

PAST EXPERIENCES AND PREFERENCES FOR QUEER SEX EDUCATION AMONG
LGBTQ+ COLLEGE STUDENTS

by

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A thesis submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Master of Arts in
Sociology

Charlotte

2021

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ABSTRACT

KRISTEN PETRIZZO. Past Experiences and Preferences for Queer Sex Education Among LGBTQ+ College Students. (Under the Direction of Dr. TERESA SCHEID AND DR. JESSAMYN BOWLING)

Lesbian, gay, bisexual, transgender, queer, and other (LGBTQ+) students face a higher risk than their cisgender, heterosexual peers of experiencing symptoms of poor sexual health, poor mental health, and sexual violence. Despite this, LGBTQ+ students have been consistently denied formalized sex education in their K-12 schools that is relevant to their identities and experiences. Overall, this denial creates a need for comprehensive sex education in college designed to meet the needs of the LGBTQ+ student population.

Given the rise of online learning and that LGBTQ+ students are already drawn to online spaces, this thesis will examine preferences in virtual queer sexuality education content and delivery for LGBTQ+ college students. This thesis utilizes data collected via an electronic survey with college students in the US who identified as LGBTQ+ (N=91) with closed and open-ended questions seeking to understand past experiences with sex education, desires for future sex education, and preferences for online learning.

Open ended responses are analyzed with thematic analyses through a queer theoretical framework and bivariate descriptive statistics are used for closed-ended items. Themes of past sex education, resources used, consequences, and online education were examined, as well as differences in experience and preference between LGBTQ+ groups

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INTRODUCTION

Educational practices and policies have long worked to maintain social inequalities and injustices. In theory, the educational opportunity structure is a system of educational networks and institutions that distributes resources and opportunities to individuals based on their efforts, regardless of potential social or financial disadvantages (Sorokin 1959). In practice, however, the educational opportunity structure works as a conservative force that works to maintain social stratification. Specifically, educational institutions enforce dominant cultural norms, penalizing students who are not aligned or unfamiliar with said norms. Therefore, these students are disadvantaged, decreasing their opportunities both in education and throughout their life course (Lamont and Lareau 1988).

In the case of sex education, norms such as heteronormativity and cisnormativity are especially salient (Fields 2008). Therefore, dominant cultural norms in education enforce societal expectations of heterosexuality and identifying with gender assigned at birth. As stated by sociologist Judith Lorber, “A woman is assumed to be a feminine female; a man a masculine male. Heterosexuality is the uninterrogated norm against which variations are deviance” (Lorber 1996:144). Queer theory seeks to dismantle these normative binaries by exploring identities related to sex, sexuality, and gender that deviate from dominant cultural norms (Valocchi 2005). This research seeks to employ a queer theoretical perspective in examining the lives and experiences of LGBTQ+ students as they relate to sex education.

Dominant cultural norms of heteronormativity and cisnormativity are the pillars of the dominant model of sex education in the United States, the abstinence-only model. Specifically,

this model frames sexuality outside of heterosexuality and/or marriage as directly dysfunctional to society (Fields 2008). Specifically, this model encourages students to avoid all sexual behavior until they enter a monogamous, heterosexual marriage. Abstinence only education is required teaching in 70% of US states and is the only federally funded form of sex education (Hall et al. 2016). This model is often utilized alongside a fear-based, risk reduction approach to sexuality, where students are instructed on the dangers of pre-martial sexual behavior, including HIV, sexual transmitted infections, and underage pregnancy (Kantor and Lindberg 2020). In both approaches, there are no mandated discussions surrounding pleasure, sexual or gender identity, romantic relationships, or consent. This is especially relevant as LGBTQ+ individuals are more likely to be victimized by sexual violence than their heterosexual, cisgender peers (Roy 2016). Additionally, transgender individuals experience a significantly higher lifetime prevalence of sexual assault/rape than their cisgender peers (Langenderfer-Magruder et al. 2016).

This abstinence-only model is suited to combat larger social shifts against heteronormativity and against the nuclear family, meaning it creates negative consequences to not only LGBTQ+ (lesbian, gay bisexual, trans, and queer among others) students, but any student that deviates from social norms regarding sexuality and gender (Fields 2008). While there are alternative models to sex education that include this information, content varies drastically by state and school district. Given the rise of online learning and that LGBTQ+ students are already drawn to online spaces, this thesis will examine preferences in virtual queer sexuality education content and delivery for LGBTQ+ college students. Specifically, I ask:

R1: “What would LGBTQ+ college students deem beneficial in terms of sex education content, as informed by their individual identity and their past experiences with sex education?”

R2: What is the overall acceptability of a virtual queer sex education course geared towards LGBTQ+ college students?

R3: What are LGBTQ+ college student's preferences for virtual course delivery methods?

R4: What are LGBTQ+ college student's comfort levels with online learning?

I begin by providing an overview of the relevant literature regarding educational theory, the state of sex education in the United States, the marginalization of LGBTQ+ youth, and the use of online learning. I then discuss the data and methodology employed, followed by a summary of the findings. I conclude by discussing how our findings relate back to the relevant literature, as well as the limitations and expected importance of this research.

BACKGROUND AND SIGNIFICANCE

Overall, across the United States there is very little formal regulation regarding the positive inclusion of LGBTQ+ identities in sex education classrooms. While 39 states mandate some form of sex education, only four of those states require course content to affirmatively recognize non-heterosexual and non-cisgender orientations, gender identities, and expressions. In contrast, seven states specifically require that if LGBTQ+ people are mentioned, portrayals must be negative (SIECUS 2015). Overall, less than five percent of LGBTQ adolescents reported seeing positive representations of LGBTQ+ specific content in their health courses (Kosciw et al. 2020).

