

The Missing Chapter – Queer Youth in Sex Ed

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TABLE OF CONTENTS

Abstract	3
Introduction	4
Entwined Histories	
Sex Education in the U.S.	5
U.S. LGBTQIA+ History and Sexual Health	7
Present Impact	
State of Policy	11
LGBTQIA+ Inclusive Sex Education	13
Harms and Taboo	14
Student and Educator Efforts	17
Visualization	18
Conclusion	20
Appendix	21
Bibliography	25

ABSTRACT

Sex education in the United States has long reflected the topics that adults want to avoid rather than what young people need to understand. Codified both culturally and legally, sex education has tried to balance fear of sexual contagion and risk with an idealized vision of sex as foundational to family and society. Queer identities, often erased or stigmatized, have been a hidden force in that tension. Today, a resurgence of censorship laws target gender and sexuality in schools, even as new research underscores the stakes for queer youth.

This visualization is a web-based narrative exploring the history and ongoing impact of LGBTQIA exclusion in U.S. sex education. Through a layered photographic timeline, excerpts from standing legislation, and interactive data on student mental health, the project reveals both the harms of exclusion and the potential of inclusive sex education to support queer youth wellbeing.

INTRODUCTION

Sex education in secondary schools has long been a contentious topic in the United States, with debates centering on what content should be included and how it should be presented. One particularly significant area of contemporary discussion is the inclusion of LGBTQIA+ health and identities in sex education curricula. LGBTQIA+ is the acronym for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual people. While some states have taken legislative steps to ensure LGBTQIA+ inclusivity, others have enacted policies that limit or outright ban discussions on sexual orientation and gender identity in the classroom. This project examines the landscape of LGBTQIA+ inclusive sex education in the U.S., situating current debates within their historical context and evaluating the barriers to implementation alongside implications for student well-being and public health.

As of recent years, nine states and the District of Columbia have implemented policies requiring that sex education be inclusive of LGBTQIA+ individuals.¹ These policies vary in scope, with some states mandating comprehensive, affirming instruction, while others only require LGBTQIA+ topics to be addressed if sex education is offered. Meanwhile, seven states have passed LGBTQIA+ inclusive curricular standards laws, ensuring that educational materials across subjects incorporate affirming representation.² However, these advances have been met with increasing resistance. Between 2021 and 2024, multiple states have passed legislation either requiring parental notification and opt-outs for LGBTQIA+ inclusive instruction or censoring content related to LGBTQIA+ identities altogether. Eleven states currently have laws explicitly restricting or banning instruction on LGBTQIA+ topics in schools.³

There is increasing evidence that positive discussion of LGBTQIA+ people and issues helps build safer school environments, decreasing the educational, mental, and physical harms that LGBTQIA+ students experience.⁴ Research underscores that LGBTQIA+ inclusive sex education contributes to higher reports of safety at the individual and school levels.⁵ Conversely, exclusionary curricula can reinforce stigma, misinformation, and health disparities.

This evolving landscape highlights the dangers of misinformation, particularly as seen in recent federal developments. Efforts such as the Executive Order titled: Defending Women From Gender Ideology Extremism And Restoring Biological Truth To The

¹ “Movement Advancement Project | LGBTQ Curricular Laws.”

² “Inclusive Curricular Standards Policies | GLSEN: Navigator.”

³ “Roundup of Anti-LGBTQ+ Legislation Advancing In States Across The....”

⁴ “The 2021 National School Climate Survey.”

⁵ “LGBTQ-Inclusive Curricula.”

Federal Government⁶ distort scientific consensus in favor of patriarchal opinions, and contribute to public confusion. This type of high profile action emphasizes the urgency of ensuring that students receive accurate, comprehensive, and inclusive sex education.

It is clear that the policies governing LGBTQIA+ inclusive sex education reflect broader societal and political dynamics. As legal battles and policy shifts continue, this project highlights the importance of ensuring that all students receive comprehensive, affirming, and medically accurate sexual health education. By analyzing the state of LGBTQIA+ inclusion in sex education, this project aims to contribute to ongoing discussions about equity, public health, and the rights of LGBTQIA+ youth in American schools.

A HISTORY OF SEX EDUCATION IN THE U.S.

Sex education programs in U.S. public schools began in the 1920s when education in general was developing broader aims to educate students holistically, rather than through memorization. Compulsory education laws were enacted in all states by 1918, legislating attendance for elementary school. Views were shifting optimistically to education's ability to fix many of society's social ills by instilling civic responsibility and understanding of the American way of life. Among the problems to fix in society was the prevalence of venereal diseases, especially syphilis and gonorrhea which, prior to the development of antibiotics becoming standard in the 1940s, were not treatable. Now referred to as STIs (sexually transmitted infections), these continue to be a primary concern of modern sex education.

In *Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education* Julian B Carter discusses that another pressing issue of this era was a decline in the birth-rate of middle-class native born Anglo-Americans who closely held their claim to the core of American identity. Apart from immigration, and rising divorce rates, venereal diseases were to blame for the perceived disintegration of the American family. The balance people sought to strike throughout the history of sex education is one of increasing adolescent understanding without encouraging adolescent sexual behavior. Carter states, "The chief danger was always presumed to be that sexual knowledge would somehow transform itself into sexual activity."⁷

Carter discusses two approaches taken to this task, one focused on contagions beginning in the 1910s and another picking up in the 1920s focused on human development.

⁶ "Defending Women From Gender Ideology Extremism And Restoring Biological Truth To The Federal Government."

⁷ Carter, "Birds, Bees, and Venereal Disease."

Contagion themed education elicited emotions of fear and disgust to distress students about the dangers of premarital contact. This resulted in young girls claiming to be so afraid of young men after hearing about the dangers to themselves, that they could hardly speak to them. This then led to reactions cautioning too much knowledge of the abnormal side of sex for fear of stopping normal development. Carter says “Such comments hint at a fear that the knowledge of contagion could undermine heterosexual romance, possibly driving girls into a life of celibacy or lesbianism.”⁸ He notes that educators did not fear the truthfulness of disease in education for boys.

