The Missing Link: Sexual Education for Lesbian, Gay, Bisexual and Transgender Students

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Taren M. Sandeen

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Abstract

Past and present sexual education for students was examined. Current sexual education focused primarily on abstinence only sex education. In contrast, comprehensive sexual education is gaining momentum and popularity. Students who identify as lesbian, gay, bisexual, or transgender are underrepresented in sexual health and education. Bullying and discrimination are also increased among the LGBT population. These findings suggest that information about and for the LGBT population is needed in sexual education curriculums and school curricula in general. Possible models for change are presented.

Keywords: abstinence-only, comprehensive, sex education, LGBT students, discrimination
Dedications

I would like to dedicate this thesis to my girlfriend Sierra Dooley. Without your love and support I would have never dreamed of accomplishing my goals. Your encouragement means more then you will ever know.
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The Missing Link: Sex Education for LGBT Students

Over time, beliefs and notions about sex and the education youth should receive regarding sex have varied. With lack of a standard norm, parents, educational institutes, and policy makers continue to struggle with what is appropriate and beneficial for the youth of America. While certain parents, schools, and policy makers believe that students should not learn about sexual health at all, others promote the contrary and the notion of a comprehensive and well rounded sexual education for all. The correct answer continues to be a topic for debate. In the novel *When Sex goes to School* (Luker, 2006), the author describes her multiple encounters with strong opinions on what she deems the “war over sex education.” She states “essentially, the debate about sex education right now is a debate about values, but as is often the case in America, questions about values get obscured in the public arena by questions about practicalities” (p. 243). Luker (2006) questions if current sex education actually benefits today’s youth. This question is only the beginning of the complex layers of which sex education consists.

Meanwhile, students who fall into the sexual minority (lesbian, gay, bisexual, transgender) appear to be underrepresented within the sexual education debate and sex education curricula as a whole. “Students identifying as lesbian, gay, bisexual, transgender, and/or questioning comprise at least 4.5% of the high-school student population” (Murphy, 2012, p. 883). Students who do not identify specifically as LGBT but may experience same sex attractions also compromise a percentage of students who lack proper representation. Murphy (2012) stated “students in grades 7 through 12 who report some form of same-sex or both-sex romantic attraction increase this estimate to about 12%” (p. 883). Furthermore, research in the area of sex education for nontraditional students has not been explored in depth with most available research being conducted in other countries. In order to meet the needs of all students,
school policy and sex education curriculum must reform. Although some schools have begun to address bullying and discrimination against LGBT students, the lack of knowledge on the LGBT community including sex education still exists. To bridge this gap, schools must begin to incorporate sex education tailored to all individuals while addressing the specific needs of LGBT students.

This literature review will discuss many aspects that are included in the sexual education debate while paying specific attention to LGBT students. First, the history of sex education and the types of sexual education and health that are offered currently will be explored. Following, the focus will shift to LGBT students in the school system with a main focus on discrimination and bullying. Finally, the literature will conclude with a discussion on the lack of sex education being implemented for LGBT students. Directions and models for future LGBT sex education will be presented.
Definition of Terms

**Lesbian** - “A woman who is sexually attracted to other women: a female homosexual” (Merriam-Webster.com).

**Gay** - “Of, pertaining to, or exhibiting sexual desire or behavior directed toward a person or persons of one’s own sex; homosexual” (Dictionary.com) May be used to describe a male who is sexually attracted to another male.

**Bisexual** - “A person sexually responsive to both sexes” (dictionary.com)

**Transgender** - “Of or relating to people who have a sexual identity that is not clearly male or clearly female” (Merriam-Webster.com).

**Questioning** - An individual who is unsure or undecided about their sexual orientation.

**LGBT** - “pertaining to lesbians, gays, bisexuals, and transgenders collectively: “the LGBT community” (dictionary.com).
Past and Present Sex Education

History of Sex Education

Teaching children and students about sexual health and education has long been a controversial topic. Sex education dates back to the beginning of the 19th century with the goal of eliminating masturbation and sex before marriage (Stout & Rivara, 2001). Discussing sexually transmitted diseases (STD’s) and instilling sexual morality also became part of the norm for sex education in the early 19th century (Elia, 2000). Further, the topic of sexual education and health was primarily taught in a biological sense (i.e. anatomy and physiology), as well as part of a health education curriculum (i.e. sexually transmitted diseases, marriage, dating, and parenthood). Early sex education appears to follow a common thread of abstinence only teachings, as well as a “fear” stance on sex as a whole. For instance, “during the last 100 years… in the United States sex education materials for young people have emphasized fearful and dangerous aspects of sexuality (e.g., disease, pregnancy, behavioral aberrations)” (Elia, 2000, p. 123). This “fear” stance on sex and sex education likely follows the cultural views and norms on sex. For example, “western cultures generally consider sex to be a dangerous, destructive, negative force” (Elia, 2000, p. 123). Considering an early Western perspective on sex, it comes as no surprise that society, as well as school systems relied on “abstinence only” sex education as the driving force during this time.

Abstinence Only Sex Education

Abstinence only sex education was supported by the United States government until recently. Multiple Congressional Acts, such as: the Adolescent Family Life Act (AFLA), Title V, section 510 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and the Community Based Abstinence Education (CBAE) all supported the teaching of
abstinence only sex education and provided funding to do so (Stanger-Hall & Hall, 2011). The funding for abstinence only sex education programs reached $176 million annually in 2006 and 2007 before expiring in June of 2009. Between 2009 and 2010, the “Labor-Health and Human Services, Education and Other Agencies” bill was passed and signed in December of 2009, allocating $114 million for a “Teen Pregnancy Prevention” initiative that promoted research and evidence based practice. Shortly after this bill was passed into legislation, abstinence only education regained popularity and funding including $250 million to cover funding for the next 5 years as part of the “Senate Finance Committee’s health-reform legislation” passed March 23rd, 2010 (Stanger-Hall & Hall, 2011).

According to the U.S Department of Health and Human Services in 1998, abstinence only programs consisted of 8 components (Walcott, Chenneville, Tarquini, 2011). These components included:

1. Education about the social, psychological, and health-related benefits of abstinence from sexual activity;
2. An emphasis on abstinence outside of the marriage as the expected standard;
3. Instruction that abstinence is the only certain way to avoid pregnancy, STI’s, and other associated health problems;
4. An emphasis on monogamous, mutually faithful martial relationships as the expected standard;
5. Education about the harmful psychological and physical effects of sex outside the marriage;
6. Education about the detrimental effects of having children outside marriage;
7. Education about the impact of alcohol and drug use on vulnerability to sexual advances; and
8. Education about the importance of attaining independence and self-sufficiency before becoming sexually active (Walcott et al., 2011, p. 829).
Due to the dominant sex education curriculum consisting of abstinence only messages, ample research and discussion has been conducted and examined in this area. For example, Stanger-Hall and Hall (2011) examined different approaches of sex education presented in high school classrooms throughout the United States to determine which was most useful. They found that of 48 states (excluding North Dakota and Wyoming), 21 states used an abstinence only approach. From their results, Stanger-Hall and Hall (2011) concluded that abstinence only education does not result in abstinent behavior. In fact, the rate of teen pregnancies and the rate of teen births positively correlated with the level of abstinence only education programs implemented. Besides this correlation, a large federal study assessment of four abstinence only programs discovered similar results (Walcott et al., 2011), stating abstinent only programs did not differ from comprehensive sex education programs and general health programs in student rates of abstinence. They also found that students who participated in abstinence only programs were less knowledgeable about sexually transmitted infections.