This lack of comprehensive and inclusive sex education is especially detrimental as young people aged 15-24 years are a high-risk population for experiencing poor physical, mental, and emotional health outcomes resulting from sexual behaviors (Centers for Disease Control and Prevention 2019). LGBTQ+ adolescents face a significantly higher risk than their cisgender, heterosexual peers of experiencing poor indicators of sexual health in each of these categories. Specifically, LGBTQ+ adolescents and young adults are more likely to partake in risky sexual behaviors that could lead to negative sexual health outcomes. Risky behaviors include having sex under the influence of alcohol or drugs, having multiple sexual partners, and having unprotected sex (McCauley et al. 2014). These behaviors lead to disproportionate rates of contracting HIV and STIs, as well as increased rates of experiencing underage pregnancy (Mustanski et al. 2014). In addition, previous research has found that LGBTQ+ students are more likely to require medical attention resulting from intimate partner violence, which includes but is not limited to physical and sexual violence, social isolation, and neglect (Roy 2016).

LGBTQ+ students also experience negative mental health disparities when compared with their heterosexual, cisgender classmates. This can be partially attributed to the Minority Stress Effect, a phenomenon that describes the consequences for the increased interpersonal stress and discriminatory attitudes that LGBTQ+ students experience in their homes, schools, and social environments (Meyer 1995; Meyer and Frost 2013). In addition to the physical sexual health disparities already described, the Minority Stress Effect also describes how LGBTQ+ adolescents face increased risk of suicide attempts, depression, anxiety, and other symptoms of poor mental health. These disparities are exacerbated by the lack of or negative representation of LGBTQ+ experiences in health education classrooms, leading to increased social stigma, the promotion of damaging stereotypes, and increased rates of bullying and peer victimization (Gegenfurtner and Gebhardt 2017; SIECUS 2018).

Previous research has demonstrated that comprehensive sex education can help to mitigate sexual health risks in adolescents by providing them with the information needed to promote long term sexual health (SIECUS 2015). Given the severe health disparities in LGBTQ+ student populations, sex education geared towards the unique needs of these students would be vital in alleviating adverse sexual health symptoms. Further, according to Fields (2008), sex education educators “have the capacity to foster in their students a sense of sexual entitlement and rights, an appreciation of sexual pleasure, and a critical understanding of sexual danger.” This is especially relevant given high rates of sexual violence for LGBTQ+ students in comparison to their cisgender, heterosexual peers (Roy 2016).

LGBTQ+ Students and Online Health Information

Given the limited content of most sex education courses, marginalized individuals, especially adolescents, navigate towards online spaces to seek information regarding sensitive

personal issues. Specifically, approximately 75% of all adolescents with internet access report having sought health information online (Borzekowski 2006). This is especially true for individuals in the LGBTQ+ community. For these adolescents, online communities can provide protection from homophobia, transphobia, and other barriers faced in their in-person lives. In this way, online spaces can become safe havens for LGBTQ+ adolescents to explore and ask questions about their sexual and gender identities without fear of stigma or embarrassment (Hillier et al. 2012).

Given their familiarity with navigating online platforms, past research indicates that the internet may be a vital resource in delivering sexual health education for LGBTQ+ students (DeHaan et al. 2013). However, while studies such as Mustanski et al. (2015) have concluded that an online sexual health program for LGBT youth is both feasible and acceptable to LGBT populations, no research has documented outcomes for online sexual health education interventions for LGBTQ+ students. A recent study with trans and nonbinary youth identified preferences for in-person and online sexuality resources, with specific design considerations (such as generic logos to prevent involuntarily “outing” a user) (Liang et al. 2020). Trans and nonbinary youth participants were more likely to want topics such as “sex and desire” or “consent and other relationship topics” in person compared to “sexually transmitted infections” or “contraception and fertility” (Liang et al. 2020). Although the study pointed to a clear need for online resources, the specific considerations for the larger LGBTQ+ population at the college level is still unknown.

However, despite their potential utility, not all online spaces are safe or beneficial to LGBTQ+ adolescents and young adults. For example, due to the sheer amount of information, sexual health resources online can often consist of inaccurate or conflicting information (Haley

et al. 2019; SIECUS 2015). The large amount of potential resources be overwhelming and confusing LGBTQ+ youth, especially regarding how to separate reliable versus not reliable information (Magee et al. 2011). Overall, since sexual health information presented through external means is generally not monitored or regulated in any way, this can negatively impact the sexual health of LGBTQ+ youth due to the spread of information that is not medically accurate.

Colleges and universities are uniquely situated to provide access to regulated online content. The beginning of the COVID-19 pandemic in March 2020 led to a substantial online learning shift in higher education, with 97% of US universities reporting a transition from in-person to virtual instruction during the 2020 academic year (Marinoni et al. 2020). This shift has led to higher education institutions to invest a significant number of resources into innovations online learning, such as new tools, systems, and staff trained in virtual instruction. Given this investment, the increased prevalence of online learning will likely remain post-pandemic (Woolliscroft 2020). Given that LGBTQ+ young adults and adolescents are already drawn to online communities, the option of providing a virtual sexuality education course should be explored by higher education institutions. This study aims to examine the context and acceptability of online queer sexuality education for college students.

RESEARCH OBJECTIVES

As discussed, LGBTQ+ students have been consistently denied formalized sex education in their K-12 schooling that is relevant to their identities and experiences. As LGBTQ+ students face a higher risk of experiencing poor sexual and mental health, as well as an increased risk of sexual violence, this gap is especially detrimental. As such, this research asks:

R1: “What would LGBTQ+ college students deem beneficial in terms of sex education content, as informed by their individual identity and their past experiences with sex education?”

In addition, in lieu of formal sex education, many LGBTQ+ young adults are drawn to online spaces and communities to seek out health information. When paired with the increasing prevalence of online learning in higher education, colleges and universities are uniquely situated to provide access to regulated sex education online content. As such, this research seeks to determine the suitability of delivering sex education virtually to college students. Specifically, I ask:

R2: What is the overall acceptability of a virtual queer sex education course geared towards LGBTQ+ college students?