While the horrors of disease may have kept some students from participating in prenuptial sex, it did nothing to promote the wholesome nature of postnuptial sex that proponents hoped would instill a desire for married life and raising a family.

People began to view the contagion approach as too much emphasis on the dangers and not enough promotion of the ultimate goal of healthy parenthood. Development themed education leaned the other way, painting procreation as a beautiful fact of life that, like other natural beauties, could be wasted by ignorant or thoughtless exploitation.

In Carter’s explanation he references Harry Moore’s *Keeping in Condition: a handbook on training for older boys* which states “Those things which waste the strength and energies of youth are to be regarded as much greater dangers to the welfare of the nation than business activities which endanger our forests, soil, mines, and water power.”⁹ Sexual acts, it implies, are a waste of the energy and strength of youth. For context this handbook was published in 1916, the same year that the National Parks Service was established with the mission of protecting natural resources for future generations.

The morals of conservation appealed to many at that time who appreciated that a development approach positioned sex primarily as the foundation of the family and promoted the belief that monogamy was biologically natural for human beings. It taught sex education in stages, as a beautiful natural occurrence that all species engaged in without any erotic or genital related specifics. Children often learned about literal birds and bees, and the anthropomorphic family values demonstrated by their nesting styles. It was emphasized that two bonded parents were necessary for the reproductive process and their devotion raised healthy young.

Content was tailored to the ages of the participants with higher order animals (bees to birds to frogs) anthropomorphized to demonstrate increasingly complex topics, though specifics of sexual activities and what acts humans might engage in were not addressed. As with a contagion approach the primary objective was premarital chastity and marital monogamy. In the modern sexual zeitgeist, contagion and development themes

⁸ Carter.

⁹ Moore, *Keeping in Condition*.

continue to be prevalent, especially among religious perspectives, through stigmas around purity of individuals and the responsibility for devoted family life.

Sex education curricula in its current form is most often divided into two types: abstinence-only sex education or comprehensive sex education. Abstinence-only sex education first received federal funding through the Adolescent Family Life Act in 1981. It typically promotes refraining from sex until marriage as the only completely effective method of birth control. The focus is exclusively on avoiding sexual behavior and not on topics such as contraception. Comprehensive sex education, on the other hand, includes accurate information on topics other than abstinence, such as contraception, pregnancy, and healthy relationships.¹⁰ The dichotomy represented by abstinence-only and comprehensive approaches often comes down to what Americans have coded “family values” and perspectives on the role of public institutions in teaching about taboo topics. In a 2017 paper Kaitlin Bodnar and Samantha Tornello review that “In general, comprehensive sex education has been found to have a positive impact, while abstinence-only education has no impact or a negative impact on sexual health behaviors.”¹¹ Typically these studies consider a positive impact to be a decrease in sexual activity, fewer lifetime partners, and an increase in the use of condoms among young adults.

The World Health Organization in coordination with the World Association for Sexual Health (WAS) states that “sexual health is a state of physical, emotional, mental and social well-being related 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 pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”¹² They acknowledge that “By providing children and young people with adequate knowledge about their rights, and what is and is not acceptable behaviour, sexuality education makes them less vulnerable to abuse.”¹³

The WAS declaration of sexual rights includes “The right to education and the right to comprehensive sexuality education: Everyone has the right to education and comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality, and a positive approach to sexuality and pleasure.”¹⁴

¹⁰ “Guideline.Pdf.”

¹¹ Bodnar and Tornello, “Does Sex Education Help Everyone?”

¹² “The World Association for Sexual Health (WAS) | Sexual Health and Rights.”

¹³ “Comprehensive Sexuality Education.”

¹⁴ “sexualRights_WAS.Pdf.”

U.S. LGBTQIA+ HISTORY AND SEXUAL HEALTH

The acronym LGBTQIA+ refers to Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual people. It is an umbrella term for people who are not cis-gender or are not heterosexual (straight). Each of these identities has faced unique discrimination within U.S. history and within the context of sex education. When less than this full acronym is used within this paper it matches which identities the cited research represents.

As of 2021, there are about 13,942,000 LGBT adults within the US, which is 5.5% of the adult population.¹⁵ In 2020, there was an estimated total of 1,994,000 LGBT youth age 13 to 17 in the US, representing about 9.5% of that age population. Overall, polls have shown an increasing percent of the U.S. population identifying as LGBTQ+ over the past decade.¹⁶

A significant occurrence within LGBTQ history coincides with U.S. sex education history with the impact of the AIDS (Acquired Immunodeficiency Syndrome) epidemic in the 1980s and 90s. A catalyst for queer community and activism, the AIDS epidemic most strongly affected highly stigmatized groups including gay men. In the US, ten percent of men aged 25-44 who identified as gay had died by 1995.¹⁷

The population percentages above, though undoubtedly larger for younger populations, should not discount that around 1,600,00 lives were lost from the cohort of gay men born 1951-1970. Initially mislabelled as Gay-Related immune epidemic, the stigma around it hindered government support and development of treatment.¹⁸ Men who have sex with men continue to be disproportionately affected by Human Immunodeficiency Virus or HIV (the virus that can progress to AIDS). According to the CDC (Centers for Disease Control and Prevention), “Social and structural issues—such as HIV stigma, homophobia, discrimination, poverty, and limited access to high-quality health care—influence health outcomes and continue to drive inequities.”¹⁹

We know that “LGBTQ young people continue to report significantly high rates of mental health challenges and suicide risk and that experiences of anti-LGBTQ stigma and victimization are associated with these disparities.”²⁰ The 2023 Trevor Project survey of more than 28,000 LGBTQ young people ages 13 to 24 across the country found that “24% of LGBTQ young people reported that they were physically threatened or harmed in the past year due [2022] to either their sexual orientation or gender

¹⁵ thisisloyal.com, “Adult LGBT Population in the United States.”