One characteristic factor of abstinence only education is the withholding of general information about sex, STI’s, and contraceptives, as well as providing false information (Stanger-Hall & Hall, 2011). For instance, one congressional committee report found evidence of use of distortions and errors in abstinence only curriculum regarding public health. “The effect of presenting inadequate or incorrect information to teenagers regarding sex and pregnancy and STD protection is long-lasting as uneducated teens grow into uneducated adults” (Stanger-Hall & Hall, 2011). Authors such as Elia and Weaver have also pointed to the seemingly negative aspects and effects of abstinence only sex education as well as promotion of other methods (Elia, 2000, Weaver et al, 2005). Moreover, Elia and Eliason (2010) discuss three negative aspects of abstinence only sex education as: unethical, uncaring, and undemocratic.
According to Elia and Eliason (2011), denying youth sexual education and controlling the information they receive is unethical and violates ethical codes. Furthermore the researchers purport, abstinence only education also promotes heterosexuality, excluding other forms and expressions of sexuality. In addition, the promotion of heteronormativity results in stigma, prejudice, and discrimination of non-conforming sexualities (i.e. individuals who do not identify as heterosexual).

The exclusivity of abstinence only education leaves LGBT students marginalized, therefore the approach is deemed ‘uncaring’. As demonstrated in, Elia and Eliason (2011), the abstinence only educational approach “maintains the ‘charmed circle’ of white middle-class married heterosexuals at the pinnacle of citizenry” (p. 28). While the nature of sex education is presumably caring and centered around student needs, abstinence only education fails to assume the unique needs of individual students.

Lastly, Elia and Eliason (2011) assert that an abstinence only education is undemocratic. The researchers claim that the abstinence only approach is embedded in Christian values which deny debate and deliberation. In addition, they claim a diverse range of sexualities and expressions are not included by default as “it denies students the right to virtually any real education about their sexuality, implying that all they need to know will magically appear on their wedding nights” (Elia & Eliason, 2011, p. 28). Despite various arguments against abstinence only education, some researchers have found positive aspects and results to support the abstinence only approach to sex education.

For instance, Walcott et al. (2011) reported that abstinence only education “helped delay the onset of sexual activity for younger adolescents who have not yet initiated sex” (p. 830). Furthermore, abstinence only sex education may be representative of family values and morals
therefore being the preferred form of sex education (Stanger-Hall & Hall, 2011). Randall (2011) also addressed the culture and values of the dominant society as it relates to education in general. Students become socialized through teachers, staff, and peers which result in a culture or world view that is passed down from former generations. Randall wrote,

As cultural flashpoints, schools often become battle grounds over which private values, beliefs, and world views will be considered normative for society as a whole. There is much at stake, for the determination of both the specific content and process of education ultimately reflects and reinforces cultural and ontological perspectives more than it does others (Randall, 2011, p. 404).

Also, Randall believes the education one receives deters what is perceived as moral, valuable, and unethical. The argument concludes that education may be dominated by the larger views of society. Therefore, if the dominant cultural beliefs are centered on marriage before sex and abstinence only education, that will likely be the governing choice for sex education.

Another argument for abstinence only education has focused on the “corruption” of children by use of other sex education means (Fields, 2012). Fields argued the notion that abstinence only sex education is safer for students because other models of sex education may promote risky sexual behavior. As expected, some conservative organizations lead this debate by “challenging instruction they believe promotes promiscuity, immorality, and social degradation” (Fields, 2012, p. 4). In addition, there was the belief that other forms of sex education may be damaging to youth who are not mature or responsible. From this perspective, youth are seen as sexually innocent individuals who are vulnerable. Therefore, teaching youth about sex and sexual health could endanger their innocence, thus causing them to become sexually active. Fields (2012) wrote, “Sexual speech, modern critics contend, provokes, and stimulates. It
transforms the so-called natural modesty of children into inflamed desires that may be outside the child’s control and thus prompt sexual activity” (p. 7). Hence, this argument for abstinence only education entails that youth are not capable of making responsible decisions, and therefore should not be taught about sex, as it may promote sexual behaviors. Also, it is believed a more comprehensive sex education program may corrupt their innocence and modesty which causes strife for youth in an already difficult time. Despite support for abstinence only programs, other forms of sex education have been introduced and promoted in United States school systems.

**Comprehensive Sex Education**

Other common forms of sexual health and sexual education that are provided currently are “comprehensive sex education” and “abstinence plus” sex education. Comprehensive sex education and abstinence plus sex education gained popularity in 2001 when the U.S Surgeon General, David Satcher, deemed a public health crisis regarding U.S youth (Starkman & Rajani, 2002). Satcher’s “Call to Action to Promote Sexual Health and Responsible Sexual Behavior” (NCBI, 2001) encouraged communities to participate in dialogue regarding sexuality, responsible sexual behavior, and scientific based interventions for youth (p. 314). As a part of his call to action, Satcher promoted the notion of comprehensive sex education. National support for comprehensive sex education has included endorsements from: “the American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Nurses Association, and the American Public Health Association” (p. 317).

Abstinence plus education promotes abstinence while also relying on information regarding contraceptives, STI’s and HIV education (Weaver, Smith, Kippax, 2005). Similarly, comprehensive sex education also promotes abstinence as the main goal but covers a variety of
other sexual health topics including: condoms, contraceptives, and HIV prevention. According to Fields (2012), “Comprehensive sexuality education might also include lessons on masturbation, abortion, lesbian, gay, and bisexuality, and gender identity and norms” (p. 2). Although comprehensive education programs may vary greatly in content, many share similar objectives and outcomes. Walcott et al., (2011) reviewed objectives that are present in successful comprehensive sex education programs. The successful curricula all included:

(a) theory driven; (b) had adequately trained adult and peer facilitators; (c) emphasized abstinence but included information about safer sex methods; (d) provided a means to access condoms/contraception; (e) focused on sexual responsibility and skills training for reduction of sexual risk behaviors; (f) acknowledged peer pressure and used skills training to combat peer pressure (e.g., communication and negotiation skills); (g) used multiple and creative methods of instruction (e.g., simulated or real-life skills practice, storytelling, games); and (h) used a structured curriculum of sufficient duration and intensity (p. 829).

Recently, research studies are examining the effectiveness of comprehensive and abstinence plus programs, as well as these programs in relation to abstinence only programs.

Consider the work of Stanger- Hall and Hall (2011) who compared 4 levels of sex education among the United States. The aim of the study was to consider the amount of abstinence only sex education presented in each program and establish levels to be used for comparison. As stated, the 4 levels reviewed the amount of abstinence present in the given state’s sex education program. For example, Level 0 education included information on sexual health and HIV (comprehensive) but did not specifically include information on abstinence. In contrast, Level 1 education used comprehensive methods while also covering abstinence as on
option. Moreover, Level 2 sex education programs primarily promote abstinence only messages although discussions on contraception and sexual health are not prohibited. Finally, Level 3 programs rely solely on an abstinence until marriage approach with little emphasis on contraception or other forms of sexual health. As stated previously, the more emphasis on abstinence in sex education programs was positively correlated with higher pregnancy and birth rates among teenagers; however other research stated there was little difference between abstinence programs and pregnancy (Stanger-Hall & Hall, 2011). Further, Level 1 education programs (abstinence plus/comprehensive) had the lowest rates of teen pregnancy while level 3 programs were least successful in preventing teen pregnancy (Stanger-Hall & Hall, 2011).