R3: What are LGBTQ+ college student’s preferences for virtual course delivery methods?

R4: What are LGBTQ+ college student’s comfort levels with online learning?

DATA AND METHODS

Data Collection

In collaboration with Dr. Jessamyn Bowling, I developed a twenty-eight-question electronic survey seeking to understand college students' past experiences with sex education, desires for future queer sex education¹, and preferences for online learning. The survey consisted of both closed and open-ended responses and was conducted through Qualtrics. For race, gender identity, and sexual identity categories, participants were allowed to select all that applied.

To be eligible for participation, individuals had to be aged 18-29 years, LGBTQ+, English speaking, and currently attending college. Recruitment materials were distributed through campus LGBTQ+ resource centers and clubs throughout the United States, primarily through social media. In total, 133 organizations were contacted and 21 across 13 states agreed to distribute the survey through social media or an email newsletter. Participants provided electronic consent and the authors institutional review board approved all procedures and protocols for this study. At the end of the survey, participants were eligible to enter their email in a separate survey to have the chance to win one of four \$15 or \$25 Amazon gift cards. The data that support the findings of this study are available upon reasonable request. All protocols and procedures were approved by the authors' institutional review board (#21-0269).

Participants

The survey included 91 respondents, with variation in completion rates by question. Participants were 18-29 years of age ($\bar{x} = 21.5$). When describing race/ethnicity, respondents

¹ We defined queer sex education for participants as, "By 'queer sex education,' we mean sex education that addresses the experiences, identities, and behaviors of LGBTQ+ individuals."

could select all categories that applied and 13% (n=12) were multiracial or multiethnic. Most participants identified as 79% (n=72) White, with 12% (n=11) African American/Black, 15% (n=14) Latinx/Hispanic, 12% (n=11) Asian, and 1% (n=1) North African/Middle Eastern. When describing gender identity, respondents could select all that apply and 11% (n=10) selected multiple gender categories. Participants identified as approximately 51% (n=46) women, 25% (n=23) men, 27% (n=25) gender queer/nonbinary/fluid, and 3% (n=3) agender. Approximately 23% (n=21) of respondents identified as transgender. Respondents could select all sexual identities that applied, with 1% (n=1) of participants selecting more than one category. Participants were approximately 8% (n=7) asexual/demisexual, 36% (n=33) bisexual, 36% (n=33) gay/lesbian, 6% (n=5) pansexual, and 15% (n=14) queer in terms of sexual identity.

Variables

To determine what LGBTQ+ college student preferences for sex education content, the survey included a series of seven open ended questions. These questions sought to determine the participant's school's approach to instructing on sexual identity, gender identity, and sexual health knowledge. For context, participants were also asked to identify outside resources used to supplement formalized sex education. Finally, participants were also asked directly what they would like to see in a virtual queer sex education, as well as what they would not like to see.

To assess the acceptability of a virtual queer sex education course, two closed ended 5-point Likert scale questions were used. Specifically, students were asked to rate the statements "As a college student, an online queer sex education course would be beneficial to me" and "If offered, I would utilize an online queer sex education course offered by my college or

university” from “strongly agree” (1) to “strongly disagree” (5). When analyzed, the scores from each statement were averaged.

To assess preferences for online content delivery methods, students were asked to rate six different online learning methods (structured learning, unstructured learning, synchronous learning, asynchronous learning, interaction with other learners, and course credit for queer sex education) on a 5-point Likert scale from “prefer a great deal” (1) to “do not prefer” (5). When analyzed, the scores from each statement were averaged.

To determine comfort levels with online learning, we used the Self Efficacy for Learning with Self-Paced, Online Training scale developed by Artino and McCoach (2008). This scale asked participants to rate five statements on a 5-point Likert scale from “strongly agree” (1) to “strongly disagree” (5) to determine confidence with learning without the presence of an instructor and learning material varying in difficulty in an online course. When analyzed, the scores from each statement were averaged.

Analysis

For open-ended responses, we conducted inductive thematic analyses (Thomas 2006) through a queer theoretical framework in which common ideas are grouped together to form themes emerging from the data. Specifically, participant responses were uploaded to Dedoose online software (Dedoose n.d.) and coded based on five themes: past experiences with formalized sex education through school, resources used to learn about sex education topics outside of formalized education in school, consequences of inadequate sex education, unnecessary sex education topics, and content desires for a virtually delivered program. Individual codes were created under each umbrella theme. Subsequently, we conducted

conventional content analyses within these emergent themes to identify proportions of participants reporting themes (Hsieh & Shannon 2005). Conventional content analyses were conducted for both the entire sample and for individual sexual and gender identities.

For closed-ended responses and scales, basic descriptive and bivariate statistics were conducted. During analyses, race/ethnicity was collapsed into two categories: “White” or “Black, Asian, Latinx, and North African/Middle Eastern” due to the small cell counts of racial and ethnic groups. Gender identity was collapsed into three categories: “cisgender man”, “cisgender woman”, and “trans, gender nonbinary, fluid, gender queer, agender”. Sexual identity was collapsed into four categories: “asexual/demisexual”, “bisexual/pansexual”, “gay/lesbian”, and “queer”.

FINDINGS

R1: “What would LGBTQ+ college students deem beneficial in terms of sex education content, as informed by their individual identity and their past experiences with sex education?”