¹⁶ Inc, “LGBTQ+ Identification in U.S. Now at 7.6%.”

¹⁷ “The AIDS Epidemic’s Lasting Impact on Gay Men.”

¹⁸ sf-lgbt, “Looking Back.”

¹⁹ CDC, “Fast Facts.”

²⁰ News, “The Trevor Project’s Annual U.S. National Survey of LGBTQ Young People Underscores Negative Mental Health Impacts of Anti-LGBTQ Policies & Victimization.”

identity, and those who were reported triple the rate of attempting suicide in the past year compared to those who were not.”²¹ The impact of homophobia, transphobia, bias-based harassment and bullying is undeniably a critical concern for young people’s mental and physical health. Within the past year (2022 for this study), 18% of transgender and nonbinary people aged 13-24 attempted suicide. Across the board, young people who had access to affirming homes and schools reported much lower rates of attempting suicide in the past year.

Among the impacts on mental and physical health, bias-based harassment leaves young people vulnerable to poor health outcomes in sexual health. Sexual minority youth, adolescents and young adults who experience same-sex attraction and/or behaviour are at a disproportionate risk for negative sexual health outcomes including HIV and other STIs.²² Among sexual risk behaviors that sexual minority youth engage in at higher rates are sexual intercourse before age 13, having numerous partners and less frequent use of condoms and/or birth control.²³

Overall sexual and gender minority youth experience negative sexual health outcomes at higher rates than their heterosexual peers. Young men who have sex with men are at a disproportionately high risk of becoming infected with HIV.²⁴ Lesbian and bisexual girls are at a greater risk of STIs, often due to limited knowledge of the risk for STI transmission during female-to-female sex and limited knowledge of female specific barriers.²⁵ Additionally, though in adult studies and over wide age ranges, lesbian and bisexual women have lower rates of pregnancies (for all outcomes) than heterosexual women, in teen samples the reverse is true. Lesbian and bisexual adolescents have higher rates of unplanned pregnancies.²⁶ This 2016 study conjectures that, “Higher rates of pregnancy in LB adolescents might follow their being more adventurous or sexually active in general, more forced or unplanned sex without contraception, or if they experiment with heterosexuality to persuade themselves that they are hetero-sexual.” They suggest that appropriate information should be provided to all women, without assumptions about their desire for or against childbearing.

Lesbian, gay and bisexual youth are also at increased risk of experiencing both victimization and perpetration of physical dating violence, psychological abuse, cyber

²¹ News.

²² Armstrong et al., “Individual-Level Protective Factors for Sexual Health Outcomes among Sexual Minority Youth.”

²³ “Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9--12 --- Youth Risk Behavior Surveillance, Selected Sites, United States, 2001--2009.”

²⁴ Halkitis, Kapadia, and Ompad, “Incidence of HIV Infection in Young Gay, Bisexual, and Other YMSM.”

²⁵ Doull et al., “Why Girls Choose Not to Use Barriers to Prevent Sexually Transmitted Infection During Female-to-Female Sex.”

²⁶ Hodson, Meads, and Bewley, “Lesbian and Bisexual Women’s Likelihood of Becoming Pregnant.”

dating abuse and sexual coercion than heterosexual youth.²⁷ This 2014 study found that sexual coercion is experienced by LGB youth at almost twice the rate of heterosexual youth (23.2% vs. 12.3%). Transgender and female youth were at greater risk of all forms of victimization than male youth.

Transgender youth are more likely than cisgender youth to report engaging in sexual intercourse before the age of 13 years, having had sexual intercourse with four or more persons, and no method to prevent pregnancy at last sexual intercourse.²⁸ (however risk of pregnancy is unknown without further information on the individuals involved.) Transgender youth have reported high rates of dating violence, with 88.9% reporting experiences of physical violence as compared with 29.9% among all youth, and 61.1% reported sexual coercion as compared with 13.0% among all youth.²⁹ A 2019-2020 survey from the Trevor Project found that “LGBTQ youth who experienced physical dating violence in the past year had significantly greater odds of reporting a past-year suicide attempt.”³⁰

According to a report from the Trevor Project’s 2023 U.S. National Survey on the Mental Health of LGBTQ Young People, “Nearly half of LGBTQ+ young people ages 13-18 (49%) reported that they had been forced to do “sexual things” that they did not want to do in the past 12 months.”³¹ We also know that even within that statistic, intersectional identities such as BIPOC youth and those facing economic struggles reported higher rates of having ever experienced forced sexual contact than their white or economically stable LGBTQ+ peers. Each additional occurrence of forced sexual contact is associated with a 32% higher odds of a past-year suicide attempt for the LGBTQ+ young people who reported those experiences.

Lastly, in a broad strokes overview of U.S. history as it relates LGBTQ+ identities and sex education we cannot overlook the fight for nationwide marriage equality. Beginning with the overturn of state sodomy laws- which define certain sexual acts as crimes- in the 1970s through early 2000s, strategic legislative and social campaigns helped grow national support that led to the Supreme Court ruling *Obergefell* in 2015 and federal Respect for Marriage Act in 2022. Underneath these national rulings, 33 U.S. states still have either constitutional amendments or legislative statutes (and 24 have both) banning marriage for same-sex couples. The 2015 ruling means these bans are unenforceable.³²

²⁷ Dank et al., “Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth.”

²⁸ Johns, “Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017.”

²⁹ Dank et al., “Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth.”

³⁰ “Physical Dating Violence and Suicide Risk among LGBTQ Youth.”

³¹ “Sexual Violence and Suicide Risk among LGBTQ+ Young People.”

³² “Movement Advancement Project | Marriage Recognition Laws.”

