



School Sex Education After DOMA: Why Policy Reform is Still Needed to Improve the Health and Safety of Sexual Minority Youth

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[ABSTRACT]

The United States has undergone a dramatic shift in the legal recognition of same-sex marriage, yet the majority of school sex education programs continue to focus almost exclusively on heterosexual relationships and marriage. These programs do not portray same-sex couples in vignettes and hypothetical dilemmas or discuss variations in sexual orientation and gender identity. While health disparities among sexual minority youth are well documented, policymakers continue to promote school sex education programs that are not inclusive or responsive to their needs. This article begins with a

brief discussion of health disparities among sexual minority youth followed by an overview of sex education programs and policies in the United States. It then examines the effects of non-inclusive sex education programs and concludes with recommendations for policymakers to ensure that sexual minority youth receive relevant and complete sexual health information.

Introduction

In 2013, the Supreme Court ruled Section 3 of the Defense of Marriage Act (DOMA) unconstitutional, requiring the federal government to recognize same-sex marriages performed legally in the states.¹ Since that time, the number of states recognizing same-sex marriages has increased dramatically, with over one-third of the U.S. population now living in a state that either has marriage equality or honors out-of-state marriages of same-sex couples.² Additionally, according to a 2014 Washington Post-ABC News poll, 59 percent of Americans now support allowing gays and lesbians to marry legally.³ Despite the increasing acceptance of same-sex marriage, however, the majority of school sex education programs in the U.S. continue to focus exclusively on heterosexual relationships and marriage. These programs do not include same-sex couples in vignettes and hypothetical dilemmas or use language that would be inclusive of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals. The relative absence of inclusive school sex education programs in the U.S. suggests that recent advancements for same-sex couples have done little to benefit those most in need – sexual minority youth.⁴

Health Disparities Among Sexual Minority Youth

Sexual minority youth are in urgent need of relevant and complete sexual health information. When compared to their exclusively heterosexual peers, sexual minority youth experience significant health disparities including higher rates of unintended pregnancy and sexually transmitted infections (STIs). Gay, bisexual, and other young men who have sex with men, for example, are among the populations most at risk for

human immunodeficiency virus (HIV). In 2011, approximately 93 percent of all diagnosed HIV infections among young men aged thirteen to nineteen were contracted through male-to-male sexual contact.⁵ Elevated risk for HIV among gay and bisexual young men has been attributed to multiple factors including higher rates of substance use, poor mental health, and ineffective prevention programs.⁶

Similar health disparities have been documented among transgender youth. Many transgender youth experience family rejection and receive little social support, leading some to engage in substance use and risky sexual behaviors as a way to cope with these challenges.⁷ Transgender youth are at extreme risk of acquiring HIV and recent studies have found that they have limited knowledge regarding HIV transmission.⁸

Although HIV is less common among lesbian and bisexual young women, they experience their own unique challenges. A recent study found that when compared with their exclusively heterosexual peers, sexual minority young women are less likely to use contraception and they are at significantly increased risk for unintended pregnancy.⁹ The reasons for these disparities are unclear, although the authors note that “factors associated with teen pregnancy in the general population such as earlier sexual initiation, more sexual partners, and ineffective contraception are more common in sexual minorities.”¹⁰ Some researchers suggest that lesbian and bisexual young women may engage in risky sexual behaviors because of homelessness, as a way to cope with stigma about their sexual orientation, or because they lack adequate sexual health information.¹¹

Overview of School Sex Education Programs and Policies

While there are many ways to provide sexual minority youth with sexual health information, this article is focused on the potential within schools. All adolescents are required to attend school in the U.S. and sex education programs hold immense potential for ensuring that sexual minority youth receive relevant and complete sexual health information. Unfortunately, the majority of school sex education programs in the U.S. do not provide sex education that is inclusive and responsive to the needs of sexual minority youth. According to the Centers for Disease Control and Prevention (CDC), less than half of schools in every state provide inclusive sex education instruction (e.g. curricula or materials use inclusive language or terminology).¹ For example, *Choosing the Best* is one of the most widely used sex education programs in the U.S. and it completely ignores the existence of same-sex couples and sexual minority youth. A review of the program found that “all of the curriculum’s references to sexual activity and even relationships are specific to male-female couples.”¹² The program also perpetuates gender stereotypes and does not discuss variations in sexual orientation and gender identity. This failure to include relevant and inclusive information for sexual minority youth is a common characteristic of sex education programs across the country.

