LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools



SOURCE: AP/Alan Diaz

In this photo taken Sept. 10, 2010, sex-education teacher Shayna Knowles gestures during class.

By Hannah Slater | June 21, 2013

Earlier this year, the late Sen. Frank Lautenberg (D-NJ) and Rep. Barbara Lee (D-CA) reintroduced the Real Education for Healthy Youth Act in both the Senate and the House of Representatives. This legislation would authorize grants for comprehensive sex-education programs that are inclusive of lesbian, gay, bisexual, and transgender, or LGBT, youth. Specifically, it would require comprehensive sex education to cover sensitive and respectful discussions of gender, gender identity, and sexual orientation, among other topics.

Currently, sex-education standards vary widely across the country, leaving many American youth uninformed about basic anatomy, healthy relationship skills, and safer sex practices. On top of this, LGBT youth face particular challenges. Sex-education materials often assume students are heterosexual and nontransgender. Many sexeducation curricula do not mention sexual orientation or gender identity at all, and some that do discuss it only in a negative light. This not only prevents LGBT students from learning the information and skills they need to stay healthy, but it also

contributes to a climate of exclusion in schools, where LGBT students are already frequent targets of bullying and discrimination.

All youth deserve education that empowers them to make healthy, informed decisions about their relationships and their bodies, and the Real Education for Healthy Youth Act would help make this possible. When considering this bill, Congress should keep in mind the ways in which this legislation would positively impact LGBT youth.

Comprehensive sex education benefits all students, including LGBT youth

There is abundant evidence that comprehensive sex education is effective at reducing high-risk sexual behaviors, promoting safer sex practices, and preventing pregnancy and sexually transmitted infections. Meanwhile, no abstinence-only programs have been proven effective at achieving those results or at significantly delaying sexual activity—their intended purpose.

Sex education is only legally mandated in 22 states plus the District of Columbia. Of these, only 12 mandate teaching about contraception, and only 7 require that the information be medically accurate. With such spotty coverage and irregular standards, comprehensive sex education does not reach nearly enough youth, resulting in dangerous ignorance. Among those ages 18 to 19, 41 percent say they know little to nothing about condoms, and 75 percent say they know little to nothing about the contraceptive pill.

Comprehensive sex education is critical to young people's sexual health, and passing the Real Education for Healthy Youth Act can improve the knowledge and well-being of students across the country, including LGBT youth.

LGBT youth are disproportionally affected by negative sexual-health outcomes

Young men who have sex with men, who may identify as gay or bisexual, account for more than two-thirds of new HIV infections among people ages 13 to 29. Within this group, men of color are particularly affected. Additionally, men who have sex with men account for about two-thirds of new syphilis cases, and the Centers for Disease Control and Prevention reports that incidence in this community may be rising.

Young women in high school who identify as lesbian, gay, or bisexual are more likely to contract an STI and more likely to become pregnant than those who identify as heterosexual or questioning. They are also more likely to have experienced coerced sexual contact. Young women who have had both male and female partners are at the highest risk of coercion and dating violence.

Among transgender people, HIV prevalence rates are more than four times the national average, and transgender women of color are particularly affected.

Transgender and gender nonconforming youth also experience high rates of sexual violence, particularly transgender and gender nonconforming youth of color.

Because LGBT youth experience more negative sexual-health outcomes than their heterosexual peers, they would especially benefit from effective and inclusive sex education.

Sex education often excludes and even promotes prejudice against LGBT youth

Currently, sex-education programs do not reliably talk about sexual orientation and gender identity, and when they do, the information can be inaccurate and deeply negative. Only 12 states require discussion of sexual orientation in sex education, and, of those, three require the teaching of inaccurate and negative information. In Alabama, for example, sex educators must teach that "homosexuality is not a lifestyle acceptable to the general public" and that "homosexual conduct is a criminal offence under the laws of the state." The Supreme Court invalidated that state law 10 years ago. There are also seven states where positive discussion of being gay is prohibited in schools. No states currently mandate discussion of gender identity in sex education.

A national survey found that only 4 percent of LGBT youth in middle school and high school report having any positive discussion of LGBT people or issues in their health classes. A female senior in high school wrote, "Because my school's health program ignores the gay students, I have been pretty clueless about safe sex. I had to find information on my own on the internet because non-straight students are ignored." Too many schools fail to provide LGBT students with inclusive information, leaving them dangerously underinformed about safer sex and healthy relationships.