To determine how past experiences with sex education informed future desires, participants were asked to describe their school’s approach to instruction on sexual health knowledge. Overall, participant responses were consistent with dominant sex education norms in the US. Specifically, five common themes emerged among the responses: abstinence (54%), STIs/HIV/AIDS (70%), contraception (60%), anatomy/pregnancy (51%), and fear/shame (40%). Additionally, when asked, most participants (83%) stated that their previous sex education did not address sexual identity at all, pointing to the assumed heterosexuality of students. When non-heterosexual identities were mentioned, it was almost always in the context of immorality or increased likelihood of HIV/STIs. These categories were consistently reported by participants of all sexual and gender identities. Similar to heteronormativity, most participants (85%) also stated that their previous sex education did not include instruction on gender identity except to reinforce the gender binary. Cisgender identities were assumed for most students and their partners. Cisnormativity was more likely to be reported by transgender participants (85%) than by their cisgender (72%) and non-binary (10%) peers.

More than half of participants described abstinence as the dominant guidance given by their past education. In many cases, participants mentioned that this was the only available form of public sex education in their state. Similarly, paired with an abstinence approach, participants located in conservative households or states also described how they were taught that sexuality outside of heterosexual marriage is immoral. One participant described, “*In middle school, I*

went to a Christian private school, and they preached abstinence and taught us sex before marriage was a sin. They only acknowledged that gay and lesbian people existed and told us being gay was the one sin God couldn't forgive” (age 19, White, Cisgender Woman, Bisexual).

Sexually transmitted infections (STIs) were mentioned by nearly three quarters of students as a component of sex education. However, while STIs were brought up by most participants, a large percentage noted that STIs were a side note to an abstinence centered approach. Further, STIs were often framed as a consequence of pre-marital sex or sex between same-sex partners. As one participant (age 23, Cisgender Woman, White, Queer) stated, *“There was some vilifying of men who sleep with men in my all-girls high school sex ed. (ex. ‘Girls, look out for closeted gay men or you’ll get AIDS’).”* Overall, there was little to no discussion of STI treatment/testing and de-stigmatization.

Contraception was another common theme, with mentions in 60% of student responses. However, similarly to STIs, many participants noted that abstinence was still stressed even when contraception was mentioned. Further, condoms were by far the most common form of contraception described, with almost no mention of dams, hormonal birth control, IUDs, etc. As one participant (age 22, White, Non-Binary, Gay/Lesbian) wrote, *“Middle and high school both talked extensively about condoms, but both ended up saying abstinence is the only way to be 100% safe.”* Finally, contraception was almost exclusively only mentioned in the context of heterosexual relationships.

Pregnancy and anatomy were also extremely common topics in the sex education classrooms described by participants. Anatomy and pregnancy were often discussed in tandem, and instruction primarily reinforced both the sex and gender binary, isolating LGBTQ+ students. For example, when discussing how anatomy was taught in their sex education classroom, one

participant (age 18, Transgender Woman, White, Asexual) described, *“My sexual experiences as a trans woman doesn't really align with being taught things regarding my tools (which I do not use for sexual encounters).”* Further, many participants described these lessons as sterile, impersonal, and difficult to relate to actual sexual experiences.

Finally, many participants described the presence fear and shame tactics in their sex education classrooms to discourage sexual behavior. The most common use of fear tactics included photos of sexually transmitted infections (with no discussion of prevention or treatment), threats of long-term social isolation resulting from promiscuity, and threats of unplanned pregnancy. For example, one participant (age 23, Cisgender Woman, White, Queer) described, *“The overall theme was abstinence, or you'll end up with this scary disease and no good man will want to marry you because you aren't pure.”* Along with fear, many students described leaving their sex education classrooms feeling ashamed of their sexuality, as well as ashamed to participate in sexual activity and seek out sexual health resources.

To further determine desires for content, we asked participants (n=87 responding) to describe the resources used outside of formal sex to learn about sexual health information, sexual orientation, gender identity, or romantic relationships. Overall, most participants described a combination of one or more of the following: Internet (89%), family (21%), friends (43%), or porn (6%). As expected, a large majority of participants described utilizing online platforms such as Tumblr, YouTube, and fanfiction (fiction written by fans based on existing fictional works) websites as their primary source for sex education. These categories were consistently reported by participants of all sexual and gender identities. As one participant wrote, *“I relied heavily on the Internet. We also had sex ed in high school where we learned about STDs and how to use a*

condom, though that info wasn't tailored to my sexual orientation" (age 23, Cisgender Man, Asian, Gay).

To explore necessary topics for future sex education courses, we asked participants (n=69) "In what ways did your sex education prepare you (or not prepare you) for safer sexual experiences?" In sum, over half (55%) of participants described not being prepared for any sexual experiences. Some participants specified fear/ avoidance of sex because of sex education, while others confided that a lack of understanding around consent led to experiences of sexual violence. Though sexual violence was only reported by three participants, two out of the three identified as transgender. This is especially relevant given higher rates of sexual violence among transgender individuals than their cisgender peers (Langenderfer-Magruder et al. 2016). As stated by one participant (age 19, Transgender, Non-Binary, White, Asexual/Demisexual) *"I was not taught consent until college. Because of this, I have been sexually assaulted on multiple occasions without realizing it. I also was not taught about relationships outside of heterosexual. I am asexual and I spent a good portion of puberty thinking something was wrong with me. I had no idea it was a possibility, so I ended up forcing myself into a lot of unsafe situations because I was trying to be what I thought was normal (i.e. having sex with people of the opposite sex than me regardless of the fact was not attracted to them)."* Further, it was common for participants to discuss feeling only prepared to be in a different-sex relationship with a cisgender partner. As described by one participant (age 21, Transgender Man, White, Bisexual), *"I'm bi and trans. The sex education I was given was centered around body parts that don't look like mine and information that didn't apply to me."*

To explore topics for future sex education courses, participants were asked what topics they considered to be low priority or unnecessary in sex education (N=64 responding). Though

many participants noted that they considered no topics to be unnecessary in a queer sex education course due to the inadequacy of past sex education, a few topics were repeatedly identified by participants to be considered low priority based on dominant messages from past experiences. However, for each topic mentioned, most participants highlighted the heteronormativity of past subjects, rather than subjects themselves. The most common mentions were anatomy/biology (17%), contraception (9%), and abstinence (19%).