Another recent comprehensive sex education program Safer Choices has been linked to positive outcomes in increasing sexual health decision making (Walcott et al, 2011). The goal of Safer Choices is to decrease the number of students who are having sex or begin to have sex while in high school. The program also focuses on increasing condom use amid students who are already sexually active. The program relies on interventions that include: education on HIV and STI’s, confronting misconceptions about sexual health, and increasing self efficacy in decision making. Safer Choices hopes to help students refuse unprotected sex by informing them about accurate sexual health (i.e. HIV and STI education). The authors reported, “Results suggest that the program was effective for improving condom use, reducing the frequency of sex without a condom and reducing the number of sexual partners. Thus, the majority of the research available supports comprehensive sexuality education” (Walcott et al., 2011, p. 830).

In their own study, Walcott et al., (2011) surveyed the relationship between the sex education students received in high school and their attitudes and sexual behaviors as college students. They found that students who received comprehensive sex education in high school
were more knowledgeable on HIV than students who reported having abstinence only education. Furthermore, Walcott et al. (2011) found that students who received sex education that included development of negotiation skills, as well as combating peer pressure (possible comprehensive programs) were more likely to use condoms with “non steady” partners. Another predictor of consistent condom use was the perceived helpfulness of the sex education the young adult received (Walcott et al., 2011).

Despite the efficacy comprehensive sex education has gained, some researchers have also found negative aspects of comprehensive sex education programs. Most notably, Fields stated, “in practice, comprehensive sexuality education is rarely comprehensive: instructors often shy away from provocative stances on controversial topics, especially lesbian, gay, and bisexuality; and comprehensive educators routinely assert that sexual abstinence is the best choice for youth” (2012, p. 9). Fields further promotes the notion that abstinence only and comprehensive sex education share many aspects including assumptions about youth and how they learn and perceive sexuality. For example, both stances assume that providing students with education regarding sexuality and sexual health is enough and student’s behavior will align as appropriate. Instead, Fields (2012) proposes a “move beyond the polarized debate between abstinence-only and comprehensive sexuality education and allow instead for an expansive approach to learning and knowing that opens with and sustains questions” (p. 11).

Other Sources of Sex Education

Although most students are provided with some form of sex education in their formal education, it is likely students are learning about sexuality in many other contexts and from many other sources. While this literature review primarily focuses on school sex education, it is worthy to note areas outside the school scope where students are learning about sex and sexual health.
Somers and Surmann (2005) studied the multiple sources that adolescents receive regarding sex and sexual health. The many sources were categorized into the: microsystem, mesosystem, exosystem, and macrosystem.

The microsystem consists of an adolescent’s peer relations, school system, family, and other significant adults present in their life (Somers & Surmann, 2005). The mesosystem refers to the relations between the microsystem that may collaborate to present sex education sources. The exosystem includes outside sources and influences, such as the media and social networks. The macrosystem then includes societal dominant beliefs, attitudes, and assumptions about sex. The American discomfort regarding sex and sexuality is noted as a key influence in the macrosystem.

Somers and Surmann (2005) found that adolescents who learn about sex from the media were more likely to approve of sex before marriage. Contrarily, learning about negative consequences of teen pregnancy from the media lead to “less frequent sexual behavior”. As expected, the role of parents or older adults in educating adolescents appears to be significant. Somers and Surmann suggest, “adolescents consistently reported clearer personal sexual values (knowing what is right and wrong sexually for them) when more education about various topics occurred from other adults, and they were less clear about their personal sexual values when education came from peers and media” (2005, p. 49). It appears the source of adolescent’s information regarding sexual education is crucial, whether it be from school, adults, peers, or media.
LGBT Students

Discrimination

In recent years, bullying and harassment in schools has gained a great deal of attention. Furthermore, a proportionate amount of coverage regarding school bullying has been linked to LGBT students. Adams, Cox, and Dunstan (2004) found that homophobic bullying is more severe than general bullying and is not always taken as seriously as other forms of bullying by teachers. In addition, some teachers have even regarded bullying against homosexual boys as a “natural” reaction of young men. Adams et al. (2004) reported “40% of young gay people in a survey had attempted suicide” (p. 259). Other studies have found:

More than 64 percent of LGBT students reported feeling unsafe at their school due to their sexual orientation, more than 62 percent reported being verbally harassed, almost one-quarter reported being the target of physical harassment, and almost 40 percent reported “relational aggression”, such as personal rumors, gossip, or lies being circulated in the school. More than 70 percent of LGBT youth confronted homophobic remarks (e.g., “fag”, “dyke”, or “that’s so gay”) frequently (Mayberry, 2006, p.262).

What specifically drives students to discriminate against peers who may be considered LGBT is not definite. O’Higgins- Norman (2009) explored perspectives on homosexuality and homophobia in schools in Ireland. Although conducted in Ireland, O’Higgins- Norman reported his findings are not unique and similar results have been established in the United States and the United Kingdom. Through his interviews with students, teachers, and parents five themes were constructed: “1) being normal means being heterosexual and being clearly masculine of feminine: 2) Fear of all things homosexual: 3) Limited and negative stereotypes of gay men and lesbians: 4) Name- calling and the minimizing of its significance: 5) Religious influence on
teachers’ morals and behaviors” (O’Higgins-Norman, 2009, p. 385). In the study, one female student stated:

if there were a gay kid in the school then they would get a bad time, coz they are different. We are brought up to dislike things they do, like it is ‘not normal’ to be two guys together. Fellas would take it worse; more girls tend to be open-minded (O’Higgins-Norman, 2009, p. 385).

From this study, it is clear that children may be raised with preconceived notions about the LGBT population that may perpetrate bullying and discrimination. Furthermore, many students were fearful of gay or lesbian students “coming onto” them or attempting to “turn” them into homosexuals (O’Higgins-Norman, 2009). Consider the following testimony from the study; a male student admitted “a lot of people would not have an open mind to this type of difference (being gay)… what happens if they are attracted to me” (O’Higgins-Norman, 2009, p. 387). Or a female student added “it is like we are women and unused to that (lesbians), I would be more uncomfortable towards lesbians because they might be attracted to me; it would change things with a friend (if I found out a friend was gay)” (p. 387).

The third theme limited and negative stereotypes explored the role of stereotypes in maintaining both negative and positive views on LGBT (O’Higgins-Norman, 2009). O’Higgins-Norman reported, “Many of the students, parents, teachers, and senior management teams were equally operating out of limited stereotypes of what a gay or lesbian person was, often using stereotypes based on media characterizations” (p. 388). For example, one male student reported “girls would like a gay fella because he would be more into fashion and shopping; how he looks” (p. 388). It appears that stereotypes and fear of homosexual students likely preserves and supports discrimination and bullying against LGBT peers.
Due to the amount of discrimination and bullying, LGBT students may be considered an at risk population. High school youth who reported having same sex attractions also reported higher levels of alcohol use and depression than their peers (Hansen, 2007). Furthermore, these youth reported more emotional distress and were “considered at risk for poor emotional health” (Hansen, 2007, p. 840). Ingrained in many of these discussions is the concept of gender roles, and what part they play in the discrimination that LGBT youth face.