The content of sex education programs is primarily regulated by state governments and only nine states have enacted explicit policies requiring sex education instruction to be inclusive of sexual minority youth.¹³ In California, for example, the law states that sex education programs must be appropriate for use with students of all

sexual orientations and materials may not reflect or promote bias against any person on the basis of gender identity, gender expression, or sexual orientation.¹⁴ Meanwhile, eight states have enacted “no promo homo” policies that either prevent teachers from discussing sexual orientation or require them to portray same-sex relationships as unnatural and dangerous.¹⁵ Alabama law, for example, mandates that sex education programs include “an emphasis, in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state.”¹⁶ Laws like these remain even after the Supreme Court invalidated state sodomy laws over a decade ago.¹⁷

As the primary funder of school sex education, the federal government has a significant influence on program content. Prior to 2010, the majority of federal funds were dedicated to abstinence-only-until-marriage programs.¹⁸ The primary message of these programs is that students should abstain from sexual activity outside the context of marriage and contraception is discussed solely in terms of failure rates, if at all. These programs not only prevent youth from acquiring knowledge to protect themselves from unintended pregnancy and STIs, but they also stigmatize sexual minority youth who live in states that do not legally recognize same-sex marriage. Because LGBTQ individuals cannot get married in over half of the states, sexually minority youth in these states are essentially being told that they should never become sexually active. As one scholar noted, “Heteronormativity is a central tenet of abstinence-only-until-marriage sex education. Curricula operate from the presuppositions that all students are or should be heterosexual, that all students will and shall marry someone of the other sex,

and that all students should engage in heterosexual relations only within the context of marriage.”¹⁹ In light of mounting evidence that abstinence-only-until marriage programs are ineffective at reducing behaviors associated with unintended pregnancy and STIs, federal funding for these programs has been significantly reduced in recent years.²⁰ However, they continue to receive funding through Title V of the Social Security Act and the Competitive Abstinence Education (CAE) Grant program.^{21,22}

The majority of federal funds are now devoted to comprehensive sex education programs through the President’s Teen Pregnancy Prevention Initiative (TPPI), the Personal Responsibility Education Program (PREP), and the CDC’s Division of Adolescent and School Health (DASH).²³ Unlike abstinence-only-until-marriage programs, comprehensive sex education programs discuss the importance of abstinence while also providing adolescents with complete and accurate information about contraception. This information is crucial in order for all youth, regardless of sexual orientation and gender identity, to adequately protect themselves from unintended pregnancy and STIs. However, many comprehensive sex education programs funded by the federal government are still not inclusive of sexual minority youth.

Effects of Non-Inclusive School Sex Education

School sex education programs that are not inclusive of sexual minority youth have a significant negative impact on their health and safety. First, these programs contribute to a hostile school climate for sexual minority youth and prevent all students from developing respect for diversity. According to the 2011 School Climate Survey,

over three quarters of sexual minority students reported being verbally harassed because of their sexual orientation or gender identity and approximately one third reported being physically harassed.²⁴ Non-inclusive sex education curricula miss an ideal opportunity to teach students about variations in sexual orientation and gender identity as well as the diverse relationships and family structures that exist in society. By refusing to discuss these issues in the classroom, students with strong negative opinions are allowed to guide the discussion and create a hostile school climate.²⁵ According to one scholar, “While children need not be taught to celebrate same-sex relationships, toleration, acceptance, and political recognition of others ought to be fostered in children, consistent with the fundamental principles of freedom and equality in liberal pluralist societies.”²⁶

Second, non-inclusive sex education programs contribute to feelings of isolation among sexual minority youth, which prevents them from receiving crucial social support and may exacerbate their risk of unintended pregnancy and STIs. A recent study of gay and bisexual young men’s experiences with abstinence-only-until-marriage sex education found that “the silence perpetuated by abstinence-only sexuality education reinforced a heteronormative environment which led participants to feel excluded, depressed and psychologically disadvantaged.”²⁷ Inclusion and social support are a critical part of identity development, yet non-inclusive sex education programs prevent sexual minority youth from being open and honest about their sexuality and developing supportive social networks.²⁸ Additionally, feelings of isolation and loneliness may lead sexual minority youth to engage in risky behaviors including substance use and unprotected sex, contributing to an elevated risk of unintended pregnancy and STIs.^{29,30}

Third, although many sex education programs have been proven effective at reducing behaviors associated with unintended pregnancy and STIs, failing to include relevant information for sexual minority youth prevents them from receiving the full benefits of these programs. Social learning theory suggests that personalization is an important aspect of behavior change.³¹ According to sexual health education experts, "...students are more likely to personalize from learning activities in which they see something of themselves, for example, in the people depicted, in the situations they are likely to encounter or have already experienced, and even in the group leader. Therefore, materials that present and discuss a diversity of images, relationships, and sexual behaviors help each learner relate more easily to a topic."³² Consistent with this theory, a recent study of high school students in Massachusetts found that sexual minority youth who received inclusive sex education reported fewer sexual partners and less frequent substance use prior to sexual activity than sexual minority youth in schools that did not provide such instruction.³³ Thus, inclusive school sex education is most effective at changing behavior because sexual minority students are able to personally relate to the material that is presented.