Abbie E. Goldberg, Affiliated Scholar at the Williams Institute and Professor of Psychology at Clark University says, “While many LGBTQ+ people did not consider marriage a possibility growing up, it has made a profound difference in their lives, offering a greater sense of security, the ability to make important decisions together, and increased acceptance from both society and family.”³³

Amongst many issues faced by the LGBTQIA+ community, marriage equality rose to the top through a cooperative push from a coalition of LGBTQ justice groups fueled by donor priorities. With growing support over two decades, the movement made a conscious pivot to focus arguments from the message of rights and benefits towards the now common slogan “Love is Love” positioning same-sex marriage in public sentiment to represent the same themes of home, family, and commitment that development focused sex education has long attempted to uplift.

Evan Wolfson, the founder of the organization Freedom to Marry explains, “Most gay people want to get married, and, because being denied marriage is being denied something very important, in both tangible and intangible ways, it was worth fighting for.... By winning marriage, I believed, we would be claiming a language of love, commitment, family, inclusion, dignity, and freedom, which was the non-gay people’s language, and, by claiming their vocabulary and their language, we would be seizing an engine of transformation that would change how non-gay people understood who gay and trans people are.”

STATE OF POLICY

Currently, in March of 2025, nine states censor discussions of LGBTQ people or issues throughout school curricula. Referred to as “Don’t Say LGBTQ” or commonly “Don’t Say Gay” laws, these have been enacted from 2022 to 2025 and represent a newer wave often concerned with gender ideology, gender identity, and sexual orientation in particular with younger grades. Older laws that remain on the books in five states were enacted in the late 1980s and early 1990s and they target discussion of homosexuality, often explicitly promoting “a mutually faithful monogamous heterosexual relationship in the context of marriage.”³⁴ State laws vary widely and most (25 plus D.C.) U.S. states currently have no LGBTQ specific curricular laws. One (Connecticut) requires the state department of education to create LGBTQ inclusive model curriculum, but does not require schools to use it.

³³ thisisloyal.com, “Marriage Equality Improved Security, Stability, and Life Satisfaction for Same-Sex Couples.”

³⁴ “Citations-Curricular-Laws.Pdf.”

Though state and federal funding that school districts receive and the laws and standards they have to follow regarding sex education broadly shape the tone of sex education, district level policies and selected curriculum have greater sway over what content is included. Student experiences vary greatly from district to district across the U.S.

At the federal level, the Department of Education has no authority over sexual health education, but funds allocated primarily through the Department of Health and Human Services have been used to provide various forms of sex education over the past three decades. Funding for abstinence-only programs continues despite cancellation of a major stream in 2010. At the same time The Personal Responsibility Education Program (PREP) and President's Teen Pregnancy Prevention Initiative (TPPI) began funding evidence-based sex education interventions. Many states accept funds for both abstinence-only programs and evidence-based interventions.³⁵ Policy for a particular school district is typically set by the local school board comprised of 5-7 elected or appointed members. They may be advised by a School Health Advisory Council on health education.

The percent of secondary schools with LGBTQ inclusive health curricula increased in most states from 2016 to 2018 according to analysis of CDC data by Child Trends.³⁶ It seems both rates of inclusion and of pushback have increased in recent years with the flurry of "Don't Say LGBTQ" laws in 2022-2025 along with efforts from instructors and parents to advocate for inclusive curricula. One way that parents stop their children from accessing school provided information is through opt-in and opt-out policies. Eight states currently require parental notification of any LGBTQ related curricula for that purpose.³⁷ People who feel school provided sex education goes against their religious or political beliefs are often opponents of comprehensive sex education. These parental notification states, three of which also censor discussions of LGBTQ people or issues, allow opt-out.

Amongst the challengers to evidence-based sex education is our current executive regime. As mandated by the Trump Administration, the CDC website was recently altered to include a politically motivated disclaimer asserting that any information promoting "gender ideology" is inaccurate and disconnected from biological reality.³⁸

"Per a court order, HHS is required to restore this website as of 11:59PM ET, February 14, 2025. Any information on this page promoting gender ideology is extremely

³⁵ "Sexuality Education."

³⁶ "Only 17 States and DC Report LGBTQ-Inclusive Sex Ed Curricula in at Least Half of Schools, Despite Recent Increases - Child Trends."

³⁷ "Movement Advancement Project | LGBTQ Curricular Laws."

³⁸ CDC, "Adolescent and School Health."

inaccurate and disconnected from the immutable biological reality that there are two sexes, male and female. The Trump Administration rejects gender ideology and condemns the harms it causes to children, by promoting their chemical and surgical mutilation, and to women, by depriving them of their dignity, safety, well-being, and opportunities. This page does not reflect biological reality and therefore the Administration and this Department rejects it.”

This message undermines medically sound and evidence-based understandings of gender and sexual health underscoring the necessity of accurate and affirming LGBTQIA+ education.

IMPACT OF LGBTQIA+ INCLUSIVE EDUCATION

Using data from the 2015 Youth Risk Behavior Survey and the 2014 School Health Profiles studies have found that states where more schools teach LGBTQ-inclusive sex education have youth with lower odds of experiencing bullying in school and lower odds of reporting adverse mental health outcomes with the strongest protective associations in sexual minority youth.³⁹ Additionally, a 2008 study in California has shown that “LGBTQ-inclusive curricula were associated with higher reports of safety at the individual and school levels, and lower levels of bullying at the school level.”⁴⁰

A 2023 study evaluated the impact of inclusive comprehensive sex education program (High School FLASH) on homophobic and transphobic beliefs with 20 schools in two U.S. regions (Midwest and South). Two outcomes were demonstrated from this study. They found that a school-based sexual health education program that effectively reduces the risk of unintended pregnancy and STDs can also decrease homophobia and transphobia and that both LGBTQ participants and straight and cisgender participants experienced a reduction in phobic beliefs. This signals a decrease in both internalized homophobia and transphobia and an improvement in how straight and cisgender students perceive LGBTQ peers, which could potentially lead to a reduction in harassment and an improved school climate.⁴¹

A 2001 study compared the outcomes for gay, lesbian, and bisexual youth at schools that provided “GLB-sensitive” prevention instruction to non-GLB-sensitive HIV instruction. They learned that “GLB youths in schools where gay-sensitive HIV curricula and materials were available and teachers expressed greater confidence in being able to meet

³⁹ Proulx et al., “Associations of LGBTQ-Inclusive Sex Education with Mental Health Outcomes and School-Based Victimization in U.S. High School Students.”