**Gender Roles**

Typical gender roles in the United States portray women as emotional, sensitive, and overall feminine. Generally, men are portrayed as strong, physical, logical, and overall masculine (O’Higgins-Norman, 2009). Sharpe (2002) interviewed numerous youth in the United Kingdom to learn about their perceptions of LGBT people. In particular, young men who were interviewed discussed gender roles and masculinity as a strong presence in combating LGBT notions. “Several of these young people noted how boys and men had stricter gender boundaries applied to them than did girls and women” (Sharpe, 2002, p. 267). Many young men interviewed discussed that if a male classmate were more feminine, he would likely be target to harassment by other young males.

Likewise, Kennedy and Covell (2009) noted that male students who identify as gay are much more likely to be harassed then females who identify as lesbians or bisexual. Also, heterosexual males are more likely to victimize then their peers. Similarly, Mayberry (2006) discussed the role education plays in enforcing gender roles and stereotypes stating “the school curriculum portrays only stereotypical gender roles and behaviors, and sport teams are likely to ostracize youth who do not perform their gender in an acceptable manner” (p. 263). Sharpe (2002) also noted that while the notion of masculinity has “loosened” over time, some males feel
the need to assert their masculinity more strongly. This phenomenon may be explained by Alfred Adler as the “masculine protest”.

Masculine protest can be defined as “the striving to be strong and powerful in compensation for feeling unmanly, for a feeling of inferiority” (Ansbacher & Ansbacher, 1956, p. 45). Adler believed that masculine protest was the result of a child having some form of sickness or ailment which leads them to feel inferior. Further, the child may be placed in a situation where they feel they are “unmanly” and must prove their masculinity. Adler discussed masculine protest as it relates to gender roles stating:

any form of uninhibited aggression, activity, potency, power, and the traits of being brave, free, rich, aggressive, or sadistic can be considered as masculine. All inhibitions and deficiencies, as well as cowardliness, obedience, poverty, and similar traits, can be considered as feminine (Ansbacher & Ansbacher, 1956, p. 47).

Therefore, children (both male and female) who feel inferior will compensate for these feelings by striving to be strong and powerful with the goal of feeling superior to others. As the notion of men asserting their masculinity more strongly in the presence of masculine ideals being challenged, previously stated by Sharpe (2002) masculine protest is a possible explanation. As gender roles become increasingly redefined, some men may feel uncomfortable or inferior with their own masculinity thus causing them to assert a stronger male presence.

**Effects of Discrimination**

As harassment and bullying of LGBT students appears to be on the rise, the effects on students have been examined. Common effects of harassment and bullying include: anxiety, fear, low self-esteem, depression, and self blame (Hansen, 2007). Other effects may include Post Traumatic Stress Disorder, presenting with somatic symptoms, isolation, loneliness, and social
isolation. Some effects may be directly linked to academic performance. For example, withdrawal, lack of concentration, truancy, and even school phobia may be present in LGBT students who are bullied or harassed (Adams et al., 2004). Furthermore, “verbal and physical harassment, physical assault, and property damage were linked to lower grade point averages for GLBT youth” (Hansen, 2007, p. 843). Although some of these effects appear to be short term, longer term effects have been studied as well.

Adams et al., (2004) reported fear of meeting strangers and exceptional timidity among the long term effects that LGBT students may face. The suicide risk and rate among LGBT students appears to be a pressing issue also. Compared to the general population, LGBT youth have a higher rate of suicide (Adams et al., 2004), are at higher risk for attempting suicide, and may be most vulnerable when first identifying as LGBT or “coming out” (Hansen, 2007). In addition, “other recent studies indicated that gay and lesbian teenagers may be three times as likely to attempt suicide as heterosexual teens, and that gay teenagers may account for 30% of all teen suicides, sometimes with close to 10% attempting suicide in a 1 month span” (Hansen, 2007, p. 841). Considering the multitude of effects LGBT students face, question of school policy and teacher involvement has been investigated.

**Teacher Role**

How teachers perceive and respond to homosexuality and harassment of LGBT students is likely to play a role in a student’s school experience. Research from Ireland concluded that not only students perceived homosexuality as a “deviation from the norm”, but a majority of teachers also expressed this belief (O’Higgins- Norman, 2009). With heterosexuality defined as the “norm” of sexual practice, one teacher reported “to be gay is to be different, and difference is treated with suspicion” (O’Higgins-Norman, 2009, p. 385). This may then explain why teachers
opt out of confronting homosexuality remarks, harassment, and the like. Mayberry (2006) found that 20% of youth reported hearing derogatory terms (e.g. fag, dyke) from their teachers or staff.

In addition, “negative feelings about being gay, lesbian, or bisexual are positively correlated with hearing homophobic speech by teachers or peers” (Hansen, 2007, p. 842). Furthermore, students reported having increased negative feelings when teachers did not discipline derogatory language (Hansen, 2007). Teachers may also play a role in “normalizing” or “minimizing” such terms which may result in students feeling it is acceptable to use such language. O’Higgins-Norman (2009) discussed multiple instances of teachers reporting on their responses to derogatory terms and behaviors. For example, “if we hear terms used we would ask them to stop slagging, but it (gay etc) is so much part of the vernacular now; sometimes you have to turn a deaf ear,” or “yes comments are made, and are not confronted enough,” and “if it is happening right in front of me, I would stop it, if in the distance I wouldn’t bother, it is just too frequent. It is a term I am not as opposed to as others, it is just a term that would be picked up on” (O’Higgins-Norman, 2009, p. 390). How often teachers actually address derogatory statements has been examined as well. For instance, Hansen (2007) reported, “Although students may hear peers using derogatory language daily, they witness teachers correcting this behavior less than once per month” (p. 845).

Fear of exposing their own sexuality may be another reasons teachers do not confront students using derogatory language. O’Higgins-Norman (2009) discovered, “Overall the teachers I met in these schools seemed to be anxious about a perceived disapproval by colleagues, parents, boards of management and even students if they were to strongly address homophobic bullying in their schools. It was almost as if they were afraid of what such action might say about their own sexuality” (p. 390). For example, one female teacher responded to this
notion by stating “it would be foolish for a teacher who is gay or lesbian to let it be known, especially among the students, they would get a hard time” (p. 386). Professors or teachers who are employed at religious schools may also fear challenging homosexual remarks or discrimination as it may oppose the dominant religious beliefs present. Teachers who identified as gay or lesbian reported it was okay to be gay or lesbian in a religious setting as long as they were “not out” to students or promoting their way of life (O’Higgins-Norman, 2009, p. 391).