When discussing anatomy/biology, most participants highlighted how pregnancy isn't relevant to most queer relationships or how traditional anatomy courses further marginalize transgender and gender minority students. Accordingly, though contraception and abstinence were mentioned relatively equally across all sexual and gender identities, anatomy/biology was much more likely to be mentioned by transgender participants (42%) than cisgender (6%) or non-binary participants (0%). As stated by one participant (age 21, White, Transgender Woman, Gay/Lesbian), *"I think most people know sperm + egg = baby, a discussion of anatomy is important but would rather it be a side note than the majority of the course."*

When contraception was mentioned, most participants highlighted the past consensus that condoms were over-emphasized in past courses. To illustrate this, one participant (age 22, White, Non-Binary, Gay/Lesbian) noted, *"Sex education that just worships at the feet of condoms for the majority of the lecture is repetitive and mostly unhelpful for anyone who doesn't normally have sex with someone with a penis."* Finally, many participants singled out abstinence as unnecessary for future courses, particularly those who had experienced abstinence only sex education previously. In the words of the same participant when describing abstinence education, *"That dead horse has been kicked enough."*

Finally, to explore necessary topics for future sex education courses, participants were specifically asked what they would like to see in an online queer sex education curriculum (n=73 responding). Overall, at least 10% of respondents mentioned wanting a future course to discuss: common misconceptions (10%), anatomy (15%), body/sex positivity (14%), consent (26%), gender identity (27%), sexual orientation (19%), LGBTQ+ culture and history (11%), pleasure (16%), contraceptives/barriers (27%), sex for LGBTQ+ couples (19%), sexual health resources (19%), STI's (22%), and trans specific experiences (31%). Further, more broad themes were identified under desired topics for sex education, including safe(r) sex and compulsory heterosexuality.

A handful of the topics mentioned would likely be review for most participants, though consistent with past discussion, participants expressed wanting to learn about these topics in a way that is relevant to queer identities. For example, when discussing wanting to learn about contraceptives/barriers, many specified wanting to learn about the most effective methods of contraception for all relationship configurations. This conversation is a stark contrast from the “*put a condom on a banana*” approach many participants described from past courses and that many participants noted would be unnecessary in a future queer sex education course. In addition to contraception, participants also listed STIs and anatomy as important review topics for queer sex education, though not through a heteronormative lens as previously described.

The remaining topics would be relatively new material for LGBTQ+ students in a structured education course. Consent, a topic rarely mentioned in past sex education courses, was one of the most prevalent requests with mentions from 26% percent of participants. Consent was often brought up in tandem with communication, especially regarding disclosing STIs and contraception usage. As previously mentioned, participants also related experiences of sexual

violence to a lack of understanding around consent in either themselves or their partner(s). As previously stated, this is especially relevant given high rates of sexual violence for LGBTQ+ students (Roy 2016).

Queer-specific topics were another common theme among desires for future sex education. This includes not only an in-depth discussion on sexual orientation and gender identity, but more specific topics such as what sexual behaviors look like for LGBTQ+ couples and LGBTQ+ culture and history (AIDS epidemic, Stonewall riot, etc.) Further, one of the most common requests was for more discussion of trans-specific experiences, such as dysphoria, transitioning, and healthcare in relation to sexual experiences. When requesting this topic, many participants explained how trans voices are often erased even within LGBTQ+ spaces, making this request especially important moving forward in developing queer sex education. Trans specific experiences more likely to be mentioned by transgender participants (57%) than cisgender (24%) or non-binary (10%) participants.

Participants also commonly listed more general subjects such as pleasure, body/sex positivity, sexual health resources, and common misconceptions. Pleasure was often mentioned in tandem with communication, and participants stressed lack of instruction in this area from past courses. When discussing body/sex positivity, participants described wanting a sex positive course that is affirming and inclusive towards all bodies. For example, one participant wrote *“I think a course that treated sex as a natural part of the human experience and took the shame out of things would be good”* (age 23, Transgender Man, White, Bisexual). This idea was usually contrasted to the abstinence only/stigmatized/shame-based curriculums they had previously experienced in past courses. In addition, many students expressed wanting information on sexual health resources such as testing centers and where to access reproductive care. Finally,

addressing past common misconceptions was also a common request among participants.

Common examples given by participants were misconceptions around gender identity, trans bodies, and HIV/AIDS.

Finally, two broad themes were identified among responses for desired queer sex education: safe(r) sex and compulsory heterosexuality. Rather than offering specific suggestions, many participants utilized the term “safe sex” or “safer sex” to describe wanting general, multi-faceted guidance towards gender and sexuality. This could include the “basics” like STIs and contraception but can also include other topics such as how to emotionally navigate relationships, how to enjoy sex, or how to communicate with a sex partner. As stated by one participant (age 19, Latinx/Hispanic, Cisgender Man, Gay), they would like to see *“Education on safe sex and just more generally pertaining to navigating relationships as a queer person.”* The theme of compulsory heterosexuality emphasized how the expectation of heterosexuality affects the lives and experiences of participants. For many participants, this meant experiencing shame and confusion regarding their sexuality. As one participant (age 22, White, Cisgender Woman, Lesbian) wrote, *“I think it might be interesting to learn about compulsory heterosexuality in lesbians. I didn’t realize I didn’t like sex with men because of it. I just kind of assumed everyone felt that way about men. Jokes on me, I’m a lesbian.”*

R2: What is the overall acceptability of a virtual queer sex education course geared towards LGBTQ+ college students?