⁴⁰ Snapp et al., “LGBTQ-Inclusive Curricula.”

⁴¹ Kesler et al., “High School FLASH Sexual Health Education Curriculum.”

their needs were less likely to engage in sexual risk behaviors, and that GLB youths in schools that did not provide gay-sensitive instruction were at greater risk than all other youths for HIV infection, pregnancy, suicide, and victimization.”⁴²

The assumption that all youth are heterosexual makes information not personally relevant to many non-heterosexual young people resulting in their disengagement.^{43 44} Education may lack context related to sexual minority youth to appropriately explain risks and protective measures for specific sexual acts.⁴⁵ A 2021 review of LGBTI+ inclusive sexual health education studies states that, “Three of the studies found that LGBTI + young people were unable to transfer the information they needed from classes on safe heterosexual sex to their own practice. Notably, this was not the case in reverse, whereby heterosexual youth remained engaged when sexual health information was delivered in an inclusive format.”⁴⁶ The inclusion of LGBTI + issues has positive effects on all sexualities and inclusive sex education has been shown to increase healthy sexual behaviour in the general student population.⁴⁷ Importantly, sexual behavior is not synonymous with sexual orientation. All adolescents may benefit from conversations about sexual behavior beyond vaginal intercourse which carry different risks and benefits, notably not causing pregnancy.

HARMS AND TABOO

A GLSEN report from the 2011 National School Climate Survey found that schools that only taught abstinence were more likely to be negative environments for sexual minority students.⁴⁸ These classes were less likely to positively represent sexual minority individuals. Students felt less connected to their school community and believed that their peers were less accepting of sexual minority individuals. Furthermore, students in schools with abstinence-only curricula reported hearing a higher frequency of homophobic remarks and verbal harassment about sexual orientation or gender expression.⁴⁹ When asked directly, sexual minority youth and adolescents have indicated sex education is not meeting their needs.⁵⁰

⁴² “Preventing Sexual Risk Behaviors among Gay, Lesbian, and Bisexual Adolescents.”

⁴³ Hillier and Mitchell, “It Was as Useful as a Chocolate Kettle.”

⁴⁴ Gowen and Winges-Yanez, “Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youths’ Perspectives of Inclusive School-Based Sexuality Education.”

⁴⁵ Rasberry et al., “Associations Between Sexual Risk-Related Behaviors and School-Based Education on HIV and Condom Use for Adolescent Sexual Minority Males and Their Non-Sexual-Minority Peers.”

⁴⁶ O’Farrell, Corcoran, and Davoren, “Examining LGBTI+ Inclusive Sexual Health Education from the Perspective of Both Youth and Facilitators.”

⁴⁷ O’Farrell, Corcoran, and Davoren.

⁴⁸ Kosciw et al., *The 2011 National School Climate Survey*.

⁴⁹ Peter et al., “Pride and Prejudice.”

⁵⁰ Estes, “If There’s One Benefit, You’re Not Going to Get Pregnant.”

In a systematic review of inclusive sexual health education in 2021 researchers say that “A large percentage of studies found facilitators were ill equipped to talk about sexual health with young people due to their own discomfort with the subject matter combined with a lack of training.”⁵¹ They go on to explain that from the perspective of facilitators, training and lack of information/resources to help in the delivery of sexual health was the main reason they felt unable and ill equipped to deliver LGBTI+ inclusive sexual health education. One place often identified for improvement is in the need for facilitators to develop an approach to speaking about bodies that used gender neutral or re-gendered language to avoid the binary perspective that excludes some LGBTI+ youth including nonbinary and intersex communities.

Teachers and schools are often sources of homophobic or transphobic remarks with statistics from the 2017 GLSEN report showing that “56.6% of students reported hearing homophobic remarks from their teachers or other school staff, and 71.0% of students reported hearing negative remarks about gender expression from teachers or other school staff.”⁵²

Rather than allowing educators or policymakers decision power in sex education curriculum, a common critique is that parents should have control over the knowledge their children receive. Communication between parents and adolescents about sex is associated with decreased levels of sexual risk behavior in heterosexual youth and confident parental involvement is a positive factor for health outcomes.⁵³

If educators are not equipped with the training to accurately address sex education with their students, parents are definitely not equipped either. Before youth disclose a sexual or gender minority identity, parents are likely to teach about sex under the assumption that their child is heterosexual and cisgender.⁵⁴ In some families, after disclosure, communication may be negatively affected by parental disbelief, disapproval, or even outright rejection of the child.⁵⁵

A 2020 integrated review of Parent- Adolescent sex communication with sexual and gender minority youth found that the majority of studies described youth perceptions of talks about sex with their parents as infrequent, brief, and vague. With both sexual minority and heterosexual children, parents often communicated with “short, one-sided

⁵¹ O’Farrell, Corcoran, and Davoren, “Examining LGBTI+ Inclusive Sexual Health Education from the Perspective of Both Youth and Facilitators.”

⁵² “The 2017 National School Climate Survey EXECUTIVE SUMMARY.”

⁵³ Coakley et al., “Parent–Youth Communication to Reduce at-Risk Sexual Behavior.”

⁵⁴ Bouris et al., “A Systematic Review of Parental Influences on the Health and Well-Being of Lesbian, Gay, and Bisexual Youth.”