Teachers who do not work in religious settings may also fear discussing or challenging homosexuality if they feel it is not approved by their school board. For instance, Mayo (2013) discussed teacher’s experiences in the Anoka- Hennepin school district in Minnesota. Teachers in this district are instructed to take a neutral stance in regards to homophobia which has led to a lack of clarity. In regards to the idea of neutrality, one teacher commented “what is “neutral”? Teachers are constantly asking, “Do you think I could get in trouble for this? Could I get fired for that?” So a lot of teachers sidestep it. They don’t want to deal with district backlash” (Mayo, 2013, p. 554). With fear of facing district backlash, two teachers comment on how this implication affects bullying and discrimination. The teachers shared, “they’re made to feel ashamed of who they are. They’re bullied. And there’s no one to stand up for them, because teachers are afraid of being fired” and “If you can’t talk about it in any context, which is how teachers interpret district policies, kids internalize that to mean that being gay must be so shameful and wrong...And that has created a climate of fear and repression and harassment” (p. 554). From Mayo’s research, it is clear that teachers play a momentous role in the perpetuation of homophobic bullying and discrimination whether it is due to fear of their school board, fear of their own sexuality being confirmed, or a general lack of knowledge and training on LGBT students.
School Policy

The policies in place for LGBT students, or lack thereof, have proven to be significant in the experiences LGBT students face. School policies can be defined as “written policies designed to protect students and faculty from discrimination based on sexual orientation as well as policies banning harassment or establishing procedures to be followed if harassment does occur” (Chesir-Teran & Hughes, 2009, p. 964). Whether school policies actually decrease harassment of LGBT students has been argued. Consider, “Students who attend schools in which anti-LGBQ harassment is perceived as frequent and tolerated are presumably more likely to be victimized than are students in schools where such harassment is rare or perceived as unacceptable” (Teran & Hughes, 2009, p. 965). Although this argument may be true, harassment policies may not produce change if the policies are not supported by the school faculty and staff (Hansen, 2007). Furthermore, policies alone are not sufficient in decreasing harassment even though they play an important role in the support of LGBT students. Moreover, school programs that support LGBT students may be more effective in decreasing harassment while providing a safe school climate (Hansen, 2007).

School programs such as “Gay/ Straight Alliance” or other “safe places” have proven to be effective in supporting LGBT students while reducing discrimination. Gay/Straight Alliances or GSA’s can be described as “typically student-run after-school clubs through which sexual minority students can find peer support and belonging as well as helping to effect positive changes in their school” (Hansen, 2007, p. 844). Safe places for LGBT students include: guidance counselors, support groups, and available role models (Mayberry, 2006). While some believe that safe places divide students based on their sexual orientation, by containing their homosexual tendencies, research has found otherwise. For example, “LGBT youth experience
less social isolation, increased self-esteem, and gains in academic achievement in schools where safe place programs have been enacted” (Mayberry, 2006, p. 263).

Similar results have been found regarding the effectiveness of GSA’s. For instance, Hansen (2007) reported, “Participants believed that participation in the GSA improved their academic performance, facilitated better relationships with adults and peers, helped them develop a sense of pride in who they were, increased feelings of school belonging and identification, and decreased harassment” (p. 844). Likewise, the success of school polices and school programs in combination have also been investigated as they have been positively correlated (Chesir-Teran & Hughes, 2009).

Hatzenbuehler, Birkett, Van Wagenen, and Meyer (2014) examined school climates in relation to suicide risk in LGBT youth. They found that the most supportive school climates:

1. included a Gay- Straight Alliance and safe spaces for LGBTQ youths;
2. provided curricula on health matters relevant to LGBTQ youths (e.g., HIV);
3. prohibited harassment based on sexual orientation or gender identity:
4. encouraged staff to attend trainings on creating supportive environments for LGBTQ youths, and;
5. facilitated access to providers off school property that provide health and other services specifically targeted to LGBTQ youths (Hatzenbuehler et al., 2014, p. 280).

In addition, students who attended schools in which positive climates were present were less likely to report suicidal ideations.

Equally important, schools that provided trainings to teachers regarding LGBT youth have also been effective in increasing a positive school climate. Chesir-Teran and Hughes (2009) stated, “Students from schools with inclusive policies, GSA’s, and teacher training programs
(individually, as well as collectively) were more likely to perceive their school environment as safe, tolerant, and respectful toward sexual minority individuals than were students from schools without these resources” (p. 965). Also, students who reported their school provided more inclusive programs (GSA’s, school polices, school training) reported experiencing less personal victimization. Although it is recognized that discrimination and harassment of LGBT students occurs, the cause is not definite. One possibility may be a lack of knowledge about the LGBT population and community.

**Lack of Knowledge**

Studies that have interviewed students regarding their experience and knowledge of homosexuality have demonstrated a similar theme; students operating out of misconceptions and a lack of knowledge on the LGBT community. For instance, Sharpe (2002) refers to: (Man and Ghaill 1994; Epstein 1996, 1997; Nayak & Kehily 1996, 1997; O’Donnell & Sharpe 2000; Frosh et al., 2001). Sharpe (2002) found, “several young people suggested not knowing anyone who is gay or lesbian can allow fears and fantasies to develop through ignorance” (p. 270). As these fears and fantasies continue to develop, students may become less likely to be open to the concept of LGBT students as their friends or even equal peers. Contrarily, LGBT students may fear being open about their sexuality in school due to the possible negative connotations that surround LGBT people.

Many students in the general population also believed that homosexuality only occurred in older adults, was a matter of choice, as well as “just a phase” some individuals may pass through (Sharpe, 2002, p. 273). Sharpe (2002) concluded that “young people’s general lack of knowledge or information allows misconceptions to arise” (p. 273). It appears that parents and teachers are aware of this ignorance but may or may not correct it during the most critical phases.
“Overall, the staff and parents in all schools agreed that the fear expressed by the students had to do with a lack of education and experience of people who were gay or lesbian” (O’ Higgins-Norman, 2009, p. 388). It then appears that education may play a key role in halting negative stereotypes, bullying, discrimination, and misconceptions around LGBT students.

**LGBT Sex Education**

Prior to discussing education for LGBT youth, it is important to determine the prevalence of youth who identify as gay, lesbian, bisexual or other sexual identities, as well as the prevalence of youth who are participating in same sex experiences without labeling their sexual identity. McCabe, Brewster, and Tillman (2011) examined same-sex activity among United States youth and young adults. The sample consisted of 1,345 females and 1,343 males who were asked about their sexual attraction, sexual identity, and sexual experiences. From their research, McCabe et al. (2011) concluded that “the prevalence estimates reported here suggest that more than 552,000 young men and almost 1.5 million young women aged 15-21 have engaged in consensual same-sex activity. The majority of these youth do not categorize themselves as homosexual or bisexual, and many do not even acknowledge having sexual attractions to people of the same gender” (p. 149). These findings suggest that youth who do not identify as being same sex oriented or same sex attracted are participating in same sex encounters. Whether the lack of identification is due to shame, questioning, or some other reason is unclear, although the need for same sex education appears to be imperative.

**Lack of Sex Education**

In regards to sex education, current research has been focused on the lack of curriculum geared towards LGBT students and related implications. Donovan and Hester (2008) discuss the lack of sex education for same sex youth and the consequences of this deficiency such as:
STI’s/AIDS, abusive relationships, and lack of support. From their research, Donovan and Hester (2008) concluded that “the evidence from our study strongly suggests that young people who may be thinking about and exploring alternative sexualities require inclusion in sex and relationship education in order to be provided with the skills and knowledge base to protect themselves” (p. 285) Also, Donovan and Hester (2011) stated that current health, sex, and relational education is centered around a heteronormative assumption which furthers exclusion of LGBT students.

In support of Donovan and Hester (2008), Kennedy and Covell (2009) discuss a lack of comprehensive sex education as a violation of youth’s rights. The authors protest that students in North America are typically presented with sex education through a heterosexual perspective which views homosexuality as something negative or deviant. Kennedy and Covell (2009) wrote:

Maintaining homosexuality in the sexual health curriculum as deviant or disease related, is inconsistent with the rights of sexual minority youth to non-discriminatory practices and to healthy development; it not only denies youth knowledge that can empower the healthy expression of sexuality, but also has implications for peer behavior (p. 145).

