIA+ Glossary Produced by PFLAG

Aromanticism | Sometimes abbreviated as aro, the term refers to an individual who does not experience romantic attraction. Aromantic people exist on a spectrum of romantic attraction and can use terms such as gray aromantic or grayromantic to describe their place within that spectrum. Aromantic people can experience sexual attraction, although not all do.

Asexual | Sometimes abbreviated as ace, the term refers to an individual who does not experience sexual attraction. Each asexual person experiences relationships, attraction, and arousal differently. Asexuality is distinct from chosen behavior such as celibacy or sexual abstinence; asexuality is a sexual orientation that does not necessarily define sexual behaviors. Asexual people exist on a spectrum of sexual attraction and can use terms such as gray asexual or gray ace to describe themselves.

Bisexual | Commonly referred to as bi or bi+. The term refers to a person who acknowledges in themselves the potential to be attracted- romantically, emotionally and/or sexually- to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree. The "bi" in bisexual can refer to attraction to genders similar to and different from one's own. People who identify as bisexual need not have had equal sexual or romantic experience--or equal levels of attraction--with people across genders, nor any experience at all; attraction and self-identification determines orientation.

Cisgender | A term used to refer to an individual whose gender identity aligns with the sex assigned to them at birth. The prefix cis- comes from the Latin word for “on the same side as.” People who are both cisgender and heterosexual are sometimes referred to as cishet (pronounced “sis-het”) individuals. The term cisgender is not a slur. People who are not trans should avoid calling themselves “normal” and instead refer to themselves as cisgender or cis.

Demisexual | Used to describe an individual who experiences sexual attraction only after forming an emotional connection.

Gay | A term used to describe people who are emotionally, romantically, and/or physically attracted to people of the same gender (e.g., gay man, gay people). In contemporary contexts, lesbian is often a preferred term for women, though many women use the term gay to describe themselves. People who are gay need not have had any sexual experience. Attraction and self-identification determines sexual orientation, not the gender or sexual orientation of one’s partner.

Gender non-conforming | An umbrella term for those who do not follow gender stereotypes, or who expand ideas of gender express or gender identity. GNC does NOT mean non-binary and cisgender people can be GNC as well. It is important to respect and use the terms people use for themselves, regardless of any prior associations or ideas about those terms. While some parents and allies use the term “gender expansive,” gender non-conforming is the preferred term by the LGBTQ+ community; always use the term preferred by an individual with whom you are interacting.

Gender-fluid | Describes a person who does not consistently adhere to one fixed gender and who may move among genders.

Genderqueer | Refers to individuals who blur preconceived boundaries of gender in relation to the gender binary; they can also reject commonly held ideas of static gender identities.

Sometimes used as an umbrella term in much the same way that the term queer is used, but only refers to gender, and thus should only be used when self-identifying or quoting an individual who uses the term genderqueer for themselves.

Heterosexual | Refers to a person who is sexually attracted to a person of a different gender or sex. Also referred to as straight.

Intersex | Intersex is the current term used to refer to people who are biologically between the medically expected definitions of male and female. This can be through variations in hormones, chromosomes, internal or external genitalia, or any combination of any or all primary and/or secondary sex characteristics. While many intersex people are noticed as intersex at birth, many are not. As intersex is about biological sex, it is distinct from gender identity and sexual orientation. An intersex person can be of any gender identity and can also be of any sexual orientation and any romantic orientation.

Lesbian | Refers to a woman who is emotionally, romantically, and/or physically attracted to other women. People who are lesbians need not have had any sexual experience: Attraction and self-identification determines orientation, not the gender or sexual orientation of one's partner.

Non-binary | Refers to people who do not subscribe to the gender binary. They might exist between or beyond the man-woman binary. Some use the term exclusively, while others may use it interchangeably with terms like genderqueer, genderfluid, gender nonconforming, gender diverse, or gender expansive. It can also be combined with other descriptors e.g. nonbinary woman or transmasculine nonbinary. Nonbinary people may understand their identity as falling under the transgender umbrella, and may thus identify as transgender. Sometimes abbreviated as NB or Enby, the term NB has been used historically to mean non-Black, so those referring to nonbinary people should avoid using NB.

Pansexual | Refers to a person whose emotional, romantic and/or physical attraction is to people inclusive of all genders. People who are pansexual need not have had any sexual experience: It is the attraction and self-identification that determine the orientation. Pansexuality and bisexuality are different; pansexuality includes all genders equally, whereas bisexuality can favor some genders over others.