⁵⁵ McKay and Fontenot, “Parent-Adolescent Sex Communication with Sexual and Gender Minority Youth.”

missives” such as “use protection” and among women “wait”.⁵⁶ Lack of comfort and lack of knowledge are the two major communication barriers. A 2017 study participant interviewed on their experience said “I think [my parents] ... knew almost nothing about sexually transmitted diseases as far as with the lesbian community.”⁵⁷

Many youth and adults believe that conversations about sex are important, and youth, particularly at younger ages, want to receive information about sexuality and sexual health from their parents.⁵⁸ While youth want the parents to initiate conversations it is often the parents’ desire for their child to do so.⁵⁹ In addition to the discomfort and lack of knowledge, communication tended to be limited in content and focused on HIV prevention, heteronormative, and influenced by children's disclosure of their sexual or gender minority status.⁶⁰ These factors are similar to the infrequent and awkward conversations faced by families with their heterosexual youth. Heterosexual parents may be less aware of, comfortable with, and educated about same-sex sexual behaviors, which further decreases effective communication.

A lack of inclusive education doesn’t just harm LGBTQIA+ youth. In studying factors affecting school attachment for both sexual minority and heterosexual girls, a 2015 study reinforced that homophobic and transphobic bullying is not exclusively a sexual minority student issue, with heterosexual girls who experienced harassment due to their perceived sexual identity or gender expression significantly more likely to report lower levels of school attachment.⁶¹ GSAs (school clubs for gender and sexuality or gay-straight alliance) have a positive impact on the sense of belonging of all students including heterosexual girls who form a large part of GSA membership in many schools.

Approaches to sex education, even the early contagion focused ones, and abstinence (only until marriage) models contribute to a societal understanding of the inevitability of sex and romance in one's life. This social pressure is called compulsory sexuality and it impacts everyone by positioning sex as a desire, obligation, and norm in which everyone must attempt to participate. While most educative frameworks tell students to wait, say no to, postpone, and use caution around sexual activities, and good ones additionally address the shame surrounding the topics themselves, rarely is the fact that some people never experience sexual desire mentioned in this context.

The benefit to asexual people of inclusion in sex education is to be told that their lack of sexual attraction does not make them broken, traumatized, or frigid. That they can have

⁵⁶ Goldfarb et al., “Silence and Censure.”

⁵⁷ Estes, “‘If There’s One Benefit, You’re Not Going to Get Pregnant.’”

⁵⁸ Rose et al., “Health Communication Practices Among Parents and Sexual Minority Youth.”

⁵⁹ LaSala, “Condoms and Connection.”

⁶⁰ McKay and Fontenot, “Parent-Adolescent Sex Communication with Sexual and Gender Minority Youth.”

⁶¹ Peter et al., “Pride and Prejudice.”

fulfilling experiences, relationships, and lives that do not revolve around sexuality, and that they are whole.⁶² The benefit to allosexual (experiencing sexual attraction) people is the same. The knowledge that sexual desire can vary, that no one is obligated to have sex with you and that you are not obligated to have sex with them. This is the freedom to make consenting choices. Inclusion of all aspects of LGBTQIA+ identities in sex education allows people a fuller understanding of the role of sexuality in our world, how to combat harmful narratives, and permission to build their own choices from a wide range of possibilities.

STUDENT AND EDUCATOR EFFORTS

In the absence of comprehensive relevant formal sex education, youth seek other sources of information. A primary mode of self-education on topics not covered in traditional heterosexual focused sexual health education is through online resources. This has been shown to afford LGBTI+ youth control over their sexual health needs, exploring topics such as gender identities, sexualities and surgical and non-surgical interventions for transgender individuals.⁶³

Anonymity can be especially important to LGBTQIA+ youth and searching online allows that especially for youth who have not “come out”. The benefits of Internet-based sexual health education have also been shown to improve accessibility for LGBTI+ youth, in difficult-to-reach and overlooked populations such as those in rural or remote locations.⁶⁴

Though there are many advocacy groups, prominent nonprofits organizations, and large strides being made by educators, parents, and legislators towards sex education progress, I want to focus on self advocacy that students exhibit. As Jeffery Moran discusses in his book *Teaching Sex* “the political and moral anxieties of each era found their way into sex education curricula, reflecting the priorities of the elders more than the concerns of the young.” So what are the concerns of the young? Most surveys focus on the views of parents as far as support for comprehensive sex education and inclusion of topics.

Though research in this field is limited, one survey found is from British Columbia in 2018. It asks 600 high school aged youth in focus groups and online about their sex education curriculum. The focus groups included a significantly higher proportion of

⁶² Bundy, “Q&A.”

⁶³ Haley et al., “Sex Education for Transgender and Non-Binary Youth.”

⁶⁴ O’Farrell, Corcoran, and Davoren, “Examining LGBTI+ Inclusive Sexual Health Education from the Perspective of Both Youth and Facilitators.”

LGBTQ+/2S students than a typical classroom setting, making up at least half the participants, due to targeted outreach with GSAs and community advocates, as well as greater interest in participating from the LGBTQ+/2S demographic. Students reported wanting sex education that is relevant, standardized, delivered by knowledgeable educators, and fun.

VISUALIZATION

The data visualization project was informed by all of the context discussed thus far, with the aim of pulling together both historical moments and impactful research as a guided story of this complex topic. Arising from the less publicized nature of the topics integrated in this project, data was sourced primarily from subject specific reports and published research papers. The below table details each source with its in-project use.

Title	Date	Use	Access
LGBT Youth Population in the United States	2020	Reactive population numbers by state or all of the U.S. as shown in Fig.3.	https://williamsinstitute.law.ucla.edu/publications/lgbt-youth-pop-us/
Movement Advancement Project LGBTQ Curricular Laws	2025, updated as needed	Information to inform Fig. 3 & 4 law overview and years with links to source laws	https://www.lgbtmapping.org/equality-maps/curricular_laws
Trevor Project: 2023 U.S. National Survey on the Mental Health of LGBTQ+ Young People	2023	Statistics represented in Fig. 5 and half of Fig. 6	https://www.thetrevorproject.org/survey-2023/
Trevor Project: 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People	2024	Statistics represented in half of Fig. 6	https://www.thetrevorproject.org/survey-2024/