The authors decided to determine what forms of sexual education were being presented by surveying 120 students in Canada to learn more about the sexual education they received particularly relating to homosexuality. Kennedy and Covell (2009) found that the majority of students lacked knowledge on homosexuality, as well as general health issues. Furthermore, they sustained that male students held more negative attitudes toward gays than their female counterparts. The authors were also interested in exploring where negative attitudes originated and how students presented these attitudes. From their results the authors established, “the less
knowledge of homosexuality the youth had, the greater their level of prejudice” (Kennedy and Covell, 2009, p. 149). This level of prejudice then perpetuates harassment and bullying toward LGBT students.

More recently, Gowen and Winges-Yanez (2014) studied LGBT education and the perspectives of LGBT youth in Oregon. For example, Gowen and Winges-Yanez (2014) confirmed that most sex education does not include portions for LGBT students and are exclusive in multiple ways. They reported that in 2009 “17.9% of 7,000 LGBTQ students reported their school as having any curricula that contained LGBT-related topics; only 3.8% reported their health curricula acknowledging sexual and/or gender orientation” (p. 788). Regarding comprehensive sex education, LGBTQ portions were excluded through: silencing, heterocentricity, and pathologizing. Gowen and Winges-Yanez (2014) defined silencing in two forms, passive silencing and active silencing. In passive silencing, LGBT issues were never brought up by the instructor or class. In contrast, active silencing means youth were silenced when inquiring about LGBT issues.

Likewise, Gowen and Winges-Yanez (2014) define heterocentricity as exclusively discussing heterosexuality and heteronormative sexual practices. For example, many students reported their sex education curriculum revolving around preventing pregnancy, vaginal intercourse, and abstinence until marriage (which excludes same sex youth who are not legally allowed to marry in particular states). In some cases, students reported same sex issues were discussed but usually in a negative way which paired homosexuality to disease, specifically HIV/AIDS. Gowen and Winges-Yanez (2014) noted:

Such pathologizing resulted, in the eyes of the third participant, in stigmatization of gay persons. Given that sexual orientation was often mentioned only in the context of AIDS,
it is not surprising that some classmates would state that “‘only gay people get that’”. In addition, mentioning sexual orientation only in the context of AIDS also limits discussion around women, given that women who have sex with women are often omitted from conversations about HIV/AIDS (p. 792).

**Student Experiences**

As sex education for LGBT students has become more relevant, research has focused on the experiences of LGBT students as it pertains to their sex education. Discussing the experiences of LGBT students may act as a stepping stone to mainstreaming LGBT sex education (Hillier & Mitchell, 2008). In a study of students who were asked whether or not their sex education was useful to them, 40% felt it was not useful at all, 40% felt it was hardly useful due to lacking content on same sex relationships, while the other participants found it moderately to very useful (Hillier & Mitchell, 2008). Two participants commented on their experiences stating: “Not at all (usefulness). It only covers heterosexual sex, it really doesn’t cover anyone outside the heterosexual, gender binary type system…Perhaps they need to make note that there are others like us out there (and in school)” and “not useful at all…in fact it was as useful as a chocolate kettle” (Hillier & Mitchell, 2008, p. 220).

Another study surveyed young people in the United Kingdom with the goal of gaining views on sex education with a focus on LGBT youth (Formby, 2011). Although the research was completed in the United Kingdom, the results are relevant, because there is a dearth of research regarding this topic conducted in the United States. Also, the views of young people in the United Kingdom may be comparable to the views of youth in the United States in regards to LGBT sex education. One common theme established by Formby (2011) was that of LGB marginalization, exclusion, and invisibility in sex education. Many participants discussed this
exclusion stating: “there was nothing about gay people, I switched off”, “they don’t mention anything about same sex relationships or homophobia, I think they should so more people are aware”, and “they didn’t say anything about lesbian and bisexual women at all so it was just like kind of giving the impression that they’re immune or they didn’t exist” (Formby, 2011, p. 258). As students have discussed what their sex education lacked, they provided direction for what should be included in future sex education curricula.

From conducting interviews, Formby (2011) found that students would like information and discussions regarding same sex relationships in their sex education courses. Furthermore, students suggested these discussions would provide “awareness” about homophobia while offering support to LGBT students. Students also reported that there are far fewer services available to LGBT students, as well as a lack of LGBT representations in medical materials, specifically lesbian or bisexual women (Formby, 2011). In fact, “The majority said they did not have enough information, and were unaware of specific local and national leaflets aimed at lesbian/bisexual women” (Formby, 2011, p. 261). One female student shared her experience stating: “basic information about what sort of sex transmits what sorts of infections between women would be a start! Alongside what actually is safe sex between women” (Formby, 2011, p. 261). Some students suggested having outside speakers lead discussions could increase knowledge rather than relying on information from “straight teachers with no experience” (p. 258). Students also suggested discussing same-sex relationships at an earlier age, receiving information about “gay friendly” health services, and discussions on dental dams and other sexual safety precautions (Formby, 2011).

Gowen and Winges-Yanez (2014) gathered suggestions from LGBT students in regard to improving sex education. One student suggested “make it (sexuality education) all inclusive for
every sexual orientation and gender identity…It’s really not that hard to just say things like “female- bodied”. I think they should do that ...and also just talking about acceptance and what sexual orientation means” (Gowen & Winges-Yanez, 2014, p. 794). Besides discussion on sexual orientation, gender identity was a theme amongst the suggestions for better sexual education. Another student commented “I think for today’s generation, especially, it might be a massive improvement to talk about all of this (gender identity and sexual orientation spectrums). A person coming out to be a certain sexuality and not realize that there’s not just this one sexuality but another gender that they might actually like better” (Gowen & Winges-Yanez, 2014, p. 794).

Students also suggested that teachers be specifically trained in gender and sexuality prior to teaching a sexual education class. Along with this, students would like to see teachers bring these subjects up while challenging gender roles and discrimination. Besides sexuality itself, students stated they would also like to learn more about LGBTQ relationships, anatomy, LGBTQ issues, and resources for LGBTQ students that can be accessed in and outside of school.

By providing students with an inclusive comprehensive model of sexual education, some students believe it may result in a more accepting school atmosphere (Gowen & Winges- Yanez, 2014). One student stated:

I’m pretty sure in high school, if you taught (comprehensive and inclusive sexuality education) in freshman and sophomore year, by junior/senior year, you’re going to have a lot less hatred going on and a lot less of tolerating and more of understanding and accepting, because people are going to be able to feel like they can come out. As opposed the very bare minimum lesson that we’re being taught right now (p. 795).
As students become aware that inclusive sex education will promote a safer and more positive school climate while also providing a whole experience to every student, a future of comprehensive sex education may become the norm.

**School Psychologist and Professor Role**

Murphy (2012) suggests that school psychologists have specific training and skills that can be utilized when working with LGBT students. School psychologists likely have knowledge about the difficulties LGBT students face and can serve as a possible role model. “Also, school psychologists are in the unique position to know evidence-based antibullying and harassment interventions, are able to find LGBT-related programs and trainings, and can facilitate communication between GSA (Gay-Straight Alliance) students and administrators to work toward incorporating these interventions and trainings, which is a goal of many GSAs” (Murphy, 2012, p. 887). While school psychologists rarely provide LGBT students with sexual education due to lack of training, they can act as an avenue for resources as well as advocate for future sex education.