To determine the suitability of delivering sex education virtually to college students, I also examined the overall acceptability of a virtual queer sex education course, preferences for virtual course delivery methods, and comfort levels with online learning. Overall, participants

largely agreed that a virtual queer sex education course would not only be useful, but also that they would take the course if offered. Specifically, descriptive statistics indicated that most students chose “strongly agree” or “agree” on a scale from “strongly agree” to “strongly disagree” when asked if they would take an online queer sex education course (average of 1.72). Further, most students chose “strongly agree” or “agree” when asked if a virtual queer sex education course would benefit them (average of 1.57). There was no statistically significant difference in acceptance of virtual queer sex education between groups by race/ethnicity ($t(86) = -1.106, p = 0.272$), gender ($F(2,83)=1.107, p = 0.335$), or sexual identity ($F(3,84)=0.148, p = 0.931$).

R3: What are LGBTQ+ college student’s preferences for virtual course delivery methods?

In terms of course delivery, the data revealed no clear preferred method. Rather, preferences were relatively evenly split between structured learning (sequential content and activities), unstructured learning (various resources, videos), and asynchronous content (student works at their own pace). All of these delivery methods were rated between 2.59 and 2.63 on a scale from “prefer a great deal” to “do not prefer”. There was, however, a stronger preference against synchronous learning (with instructor and students in real-time), with an average rating of 3. There was also a stronger preference for the option to receive course credit for a queer sex education course, with an average rating of 2.01.

R4: What are LGBTQ+ college student’s comfort levels with online learning?

Participant responses also indicate high levels of comfort with online learning ($\bar{x} = 1.99$). For example, when asked to rate the statement “I am confident I can do an outstanding job on the activities in a self-paced, online course,” the average participant response was 1.86 on a scale

from “strongly agree” to “strongly disagree”. Participants rated statements indicating their ability to succeed without a present instructor and in the face of technical difficulty similarly, with an average rating of 1.88 on the same scale. There was no statistically significant difference in comfort with online learning between groups based on race/ethnicity ($t(83)=-0.439, p = 0.662$), gender ($F(2,80)=0.008, p = 0.992$), or sexual identity ($F(3,81)=0.371, p = 0.774$).

Finally, participants also noted that offering a queer sex education course virtually could provide students with the same anonymity and safety they experienced while seeking out sexual health information online in middle and high school. As one participant (23, White, Transgender/Gender Queer Man, Bisexual/Queer), noted, *“Offering this class online is ideal, even outside of current circumstances, as it gives students a certain level of anonymity: it may keep students safer from targeted harassment and may be more comfortable in general.”*

CONCLUSIONS

The findings from this research concur with previous research documenting the preponderance of heteronormative and cisnormative sexuality education provided to students (Fields 2008; Rabbitte 2020). As expected, there were no participants that described positive outcomes resulting from an abstinence-only approach to sex education. Rather, this form of sex education left the majority of participants with feelings of fear and shame regarding their sexuality, as well as placing them at an increased risk for sexual violence and overall poor sexual health. This finding is consistent with past literature on the outcomes of abstinence-only and heteronormative sex education (Kantor and Lindberg 2020; Rabbitte 2020).

At the same time, participants were also largely critical of sex education that went beyond an abstinence-only approach, even when courses included information on STIs, contraceptive methods, and pregnancy prevention. Though past research has demonstrated that exposure to this information reduces negative sexual health outcomes in general student populations (Mustanski 2011; Rabbitte 2020; Steinke et al. 2017), when discussed under a heteronormative and cisnormative lens, these topics were still largely seen as unhelpful in preparing LGBTQ+ students for safer sexual experiences. Cisnormative education's shortcomings have been highlighted in previous research with trans and nonbinary individuals (Haley et al. 2019), who want credible sex education that is informed by medical providers with lived experiences of trans and nonbinary individuals (Liang et al. 2020). In this research, this is especially highlighted in how trans participants were more likely to mention the cisnormativity of past courses and the lack of necessity in instructing on anatomy/pregnancy.

The data collected for this research indicates that while LGBTQ+ college students were critical of past sex education courses for their heteronormative and cisnormative focus, their content requests for future sexuality education were largely consistent with current sexuality education guides for K-12 students developed by experts in adolescent development and healthcare. For example, the National Sex Education Standards: Core Content and Skills, K-12 (Second Edition) recommends instruction on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence (Future of Sex Education Initiative 2012). When broken down, these categories encapsulate most topics requested by LGBTQ+ college students. However, in a generalized course, requested topics such as LGBTQ+ culture and history, sex for LGBTQ+ couples, and pleasure would risk minimization when paired with all the additional content of a generalized sex education curriculum. Further, while National Sex Education Standards may be suitable for K-12 audiences, more research is needed to determine guidelines and recommendations for content that is both age appropriate for college student populations and LGBTQ+ specific.

As previously mentioned, LGBTQ+ inclusive sex education is largely uncommon across the United States and there is little research demonstrating its effectiveness on health outcomes in LGBTQ+ students. However, as demonstrated by previous literature (Hobaica and Kwon 2017; Hobaica et al. 2019; Kubicek et al. 2010) and by the data collected for this research, LGBTQ+ students are leaving high school and entering college with large gaps in their knowledge regarding sexual health, sexual orientation, gender identity, and romantic relationships. This leaves LGBTQ+ students more vulnerable to negative mental and physical health outcomes than their cisgender, heterosexual peers. Although LGBTQ+ individuals would

benefit from sexuality education at early ages (as they are more likely to engage in sexual behaviors earlier than their cisgender heterosexual counterparts) (Rabbitte 2020), sexuality education in college could build on their previous experiences and knowledge.