Queer | A term used by some LGBTQ+ people to describe themselves and/or their community. Reclaimed from its earlier negative use--and valued by some for its defiance--the term is also considered by some to be inclusive of the entire community and by others who find it to be an appropriate term to describe their more fluid identities. Traditionally a negative or pejorative term for people who are LGBTQ+, some people within the community dislike the term

Questioning | Describes those who are in a process of discovery and exploration about their sexual orientation, gender identity, gender expression, or a combination thereof. Questioning people can be of any age, so for many reasons, this may happen later in life



Transgender | Often shortened to trans, a term describing a person's gender identity that does not necessarily match their assigned sex at birth. Transgender people may or may not decide to alter their bodies hormonally and/or surgically to match their gender identity. Common acronyms and terms including female to male (or FTM), male to female (or MTF), assigned male at birth (or AMAB), assigned female at birth (or AFAB), nonbinary, and gender-expansive. "Trans" is often considered more inclusive than transgender because it includes transgender, transsexual, transmasculine, transfeminine, and those who simply use the word trans.

**Appendix B:**  
**IRB Proposal Form**

*Section 1: Contact Information*

1. Name: Marissa Munsell
2. Email: mm1566@bard.edu
3. Academic Program: Sociology
4. Status: Undergraduate Student
5. Advisor: Michael Sadowski
6. Advisor Email: msadowski@bard.edu
7. Individuals involved in this project: Marissa Munsell, student

*Section 2: External Funding*

None

*Section 3: Title of Project and Dates of Project*

Title of your project: The Effects of LGBTQIA+ Representation (or the Lack Thereof) in  
Sexuality Education in the United States

State Date: 1 December 2022

*Section 4: Research Project Description*

For my Senior Project, I aim to understand how heteronormative standards for sexuality education impact queer youth and adolescents' formation of self. I am interested in the curriculum that is being taught within schools, and the experience that adolescents currently have

within the classroom. Research shows there is a lack of comprehensive sexuality education, which disproportionately affects queer youth. I hope to conduct surveys on individuals who attend Bard College in order to gather data in regards to the ways individuals' identities and sexualities have been influenced by their K-12 sexuality education experience.

#### *Section 5: Specific Population and Recruitment Procedure*

I plan to recruit a population of individuals who are currently attending Bard College Annandale-On-Hudson, who are 18 years or older, and whose answers are able to be based solely on educational experiences in the United States. The recruitment of the participants will be done via convenience sampling among my classmates and co-workers at Bard. The survey will be taken using a Google form survey template, which will be sent out to individuals through their email and accessed via a link. To recruit participants I plan on sending emails to potential participants with the following language: “I am looking for participants to fill out an online survey via Google forms for my Senior Project. Requirements include: at least 18 years of age, currently attending Bard College Annandale-On-Hudson, and answers based solely on your educational experiences in the United States. The project is related to individuals' experiences of sexuality education in their K-12 schooling and the inclusion or exclusion of LGBTQIA+ topics. Please click the link below for more information.”

#### Section 6: Vulnerable or Protected Populations?

No

*Section 7: Estimated Number of Participants*

~ 50 Participants

*Section 8: Procedure*

About 20 minutes will be expected of each participant. After following a survey link to a google form, each participant will be asked to read and sign a consent form. The participants of the survey will be asked to answer 16 questions based on their experience with sexuality education throughout their K-12 schooling. The questions being asked were emailed to [irb@bard.edu](mailto:irb@bard.edu) in an attached document.

*Section 9: Risks and Benefits for Participants*

Risks may include the potential for the participants to experience feelings of discomfort when they are discussing sexuality education courses, topics of sex and their own sexual experiences. There are no potential benefits for the participants, other than contributing to social scientific understanding.

*Section 10: Plan to Mitigate Risks*

I will ensure that participants understand that these interviews are voluntary, and that they can skip any questions they are uncomfortable with. I will also inform them that they can stop the survey at any time or withdraw from the study. In order to relieve the participants of discomfort, I have crafted questions that avoid harsh or stigmatizing language. I will also allow participants to strike any responses from the record they feel uncomfortable sharing. They will be able to contact me via email and request that I delete a submitted answer from their survey, and I will

remove that information from my notes. I will request, as written on the consent form that follows, that they reach out to me by April 1st if they want me to remove any part of their submission.

#### Section 11: Consent Process

Before the survey begins, I will have the first page describe what the consent form is and what the consent process entails. All participants will be required to sign the informed consent form before continuing on to the survey.