GLSEN: The 2017 National School Climate Survey	2017	Statistics as comparison in Fig. 7	https://www.glsen.org/sites/default/files/2019-12/Full_NSCS_Report_English_2017.pdf [appendix page 162-165]
GLSEN: The 2021 National School Climate Survey	2021	Statistics as comparison in Fig. 7	https://www.glsen.org/sites/default/files/2022-10/NSCS-2021-Full-Report.pdf [pg. 103, 106, 108, 110]
Associations of LGBTQ-inclusive sex education with mental health outcomes and school-based victimization in U.S. high school students (by C.N. Proulx)	2019	Baseline numbers and rates of change by demographic in Fig. 8	https://pmc.ncbi.nlm.nih.gov/articles/PMC6478545/

In addition to these valuable data sources, attribution is necessary to the generous artist Pablo Stanley of the Open Peeps illustration library from which the faces and figures of the data representation are created. The peeps headshots, seen in Appendix Fig. 5, 6 & 8 draw their outline and expressions from multiple customized decks of options allowing combinations of attributes to represent the diversity of human lives.

Another visual aspect tailored to represent queer people is color choice. Purple has seen frequent use within LGBTQ community over the past century. In the 1930s gay men were taunted for displaying “a streak of lavender”. The derogatory association continued with the term “lavender lads” in the 1950s which inspired the title *The Lavender Scare* for David Johnson’s 2004 book studying the anti-homosexual campaign of that time.⁶⁵ Similarly, lesbians in the 1970s were called “lavender menace” for including lesbianism in the feminism of the emerging women’s movement. Some feminist lesbians reclaimed the term, organizing under the banner of the Lavender Menace to challenge their exclusion and demand visibility.⁶⁶ Today, the use of purple relates not just to this history

⁶⁵ “How Lavender Became a Symbol of LGBTQ Resistance | CNN.”

⁶⁶ Goodman, “How the Lavender Menace Fought for Lesbian Liberation in the 1970s.”

of reclamation, but is also used to symbolize blending as seen in the nonbinary and bisexual flags.

In this presentation, purple is used to indicate areas of new information, while its complementary orange highlights interactive elements. This color pairing guides the user through information-dense sections with a clear emphasis on where to click and what changes to pay attention to.

The overall narrative is designed for guided exploration. While users have flexibility in how much they interact, the experience unfolds in a linear sequence—bringing audiences from the entwined histories of sex education and queer exclusion to their present-day impact. Visual language plays a central role in this process, not only enhancing clarity, but affirming identity. These design choices serve the dual purpose of storytelling and inclusion, ensuring that both the content and the form of the project reflect the message they represent.

CONCLUSION

The priorities of decision makers have long aligned with a “basic tenet of sex education: it must be unlike all other kinds of education, in that it must not seek to create interest and awaken curiosity in the subject in which it deals.”⁶⁷ Yet it is precisely that curiosity—paired with access to comprehensive, accurate information—that supports young people in making informed, empowered decisions about their health and identities.

As this project shows, LGBTQIA+ youth have been systematically excluded from sex education, not only through omission but through targeted restrictions. The legacy of fear-based, heteronormative instruction continues to shape school environments and student outcomes today. But data from recent studies and student-led advocacy suggest a clear alternative: inclusive sex education not only meets the needs of queer youth, it improves school climate and well-being for all students.

By visualizing these connections across history, policy, and health, this project affirms that inclusion is not just an educational enhancement—it is a necessity. Young people—especially those who are LGBTQIA+—have both a clear interest in and a right to knowledge about sex, sexual health, their bodies, relationships, and well-being. The next chapter of sex education must include them.

⁶⁷ Carter, “Birds, Bees, and Venereal Disease.”

APPENDIX



Fig. 1: Homepage of data visualization

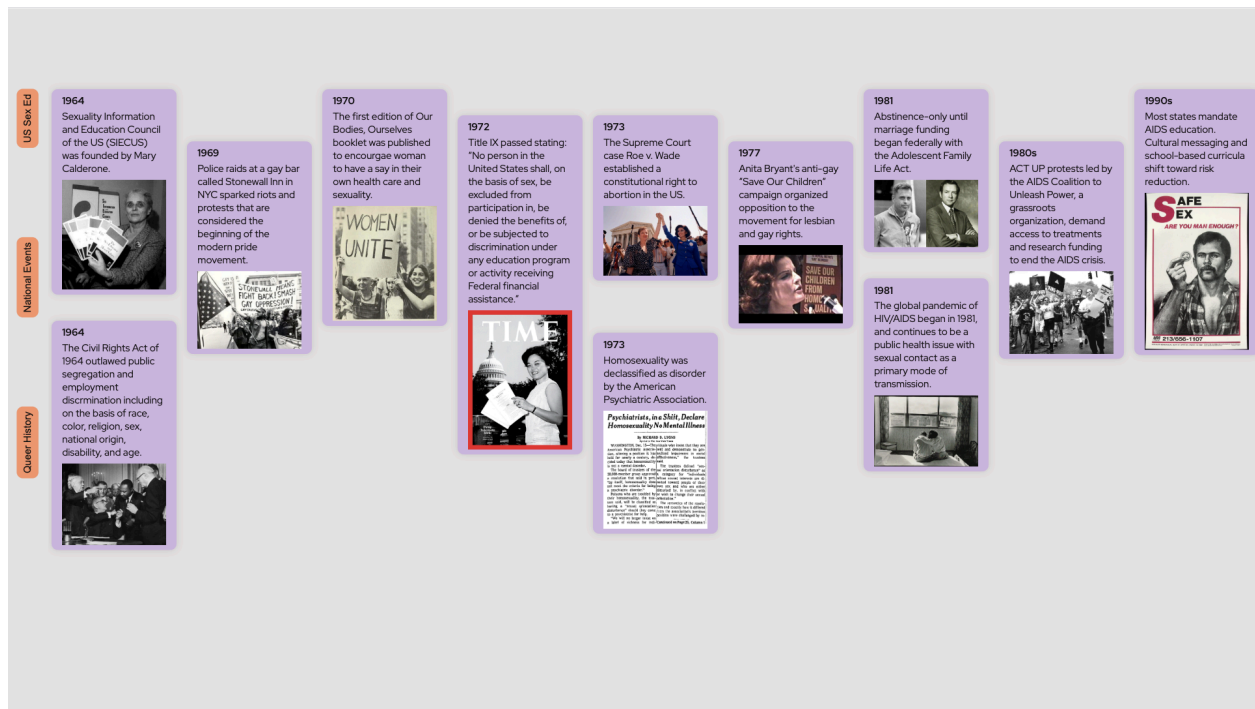


Fig. 2: Snapshot of horizontal timeline of key moments in the intertwined story of U.S. sex ed, queer history, and national events.