In addition to highlighting potential health outcomes, past literature has highlighted the potential benefits to showing positive representations of LGBTQ+ individuals in generalized sex education courses geared towards all students in K-12 classrooms, especially regarding reducing the social stigma that can surround LGBTQ+ youth in school environments (Gegenfurtner and Gebhardt 2017; Sanchez 2012; SIECUS 2018). While the findings of this study reflect the experiences and desires of college students, not K-12 students, they offer an alternative perspective that diverges from past literature. Specifically, the data suggest that an LGBTQ+ specific course geared only towards LGBTQ+ students could make students feel more protected against homophobia/transphobia they are at risk of experiencing in a traditional classroom. There are, however, potential drawbacks to an LGBTQ+ specific course, such as forcing students to “out” themselves to participate. The virtual format may offer various options for anonymity, especially with design considerations such as more neutral logos or interfaces without obvious LGBTQ+ symbols. Overall, more research is needed in this area to determine the safest and most beneficial method of delivery.

Finally, consistent with past literature, participant responses strongly suggest high comfort levels with navigating online spaces, indicating the potential success of delivering queer sex education virtually. As previously discussed, when discussing resources used outside of formal instruction to learn about sexuality, gender, and romantic relationships, nearly 90% of respondents indicated they used the internet, suggesting a high degree of comfort and familiarity with on-line learning. Information found on the internet can include opinions and misinformation

(Haley et al. 2019). However, some participants in named specific trusted internet sources such as Youtube channels sponsored by Planned Parenthood, suggesting that some LGBTQ+ individuals may be practicing media literacy with regards to sexuality information.

There are, however, limitations to this research. Specifically, as this study was conducted during the COVID-19 pandemic, participants were primed to be thinking about the advantages and challenges of virtual education. In addition, as recruitment for this study primarily targeted LGBTQ+ resource centers, campus organizations, and clubs, inactivity within these resources resulting from the COVID-19 pandemic likely lowered response rates. This provides context to our respondent sample size, despite two months of extensive national recruitment via social media and email.

In addition, as the sample is predominately White, I cannot seek to describe the additional intersectional disparities that LGBTQ+ Black, Indigenous, or people of color (BIPOC) experience resulting from managing stigma related to both their LGBTQ+ identity and racial/ethnic identities. As previously described, the educational occupational structure creates distinct disadvantages marginalized youth, decreasing their opportunities and experiences both in education and throughout their life course. While past research demonstrates the existence of these additional disparities (Wagaman 2014), more research is needed to address the specific experiences and needs of BIPOC LGBTQ+ college-aged individuals in relation to sex education.

Overall, this research builds upon previous literature that has established a need for queer specific sex education in all levels of schooling, but particularly in college-aged students. Overall, the findings of this study provide evidence to encourage the direction of higher education funds towards supporting LGBTQ+ student populations through targeted sexuality education. As a vulnerable and marginalized population, LGBTQ+ students deserve access to the

educational tools and resources needed to make informed decisions regarding their health and sexual activity. As these tools and resources are not being provided in primary or secondary education, higher education institutions have an opportunity to fill these gaps and improve the health and wellness of their LGBTQ+ students. Overall, while more research is needed to determine specific outcomes, a college course geared towards the needs of LGBTQ+ students could be beneficial in reducing mental and physical health disparities.

REFERENCES

- Borzekowski, Dina. 2006. "Adolescents' Use of the Internet: a Controversial, Coming-of-Age Resource." *Adolescent Medicine Clinics* 17(1):205–16.
- Centers for Disease Control and Prevention. 2019. Atlanta, GA: U.S. Department of Health and Human Services.
- Dedoose. (n.d.). *Dedoose: Home*. Retrieved April 20 from <https://www.dedoose.com/>
- DeHaan, Samantha, Laura E. Kuper, Joshua C. Magee, Lou Bigelow, and Brian S. Mustanski. 2012. "The Interplay between Online and Offline Explorations of Identity, Relationships, and Sex: A Mixed-Methods Study with LGBT Youth." *The Journal of Sex Research* 50(5):421–34.
- Fields, Jessica. 2008. *Risky Lessons: Sex Education and Social Inequality*. New Brunswick, NJ: Rutgers University Press, Series in Childhood Studies.
- Future of Sex Education Initiative. 2012. "National Sex Education Standards." Retrieved November 1, 2021 (<https://advocatesforyouth.org/wp-content/uploads/2020/03/NSES-2020-web.pdf>).
- Gegenfurtner, Andreas and Markus Gebhardt. 2017. "Sexuality Education Including Lesbian, Gay, Bisexual, and Transgender (LGBT) Issues in Schools." *Educational Research Review* 22:215–22.

Haley, Samantha G., Diana M. Tordoff, Alena Z. Kantor, Julia M. Crouch, and Kym R. Ahrens.

2019. "Sex Education for Transgender and Non-Binary Youth: Previous Experiences and Recommended Content." *The Journal of Sexual Medicine* 16(11):1834–48.

Hall, Kelli, Jessica Sales, Kelli Komro, and John Santelli. 2016. "The State of Sex Education in the United States." *Journal of Adolescent Health* 58(6):595–97.

Hillier, Lynne, Kimberly J. Mitchell, and Michele L. Ybarra. 2012. "The Internet as a Safety Net: Findings from a Series of Online Focus Groups with LGB and Non-LGB Young People in the United States." *Journal of LGBT Youth* 9(3):225–46.

Hobaica, S., & Kwon, P. (2017). "This Is How You Hetero:" Sexual Minorities in Heteronormative Sex Education. *American Journal of Sexuality Education*, 12(4), 423-450. <https://doi.org/10.1080/15546128.2017.1399491>

Hobaica, S., Schofield, K., & Kwon, P. (2019). "Here's Your Anatomy...Good Luck": Transgender Individuals in Cisnormative Sex Education. *American Journal of Sexuality Education*, 14(3), 358-387. <https://doi.org/10.1080/15546128.2019.1585308>

Hsieh, Hsiu-Fang and Sarah E. Shannon. 2005. "Three Approaches to Qualitative Content Analysis." *Qualitative Health Research* 15(9):1277–88.

Kantor, Leslie M. and Laura Lindberg. 2020. "Pleasure and Sex Education: The Need for Broadening Both Content and Measurement." *American Journal of Public Health* 110(2):145–48.