Professor advocacy can play an immense role in the climate of the school, as well as placement for future programs, curriculum, and resources. Graybill, Varjas, Meyers, and Watson (2009) studied specific strategies professors and GSA advisors were implementing within their school. Throughout their research, the authors found that numerous strategies were being implemented with hopes of opposing discrimination and increasing awareness. Among students, advisors combated discriminatory remarks by: challenging the student to use other language, providing the student with a repercussion, or stating how that specific language was personally offensive to the professor. Advisors also acted as a channel for other school personnel who were in need of help dealing with bullying and discrimination. Advisors would provide on the job
training or refer the teacher to an avenue of education. Lastly, school advisors worked directly with other school personnel who were interested in becoming advocates and suggested implementation strategies and interventions. Advisors highlighted seven strategies that they have already implemented or hope to implement in the future: “know your views on sexual orientation; highlight consequences of not advocating; use general community resources; be nonconfrontational about creating change; educate yourself; and increase visibility of LGBT-related issues” (Graybill et. al., 2009, p. 578). Through these specific interventions teachers, advisors, and school psychologists can increase awareness, decrease hostilities, and advocate for more valuable and pertinent sex education (Graybill et. al., 2009).

In a related study, Sherblom and Bahr (2008) discussed how school consultation can be utilized to train and teach school staff and teachers about LGBT issues. The authors suggest, a primary way professionals may assist schools in addressing LGB issues is to use consultation as a means of delivering indirect service or training about affirmative, safe school environments. Consultees may encounter difficulty for several reasons: lack of knowledge, lack of skills, lack of confidence, or lack of objectivity (Sherblom & Bahr, 2008, p. 83).

By providing consultation, professionals may learn important information and knowledge that can be applied in many areas of their career. The authors promote the notion of objectivity, a strong skill base, and confidence that should be applied to all students, including LGBT students. Providing staff with professional development days may act as a safe and encompassing area to provide interventions and discuss LGBT issues. Furthermore, “consultants may play an important role in helping change agents in schools identify discrepancies between their inclusive,
just, and caring discourse and the actual exclusions, injustices, and lack of caring that may be experienced by students” (Sherblom & Bahr, 2008, p. 94).

**Current and Future Implementation**

Research regarding the implementation of sex education specifically involving LGBT issues has been sparse to absent in the United States with the majority being focused in other countries. Although there has been some research completed on comprehensive sex education, it has not focused specifically on the outcomes for LGBT students. However, many authors have instead suggested aspects that should be included in sex education, needs for sex education or models for change in the school system in general (Formby 2011, Gowen & Winges-Yanez 2014, Murphy 2012, Graybill et. al., 2009, Sherblom & Bahr 2008, Atwood & Smith 2011, Elia & Eliason 2010, Jelvota & Fish 2005).

Attwood and Smith (2011) discussed the sexual culture among youth today with realization that today’s students are immersed in a different culture then experienced previously. Sexual culture can be defined as “the many ways that sexual knowledge is constructed, how sexual values and norms are struggled over, how sex is depicted, talked about and ‘done’” (Atwood & Smith, 2011, p. 237). Through interviews many concerns were stated regarding the attitudes youth have towards sex, the lack of information they are receiving about sex, and a lack of research in regard to youth and sex. The authors established three aspects that should be integrated into sexual policies and education. Atwood and Smith (2011) state:

- Critically informed research and policy that acknowledges the way sexual norms, ethics, representations and practices are changing, along with ideas about age appropriate behavior. More holistic and grounded, rather than narrow and abstract, views of sexual health and ethics. Collaborative, international and interdisciplinary work in order to
develop research, policy and guidelines for good practice in working with young people (p. 237).

Atwood and Smith (2011) also noted that homosexuals are still marginalized, invisible, and have a restrictive amount of resources in the schools. In order to provide valuable information to every student and population, comprehensive sex education must be in place while paying close attention to sexual culture. Further, sex education should include a “commitment to young people’s rights and to the broader notion of sexual rights” (Atwood & Smith, 2011, p. 241).

Kennedy and Covell (2009) take a similar stance while pointing out teachers and professors as a main avenue for supporting equality. Teacher’s lack of interventions in discriminatory acts and attitudes toward sexuality, specifically LGBT students, helps to continue a cycle of inequality and disregard. They wrote, “It is imperative also that teachers are appropriately trained and required to teach homosexuality as part of the regular sexual health curriculum” (Kennedy & Covell, 2009, p. 152). Kennedy and Covell (2009) argued that learning about homosexuality is a standard aspect of sexual education by quoting the World Health Organization on their definition of sexual health. The definition stated:

> Sexual health is a state of physical, emotional, mental and social well being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having a pleasurable and safe sexual experiences, free of coercion, discrimination, and violence (Kennedy & Covell, 2009, p. 152).

In order to achieve positive sexual health, the way sexual health is presented must be reformed with a more democratic frame of mind.
Elia and Eliason (2010) reported that students must be prepared to live in a democratic society which involves learning about all aspects of sexuality. “To prepare for democracy, students must learn about gays and lesbians (bisexuals, transgender, those with alternative heterosexual identities, queers, and gender queers) as part of the American patchwork” (Elia & Eliason, 2010, p. 29). All students will eventually be exposed to gay and lesbian people in their lives and communities. Schools have a responsibility to teach about support, acceptance, and equality which starts with comprehensive sexual education. Elia and Eliason (2010) also suggest ways to discuss LGBT issues with students: same-sex marriage, the concept of othering (in groups vs. out groups), and the concept of relationships (the many diverse relations that exist). Other authors have offered specific interventions for involving LGBT students and families in the school community while making them feel accepted and welcomed.

Jeltova and Fish (2005) investigated the school environment as it pertained to LGBT students and their families. Realizing that a lack of communication between schools and parents existed and an absence of discussion on unique family system, they created a framework of change. The goal of this framework is to promote systemic changes in the school system through “specific intervention strategies.” The five interventions are as follows: a) acknowledgement of GLBT community and welcoming atmosphere; b) the school’s proactive stance on the issue of discrimination against GLBT families; c) open communication about GLBT issues; d) straight-gay alliances within the school, and e) the implementation of a Safe Zone program (Jeltova & Fish, 2005, p. 26).

In the first intervention, acknowledgement and a welcoming atmosphere, Jeltova and Fish (2005) suggest that organizing the physical environment to promote acceptance and diversity is extremely important. Environmental changes may include: rainbow flags, LGBT books, portraits
of famous GLBT activists or community members, and flyers that discuss discrimination and consequences.

The second intervention, the school’s stance on discrimination, includes the promotion of equality while following through when discrimination does arise. The authors suggest, “a school that takes a proactive stance in preventing harassment and intervening when discrimination occurs is perceived as a welcoming and supportive environment for GLBT families. Schools may provide mandatory training for teachers, counselors, librarians, nurses, and Title IX coordinators about sexual orientation, gender identification, and anti-GLBT bullying interventions” (Jelvota & Fish, 2005, p. 27). Not only should schools follow through on their discrimination policies, the authors suggest that parents should be notified and aware of how incidents have been and will be handled.