Leaving out LGBT youth in sex education also implies that they are abnormal or not worthy of inclusion. Many sex-education curricula assert heterosexuality as the norm and leave no room for deviation, with materials containing statements such as, "What do guys talk about in the locker room? (Girls) What do girls talk about at sleepover parties? (Guys)." This type of exclusion contributes to the feelings of isolation and rejection that LGBT youth experience all too frequently.

Some curricula go even further and make explicitly negative statements about LGBT people and relationships. One teacher's manual states, "Any same sex 'sexual experimentation' can be confusing to young persons and should be strongly discouraged." In other programs, educators are instructed to call being gay "unnatural" and to tell students that people with HIV or AIDS are "suffering" for the "choice" they made to be gay. These types of disparaging comments perpetuate misconceptions and carry moral judgment, contributing to LGBT students' alienation.

Abstinence-only-until-marriage curricula are particularly exclusionary to LGBT students, as they teach that sex is only permissible within a heterosexual marriage. For example, one curriculum states, "The only safe sex is in a marriage relationship where a man and a woman are faithful to each other for life." Many programs teach that

nontraditional families are inferior, and that children of divorced or same-sex parents are worse off than children of married, heterosexual parents, encouraging prejudice against LGBT students and the children of LGBT parents.

Exclusion and condemnation of LGBT people is shamefully common in sex education, leading to dangerous ignorance and contributing to hostile school environments. The Real Education for Healthy Youth Act would combat this by funding sex education that includes LGBT youth and discusses issues of sexual orientation and gender identity in an accurate and sensitive way.

Hostile school environments hurt LGBT youth

Sex-education programs that encourage prejudice against LGBT students in schools contribute to a wide range of negative outcomes for these young people.

Unsafe school environments prevent LGBT students from reaching their full academic potential. LGBT students who experience frequent harassment at school report lower grade-point averages than those who are not harassed, and nearly one in three LGBT students has skipped class because they feel unsafe.

Stigma and discrimination in school also lead to disproportionately high rates of mental-health issues and substance abuse among LGBT youth. Students who experience higher rates of victimization in school based on their sexual orientation or gender expression have lower self-esteem and higher rates of depression. Lesbian, gay, and bisexual youth are four times more likely to attempt suicide than their straight peers, and more than half of transgender and gender nonconforming youth who experience harassment, assault, or discrimination in school attempt suicide. In what is called the minority stress effect, LGBT youth may use tobacco, drugs, and alcohol to cope with the stress of stigma and discrimination, resulting in disproportionately high rates of substance abuse.

There is increasing evidence that positive discussion of LGBT people and issues helps build safer school environments, decreasing the educational, mental, and physical harms that LGBT students experience. LGBT students whose curricula include, for example, positive discussion of LGBT people, history, and events hear fewer homophobic remarks and feel safer in school than students without inclusive curricula.

Implementing LGBT-inclusive sex education under the Real Education for Healthy Youth Act would improve school environments for LGBT youth, helping them feel safer and reducing the harmful effects of stigma and discrimination.

There is broad support for LGBT-inclusive, comprehensive sex education

Most parents, medical organizations, and educational organizations support the teaching of LGBT-inclusive, comprehensive sex education in schools. National surveys reveal that 93 percent of parents of junior high school students and 91 percent of

parents of high school students believe it is important to teach sex education in schools, and that 80 percent of parents of junior high school students and 73 percent of parents of high school students believe sexual orientation is an appropriate topic for inclusion. Parental support for comprehensive sex education cuts across political and religious lines.

Additionally, many organizations, including the American Medical Association, the National Education Association, and the U.S. Department of Health and Human Services, all support LGBT-inclusive, comprehensive sex education.

Policies supporting comprehensive sex education such as the Real Education for Healthy Youth Act align with both parents' preferences and expert recommendations concerning the health and well-being of students.

Conclusion

All American youth, including those who are LGBT, are in dire need of inclusive sex education to improve their health outcomes and help build safe school environments where they can thrive. While further action will be necessary to end the teaching of inaccurate, exclusionary, and ineffective abstinence-only programs, Congress can make comprehensive, inclusive sex education a reality for more LGBT youth across the country by passing the Real Education for Healthy Youth Act.

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