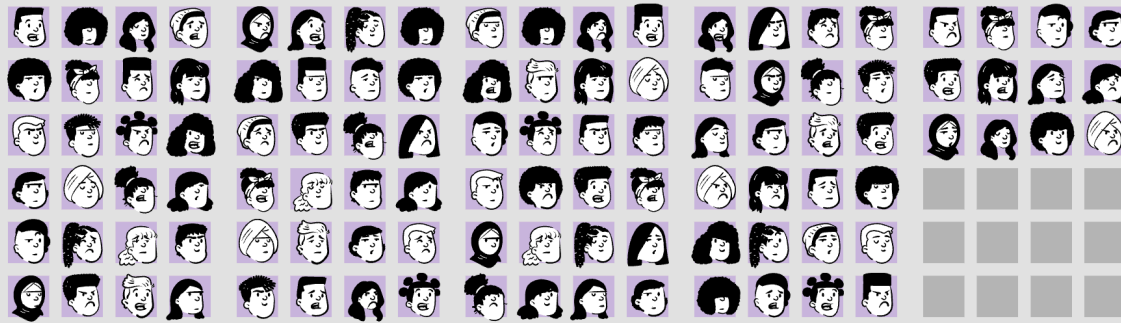
Currently, there are 9 states in which state law explicitly restricts discussions of LGBTQ people or issues throughout school curricula with “Don’t Say Gay” laws affecting various grade levels. These laws, enacted between spring of 2022 and Jan 8, 2025 represent a resurgence of anti-LGBTQ censorship that dates back to the late 1980s amid the AIDS crisis. Those old style “No Promo Homo” laws are still on the books in 4 states. In the United States there are 1,994,000 LGBT youth impacted by anti-LGBTQ curricular laws today.

Fig. 3: Statement of current landscape with selectable data for the number of youth impacted.



Fig. 4: Excerpts from standing legislation comparing “No Promo Homo” laws of the 1980s with “Don’t Say Gay” laws of the 2020s.

90% of LGBTQ+ young people said their well-being was negatively impacted due to recent politics.

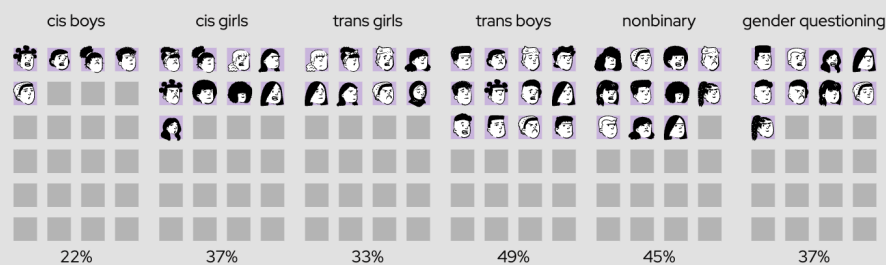


continue

Fig. 5: Statistics for impact on queer youth now.

In 2023, LGBTQ+ young people reporting ever experiencing forced sexual contact at the following rates:

forced sexual contact
symptoms of depression
suicidal thoughts
self harm



Based on 2023 survey of LGBTQ+ young people ages 13-24

Next

Fig. 6: Selectable statistics of what's at risk for queer youth now.

Currently, 30 states and DC require sex education, either explicitly by law or via enforced state standards. Independently, 10 states have laws that include affirming sexual orientation in school curricula on LGBTQ identities or discussion of sexual orientation for LGBTQ youth. 4 states explicitly require curricula that discriminates against LGBTQ people. Student reports of their sex ed experience in schools having affirming LGBTQ inclusion increased ___% from ___% in 2017 to ___% in 2021.

middle
high
public
private (non religious)
religious
urban
suburban
rural / small town
northeastern US
southern US
midwestern US
western US

Fig. 7: Statement of current landscape with selectable data for the increase in inclusive sex ed.

Increasing the percentage of schools with LGBTQ-inclusive sex education is associated with fewer reports of Depressive Symptoms among all youth.

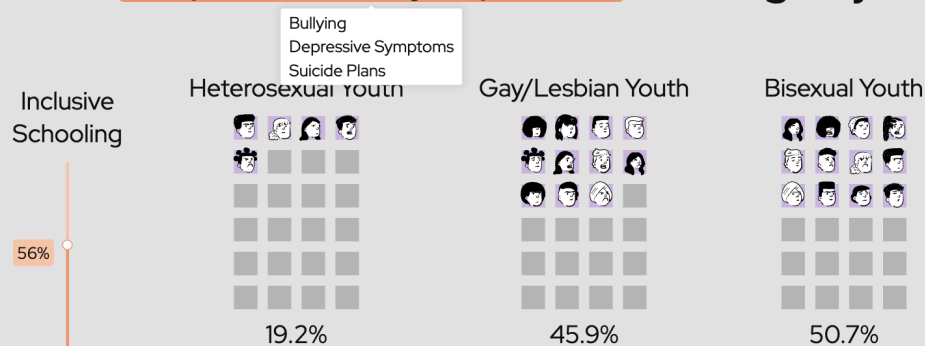


Fig. 8: Interactive statistics of the positive impact of inclusive sex education on selectable measures of youth wellbeing.

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