The third intervention discusses the importance of open communication. Jelvota and Fish (2005) wrote, “Inclusive language, both verbal and printed, facilitates change in the school climate by providing individuals with accurate ways of articulating their thoughts, questions, and requests” (p. 27). Also, open communication involves discussions on non-traditional family structures while including GLBT history and issues into curriculum.

The fourth intervention, gay-straight alliances, discusses the implications of involving students in working towards a greater cause. Jelvota and Fish (2005) note that gay-straight alliances have been successful in decreasing bullying and harassment while providing a safe and welcoming environment.

The last intervention, Safe Zone implementation, includes a program that involves communication and joining (Jelvota & Fish, 2005). The authors describe the program as, “under the Safe Person program, a designated safe person in the school system serves as a representative
of the school to the GLBT community. This person serves as a mediator who can coordinate and problem solve effectively to maintain open communication between different groups within the school” (P. 29). The Safe Zone is then established by the safe person who designates their classroom or office as a welcoming place to GLBT students. Incorporating these specific interventions may provide a more positive school climate that could encourage growth and knowledge around GLBT students and community.

Reiss (1997) offers multiple aims in which sexual orientation can be taught in the school system. He stated that the three main aims include: facilitating knowledge about homosexuality and heterosexuality (i.e., what makes an individual attracted to another), enabling students to understand each other’s different opinions and positions with the use of empathy and appreciation, and guiding students in determining their own values and beliefs. Reiss (1997) suggests,

it is important that teaching in this area neither problematises nor stigmatizes either homosexuality or heterosexuality. In most cases, of course, it is more likely that homosexuality will be discriminated against. A teacher may unwittingly use “them” to refer to homosexuals and “us” to refer to heterosexuals when a more neutral approach is to use phrases such as ”someone who is homosexual” and ”someone who is heterosexual.” Such an approach may strike some as long winded and unnecessarily “politically correct”. However, a generation or more of familiarity with non-sexist and non-racist language, has helped to sensitize teachers and students to the advantages of non-prejudicial language (Reiss, 1997, p. 6).

Besides language, the author describes meeting his three main aims by introducing students to multiple views on sexual orientation and encouraging students to explore what it may
be like to have an opposing sexual orientation. This aim may include discussion on religious beliefs, institution of marriage, public and private views of morality, readings on various topics, as well as role plays and creative writing. While avoiding the topic all together is common in schools, Reiss (1997) suggests the harm outweighs the benefits. For example, “At the present time, however, in most countries there are strong arguments for school teaching about sexual orientation. Such teaching is increasingly desired and can do significant good” (Reiss, 1997, p. 8). Although dated, Reiss makes invaluable points on the importance of implementing education geared toward a wide array of sexual orientations. Also, he provides practical ways in which teachers and schools can exercise equal rights and education for all.

Advocates suggest that health care for the LGBT population needs to be reformed to meet the need of society, not inclusively in the school setting. “Thus, the establishment of culturally competent health care systems (i.e., the integration of knowledge, attitudes, behaviors, practices, and policies that enable effective, quality health services in cross cultural situations) has been identified as fundamental for achieving the public health mission” (Corliss, Shankle, & Moyer, 2007, p. 1023). Furthermore, the authors discuss the unique medical needs of the LGBT population that have been previously studied. Unique medical needs may include high rates of mental health issues, substance use and abuse, and violence related to discrimination. Corliss et al., (2007) also suggested that the LGBT community may experience particular barriers in accessing and using appropriate health care. For instance, one of these barriers may be a lack of medical benefits offered to same sex or domestic couples. Many of these limitations for the LGBT community can be addressed in the school system as well as the larger health care organization. Solutions may include: supporting LGBT research, hiring LGBT staff, offering same sex partner benefits, and expanding the LGBT health curriculum.
Conclusions

Review

Sex education has been a long standing debate which was created to control sex prior to marriage. Abstinence only sex education has been the dominant force within the school system and public policy. Some educators, parents, and political figures believe that students should not be learning about sex and abstaining is the only way (Stanger-Hall & Hall 2011, Walcott et al., 2011, Randall 2011, Fields 2012). Others believe that abstinence only programs harm students due to leaving students with a lack of knowledge and depleting their right to know about safe and healthy sex. Research has shown that students who are taught abstinence only are not refraining from sex any more than their peers receiving different sex education. Many authors have suggested a more comprehensive sex education program that not only discusses safe sex (condoms, birth control etc) but also discusses: healthy relationships, same-sex, anatomy, STD’s, AIDS and more (Weaver et al., 2005, Fields 2012). It appears that compared to abstinence only sex education programs, students gain more knowledge and have better experiences with a comprehensive program. Despite a possible step in the right direction, LGBT students are often still excluded from curriculum which may be linked to an abundance of discrimination toward this population.

Research has shown that LGBT students face more discrimination than their heterosexual peers (Adams et al., 2004; O’Higgins-Norman 2009; Kennedy & Covell, 2009). Besides experiencing discrimination and bullying from their peers, teachers and staff have also participated in discrimination in the form of: derogatory language, minimizing harassment, and lack of correction of discriminatory behavior. The effects of bullying and discrimination on LGBT students are profound. These students may experience: a drop in grades, higher absences,
anxiety, depression, isolation, high suicide rates, and low self-esteem. School policy on discrimination and bullying has proven to have little effect on actual rates of discriminatory behavior although some students feel safer with these policies set into motion (Hansen, 2007). Programs such as Gay-Straight Alliance have resulted in better relations and a more positive school climate for LGBT students. However, the existing lack of knowledge about LGBT students may be alleviated by adding information about and for LGBT students into the sex education curriculum and school curricula as a whole (Mayberry, 2006).

LGBT students who have been interviewed about their sex education experiences stated that it was useless in providing them with information that would pertain to their sexuality (Hillier & Mitchell 2008; Formby 2011; Gowen & Winges-Yanez, 2014). Students who did not identify at LGBT also noted the lack of information about homosexuality and homosexual practices in their school’s sex education. Some authors reported that this lack of sex education for all sexualities is undemocratic and an injustice against students (Elia & Eliason, 2011). While the lack of knowledge and sex education has been stated by multiple authors, implications for the future or schools who are currently practicing a reformed sex education program have been scarce. The little research that does exist is primarily implemented in other countries. A larger health care reform that would reach the needs of all LGBT individuals were discussed with school implications included.

Further Questions and Future Implications

Future research may want to focus on how sex education for LGBT students can be implemented into the school system. This implementation may include adopting an example of a curriculum that has been implemented in other countries. Also, schools that have already implemented said practices warrant outcome studies. These outcome studies may include: if this
Form of sex education is reaching the correct population, is having positive or negative results, or is it providing students with correct information on the LGBT community. Future research may also focus on what LGBT students are expecting or needing from their sex education experience versus focus on lacking of education.

School counselors and psychologists may benefit from taking special interest in this topic. Many LGBT students are considered at risk and struggle profoundly with mental health issues. School counselors and school psychologists are individuals who are trained in mental health and interventions can apply their skills to LGBT students. School psychologists and counselors can also advocate for the needs of LGBT students and systemic changes in the school system.

In conclusion, awareness of the lack of sexual and health education for LGBT students has only begun to be addressed. In order to best serve our youth, we need to reform our sex education policies, although this is no easy task. LGBT students face discrimination and bullying every day which is upheld by the larger society and public policy. In order to move forward professors, school officials, mental health practitioner, parents, political figures, and students need to advocate for the rights of each unique individual student.
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