Recommendations

Policy reforms at the federal, state, and local levels are urgently needed to ensure that school sex education programs are inclusive and responsive to the needs of sexual minority adolescents.

Federal Policy

- *Eliminate federal funding for abstinence-only-until-marriage programs.* President Obama and Congress should eliminate funding for ineffective and discriminatory abstinence-only-until-marriage programs by removing discretionary funding for CAE and not seeking reauthorization of the Title V abstinence-only-until-marriage program. *The Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act*, introduced by Representative Barbara Lee (D-CA), would end the Title V abstinence-only-until-marriage program and transfer funding from this program to PREP.³⁴
- *Increase federal funding for comprehensive sex education programs.* President Obama and Congress should increase funding for comprehensive sex education programs through TPPI, PREP, and DASH to ensure that sexual minority youth receive complete and accurate information about contraception.
- *Ensure that federal funds are only used for inclusive sex education programs.* The Office of Adolescent Health (OAH) must ensure that federally funded sex education programs are inclusive of sexual minority youth. *The Real Education for Health Youth Act*, introduced by the late Senator Frank Lautenberg (D-NJ) and Representative Barbara Lee (D-CA), would ensure that no federal funds are used for sex education programs that are insensitive or unresponsive to the needs of sexual minority youth.³⁵

State Policy

- *Repeal discriminatory “no promo homo” laws.* State legislatures should repeal outdated statutes that prevent teachers from discussing sexual orientation or require them to portray same-sex relationships as unnatural and dangerous. These policies currently exist in eight states – Alabama, Arizona, Louisiana, Mississippi, Oklahoma, South Carolina, Texas, and Utah.³⁶
- *Enact legislation requiring comprehensive, inclusive sex education.* State legislatures should pass legislation mandating that all school districts provide comprehensive sex education that is inclusive of sexual minority youth. Only twenty-two states and the District of Columbia mandate sex education. Of these, only five require that sex education be comprehensive and inclusive – Delaware, New Jersey, New Mexico, Oregon, and Rhode Island.³⁷

Local Policy

- *Implement comprehensive, inclusive sex education programs.* School district administrators should enact policies at the local level requiring comprehensive, inclusive sex education. For example, Chicago Public Schools passed a sex education mandate in 2013 requiring sex education in every grade including discussion of sexual orientation and gender identity. The mandate follows the *National Sexuality Education Standards*, which outline the essential minimum content for sex education that is age-appropriate for students in grades K–12.³⁸
- *Evaluate curricula and textbooks.* School district administrators and other district employees should evaluate sex education materials to ensure that they are inclusive

of sexual minority youth. Curricula should represent same-sex couple in vignettes and hypothetical dilemmas, use unbiased language, and include discussions of sexual orientation and gender identity.

- *Train and support teachers.* School district administrators should provide educators with training and support that will allow them to effectively address the needs of sexual minority students. A recent survey of high schools teachers and staff found that a hostile school climate and lack of staff training were the main barriers to providing adequate support to sexual minority students.³⁹

Conclusion

Although the legal recognition of same-sex marriage in the U.S. is a tremendous victory, we must not ignore the needs of sexual minority youth, who continue to endure some of the most harmful effects of society's animus toward the LGBTQ community.⁴⁰ These youth experience significant health disparities, including higher rates of unintended pregnancy and STIs, and the virtual nonexistence of inclusive school sex education in the U.S. is exacerbating these poor health outcomes. Not only will inclusive sex education programs improve the health and wellbeing of sexual minority adolescents, but they will also encourage students to develop respect for diversity and create a safer school climate. Inclusive sex education programs enjoy broad support from professional organizations and members of the general population. Advocates of inclusive sex education include the American Medical Association, the National Education Association, and the American Psychological Association. Additionally, a 2004 poll found that 73 percent of parents believe that school sex education should

include discussion of sexual orientation.⁴¹ Schools may be one of the only opportunities for sexual minority adolescent to receive accurate sexual health information and requiring schools to provide inclusive sex education is a crucial step toward ensuring their safety and wellbeing.