#### *Section 12: Confidentiality Procedure*

All the information that participants provide will be anonymous and confidential. The google form survey responses will not be linked to individual names or email addresses. The platform of google forms does not collect email addresses, there is no way to correlate respondent answers with their email address or their source of logging onto the online survey. Survey data will be kept secure in a password-protected computer. Only my faculty advisor and I will have access to this information. Once the project is complete, all of the research data will be deleted within two weeks.

#### *Section 13: Deception*

No

*Section 14: Debriefing statement*

“Thank you for participating in this research for my Senior Project. The goal of this study was to understand your experience with sexuality education throughout your K-12 schooling. Given the topic and potential for discomfort, resources are provided at Bard College: health, counseling, and wellness, and DOSA (dean of students affairs office). If you have any additional questions about this study or would like for me to remove any specific responses from your submission, please contact me at [mm1566@bard.edu](mailto:mm1566@bard.edu). Your participation is greatly appreciated.”

**Appendix C:**  
**Informed Consent Form**

This form will inform you about the possible risks and benefits of participating in this study. Your informed consent will be asked for before continuing to the survey.

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Project Title: The Effects of LGBTQIA+ Representation (or the Lack Thereof) in Sexuality Education in the United States

Researcher: Marissa Munsell

Faculty Advisor: Michael Sadowski

I am a student at Bard College. I am studying the various ways identities and sexualities have been influenced by their K-12 sexuality education experience.

If you agree to participate in this study, you will be asked to answer 16 questions. This survey is designed to last approximately 20 minutes. The survey will take place online after signing a consent form and pressing “continue”.

Potential risks of participation include feelings of discomfort when discussing experiences with sexuality education courses, the overall topic of sex and/or one’s sexual experiences. If at any point you do not want to answer a question or feel uncomfortable doing so, you may skip it and move on to the next question or exit the survey. Given the topic and potential for discomfort, resources are provided at Bard College: health, counseling, and wellness, and DOSA (dean of

students affairs office). Health, counseling, and wellness location: robbins house annex, phone number: 845-758-7433, and email: [counselingservice@bard.edu](mailto:counselingservice@bard.edu). DOSA location: Sottery Hall, phone number: 845-758-7454, and email: [dosa@bard.edu](mailto:dosa@bard.edu).

All the information you provide will be confidential and anonymous. You will not be asked your name on the survey, and it will not be disclosed in my Senior Project. The platform of google forms does not collect email addresses, there is no way to correlate respondent answers with their email address or their source of logging onto the online survey. I will keep all survey data secure in a password-protected personal computer. Only my faculty advisor and I will have access to this information. Once the project is complete, all of the research data will be deleted within two weeks.

#### Participant's Agreement:

I understand the purpose of this research. My participation in this survey is voluntary. If I wish to exit the survey for any reason, I may do so without having to give an explanation.

I am aware the information will be used in a Senior Project that will be publicly accessible online and at the Stevenson Library of Bard College in Annandale, New York. I have the right to review, comment on and withdraw information prior to April 1, 2023.

The information gathered in this study is confidential with respect to my personal identity. I will maintain confidentiality to the extent I am legally able to.



If I have any questions about this study I can contact the researcher at mm1566@bard.edu or the faculty advisor at msadowsk@bard.edu. If I have questions about my rights as a research participant, I can contact the chair of Bard's Institutional Review Board at irb@bard.edu.

I have been offered a copy of this consent form to keep for myself. I hereby confirm that I am at least 18 years of age, currently attending Bard College Annandale-On-Hudson, that my answers will be based solely on my educational experiences in the United States, and I consent to participate in today's survey.

I consent to the survey. [Participants will be asked to "click agree to consent"] By clicking next, I consent to participate in this survey:

## Appendix D:

### IRB Approval

Bard College

Institutional Review Board

Date: 12/06/2022  
To: Marissa Munsell  
Cc: Michael Sadowski; Nazir Nazari  
From: Ziad M. Abu-Rish, IRB Chair  
Re: The Effects of LGBTQIA+ Representation (or the Lack Thereof) in Sexuality Education in the United States

**DECISION: APPROVAL**

Dear Marissa Munsell:

The Bard Institutional Review Board reviewed the revisions to your proposal. Your proposal is approved through December 6, 2023. Your case number is 2022DEC6-MUN.

Please notify the IRB if your methodology changes or unexpected events arise.

We wish you the best of luck with your research.



Ziad M. Abu-Rish, Ph.D.  
IRB Chair  
Associate Professor of Human Rights and Middle Eastern Studies  
Bard College  
[zaburish@bard.edu](mailto:zaburish@bard.edu)

Email: [irb@bard.edu](mailto:irb@bard.edu) | Website: <https://www.bard.edu/irb> | Phone: 845-758-6822  
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