- Kosciw, Joesph, Adrian Zongrone, Nhan Truong, and Caitlin Clark. 2019. "The 2019 National School Climate Survey." *GLSEN*. Retrieved November 1, 2021 (https://www.glsen.org/sites/default/files/2020-10/NSCS-2019-Full-Report_0.pdf).
- Kubicek, Katrina, William J. Beyer, George Weiss, Ellen Iverson, and Michele D. Kipke. 2009. "In the Dark: Young Men's Stories of Sexual Initiation in the Absence of Relevant Sexual Health Information." *Health Education & Behavior* 37(2):243–63.
- Langenderfer-Magruder, Lisa, N. Eugene Walls, Shanna K. Kattari, Darren L. Whitfield, and Daniel Ramos. 2016. "Sexual Victimization and Subsequent Police Reporting by Gender Identity among Lesbian, Gay, Bisexual, Transgender, and Queer Adults." *Violence and Victims* 31(2):320–31.
- Lamont, Michele and Annette Lareau. 1988. "Cultural Capital: Allusions, Gaps and Glissandos in Recent Theoretical Developments." *Sociological Theory* 6(2):153.
- Liang, Calvin A. et al. 2020. "Designing an Online Sex Education Resource for Gender-Diverse Youth." *Proceedings of the Interaction Design and Children Conference*.
- Lorber, Judith. 1996. "Beyond the Binaries: Depolarizing the Categories of Sex, Sexuality, and Gender." *Sociological Inquiry* 66(2):143–60.
- Magee, Joshua C., Louisa Bigelow, Samantha DeHaan, and Brian S. Mustanski. 2011. "Sexual Health Information Seeking Online." *Health Education & Behavior* 39(3):276–89.
- Marinoni, Giorgio, Hilligje van't Land, and Trine Jensen. 2020. "The Impact of Covid-19 on Higher Education around the World." *The International Association of Universities*.

(https://www.iauaiu.net/IMG/pdf/iau_covid19_and_he_survey_report_final_may_2020.pdf).

McCauley , Heather, Rebecca Dick , and Daniel Tancredi. 2014. "Differences by Sexual Minority Status in Relationship Abuse and Sexual and Reproductive Health Among Adolescent Females." *Journal of Adolescent Health* 55(5):652–58.

Meyer, Ilan H. 1995. "Minority Stress and Mental Health in Gay Men." *Journal of Health and Social Behavior* 36(1):38–56.

Meyer, Ilan H., and David M. Frost. 2013. "Minority stress and the health of sexual minorities." Pp. 252-66 in *Handbook of Psychology and Sexual Orientation*. New York, NY, US: Oxford University Press. Mustanski, B. (2011). Ethical and regulatory issues with conducting sexuality research with LGBT adolescents: A Call to Action for a Scientifically Informed Approach. *Arch Sex Behav*, 40(4), 673-686.
<https://doi.org/10.1007/s10508-011-9745-1>

Mustanski, Brian, Michelle Birkett, George J. Greene, Mark L. Hatzenbuehler, and Michael E. Newcomb. 2014. "Envisioning an America Without Sexual Orientation Inequities in Adolescent Health." *American Journal of Public Health (1971)* 104(2):218-25.

Mustanski, Brian, George J. Greene, Daniel Ryan, and Sarah W. Whitton. 2015. "Feasibility, Acceptability, and Initial Efficacy of an Online Sexual Health Promotion Program for LGBT Youth: The Queer Sex Ed Intervention." *The Journal of sex research* 52(2):220-30.

- Rabbitte, Maureen. 2020. "Sex Education in School, Are Gender and Sexual Minority Youth Included?: A Decade in Review." *American Journal of Sexuality Education* 15(4):530–42.
- Roy, Tulsi. 2016. "Intimate Partner Violence." Pp. 125-40 in *Lesbian, Gay, Bisexual, and Transgender Healthcare: A Clinical Guide to Preventive, Primary, and Specialist Care*, edited by Kristen Eckstrand and Jesse M. Ehrenfeld. Cham: Springer International Publishing.
- Sanchez, M. (2012). Providing Inclusive Sex Education in Schools Will Address the Health Needs of LGBT Youth.
- SIECUS. 2015. "A Call To Action: LGBTQ Youth Need Inclusive Sex Education." *HRC*. Retrieved November 1, 2021 (<https://www.hrc.org/resources/a-call-to-action-lgbtq-youth-need-inclusive-sex-education>).
- SIECUS. 2018. "If/Then Series: LGBTQ Rights & Sex Ed." *SIECUS*. Retrieved November 1, 2021 (<https://siecus.org/resources/if-then-series-lgbtq-rights-sex-ed/>).
- Sorokin, Pitirim A. 1959. *Social and Cultural Mobility: The Spirit of Discipline*. Glencoe: Free Press.
- Steinke, Jessica, Meredith Root-Bowman, Sherry Estabrook, Deborah S. Levine, and Leslie M. Kantor. 2017. "Meeting the Needs of Sexual and Gender Minority Youth: Formative Research on Potential Digital Health Interventions." *Journal of Adolescent Health* 60(5):541–48.
- Thomas, David R. 2006. "A General Inductive Approach for Analyzing Qualitative Evaluation Data." *American Journal of Evaluation* 27(2):237–46.

- Valocchi, Stephen. 2005. "Not Yet Queer Enough: The Lessons of Queer Theory for the Sociology of Gender and Sexuality." *Gender & society* 19(6):750-70.
- Wagaman, M. Alex. 2014. "Understanding Service Experiences of LGBTQ Young People through an Intersectional Lens." *Journal of Gay & Lesbian Social Services* 26(1):111–45.
- Woolliscroft, James O. 2020. "Innovation in Response to the COVID-19 Pandemic Crisis." *Academic Medicine : Journal of the Association of American Medical Colleges* 95(8):1140-42.