¹ Windsor v. United States, 570 U. S. (2013). http://www.supremecourt.gov/opinions/12pdf/12-307_6j37.pdf

² Freedom to Marry. "States." Accessed March 6, 2014. <http://www.freedomtomarry.org/states/>

³ Washington Post. "Gay Issues Find Increasing Acceptance." Accessed March 6, 2014. http://www.washingtonpost.com/page/2010-2019/WashingtonPost/2014/03/05/National-Politics/Polling/release_301.xml

⁴ The term *sexual minority youth* will be used to describe students in grades K-12 who self-identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). The term also includes students who do not self-identify as LGBTQ, but experience same-sex attraction and/or engage in same-sex sexual behavior. Although it is difficult to determine the exact number of sexual minority youth, the National Survey of Family Growth (NSFG) contains estimates of sexual behavior, sexual identity, and sexual attraction in the U.S. Among adolescents aged 15-19, 11% of females had a sexual experience with another female and 2.5% of males had anal or oral sex with another male. Among females aged 18-19, 1.9% identified as homosexual, gay, or lesbian and 5.8% identified as bisexual. When asked whom they were attracted to, 0.9% reported being attracted mostly to females and 1.3% reported being attracted only to females. Among males aged 18-19, 1.6% identified as homosexual or gay and 1.1% identified as bisexual. When asked whom they were attracted to, 0.7% reported being attracted mostly to males and 1.1% reported being attracted only to males. Measures of sexual identity and attraction were included only for adolescents aged 18–19 because these characteristics may not yet be known or accurately reported among younger adolescents.

⁵ CDC. "HIV Surveillance in Adolescents and Young Adults." Atlanta: CDC, 2011. http://www.cdc.gov/hiv/pdf/statistics_surveillance_Adolescents.pdf

⁶ Mustanski, Brian S., Michael E. Newcomb, Steve N. Du Bois, Steve C. Garcia, and Christian Grov. "HIV in Young Men Who Have Sex With Men: A Review of Epidemiology, Risk and Protective Factors, and Interventions." *Journal of Sex Research* 48, no. 2-3, 2011, 218-253. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3351087/>

⁷ Garofalo, Robert, Joanne Deleon, Elizabeth Osmer, Mary Doll, and Gary W. Harper. "Overlooked, Misunderstood and At-Risk: Exploring the Lives and HIV Risk of Ethnic Minority Male-to-Female Transgender Youth." *Journal of Adolescent Health* 38, no. 3, 2006, 230-236. <http://www.sciencedirect.com/science/article/pii/S1054139X05002041>

⁸ Ibid.

⁹ Charlton, Brittany M., Heather L. Corliss, Stacey A. Missmer, Margaret Rosario, Donna Spiegelman, and S. Bryn Austin. "Sexual Orientation Differences in Teen Pregnancy and Hormonal Contraceptive Use: An Examination Across 2 Generations." *American Journal of Obstetrics and Gynecology* 209, no. 3, 2013, 204.e1. http://ac.els-cdn.com/S0002937813006522/1-s2.0-S0002937813006522-main.pdf?_tid=e8bdd050-a599-11e3-ae1-00000aab0f6c&acdnat=1394156800_9fdae3a35af53f4021a3021dadbce35

¹⁰ Ibid. 204.e4.

¹¹ Saewyc, Elizabeth M., Colleen S. Poon, Yuko Homma, and Carol L. Skay. "Stigma Management? The Links Between Enacted Stigma and Teen Pregnancy Trends Among Gay, Lesbian, and Bisexual Students in British Columbia." *The Canadian Journal of Human Sexuality* 17, no. 3, 2008, 123. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2655734/>

¹² SIECUS. "Choosing the Best JOURNEY: A Fear-Based Abstinence-Only-Until-Marriage Program For 9th and 10th Grade Students." Accessed March 6, 2014. <http://www.communityactionkit.org/index.cfm?fuseaction=Page.ViewPage&PageID=1177&stopRedirect=1>

¹³ Guttmacher Institute. "State Policies in Brief." Accessed March 6, 2014. https://www.guttmacher.org/statecenter/spibs/spib_SE.pdf

¹⁴ California Education Code § 51933 (b)(4), 51933 (d)(2) <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51933>

¹⁵ Rodriguez, Madelyn. "See No Evil, Hear No Evil, Speak No Evil; Stemming the Tide of No Promo Homo Laws in American Schools." *The Modern American* 8, no. 1, 2013, 29-47. <http://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=1166&context=tma>

¹⁶ Alabama State Code § 16-40A-2(c)(8) <http://www.legislature.state.al.us/codeofalabama/1975/16-40A-2.htm>

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- ¹⁷ Lawrence v. Texas, 539 U.S. 558 (2003). <http://www.law.cornell.edu/supct/html/02-102.ZS.html>
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