



A CALL TO ACTION:

LGBTQ YOUTH NEED INCLUSIVE SEX EDUCATION

EXECUTIVE SUMMARY

Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth need and deserve to learn in settings that are inclusive of their experiences and that give them the education necessary to stay safe and healthy. Far too many LGBTQ youth are sitting in classrooms where their teachers and textbooks fail to appropriately address their identities, behaviors and experiences. Nowhere is this absence more clear, and potentially more damaging, than in sex education.

Sex education can be one of the few sources of reliable information on sexuality and sexual health for youth. Hundreds of studies have shown that well-designed and well-implemented sex education can reduce risk behavior and support positive sexual health outcomes among teens, such as reducing teen pregnancy and sexually transmitted infection rates.¹

For LGBTQ youth to experience comparable health benefits to their non-LGBTQ peers, sex education programs must be LGBTQ-inclusive. Inclusive programs are those that help youth understand gender identity and sexual orientation with age-appropriate and medically accurate information; incorporate positive examples of LGBTQ individuals, romantic relationships and families; emphasize the need for protection during sex for people of all identities; and dispel common myths and stereotypes about behavior and identity.

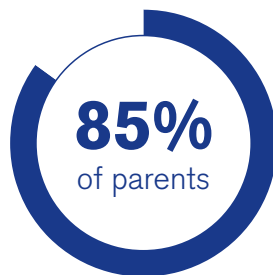
Whether legally barred or simply ignored, LGBTQ-inclusive sex education is not available for most youth. [The GLSEN 2013 National School Climate Survey](#) found that fewer than five percent of LGBT students had health classes that included positive representations of LGBT-related topics.² Among Millennials [surveyed](#) in 2015, only 12 percent said their sex education classes covered same-sex relationships.³



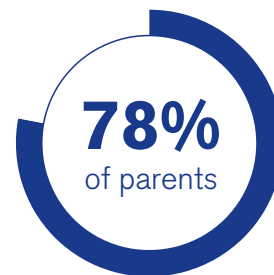
In qualitative research conducted by Planned Parenthood Federation of America (PPFA) and the Human Rights Campaign (HRC) Foundation, LGBTQ youth reported either not having any sex education in their schools or having limited sex education that was primarily or exclusively focused on heterosexual relationships between cisgender people (people whose gender identity matches their sex assigned at birth), and pregnancy prevention within those relationships.

The research also showed that LGBTQ youth have a limited number of trusted adults they feel comfortable talking with about sexual health, so they frequently seek information online or from peers. Much of the sexual health information online is neither age-appropriate nor medically accurate, and peers may be misinformed.

Sex education ought to help close this gap. Both public health organizations and the vast majority of parents agree and support LGBTQ-inclusive sex education. Eighty-five percent of parents surveyed supported discussion of sexual orientation as part of sex education in high school and 78 percent supported it in middle school.⁴ Sex education is a logical venue to help all youth learn about sexual orientation and gender identity, and to encourage acceptance for LGBTQ people and families. When sex education is another area where LGBTQ youth are overlooked or actively stigmatized, however, it contributes to hostile school environments and places LGBTQ youth at increased risk for negative sexual health outcomes.



**SUPPORTED
DISCUSSION
OF SEXUAL
ORIENTATION
AS PART OF SEX
EDUCATION IN
HIGH SCHOOL**



**SUPPORTED
DISCUSSION
OF SEXUAL
ORIENTATION
AS PART OF SEX
EDUCATION IN
MIDDLE SCHOOL**

To right these inequities, Advocates for Youth, Answer, GLSEN, the Human Rights Campaign, Planned Parenthood Federation of America and the Sexuality Information and Education Council of the U.S. (SIECUS) are calling on parents, youth, educators and policymakers to help by:

1. Becoming advocates for LGBTQ-inclusive sex education
2. Ensuring that school is a safe and accepting space for LGBTQ students
3. Implementing LGBTQ-inclusive sex education in schools, community settings and online
4. Talking to their own children and teens about sex and sexuality
5. Working to remove state-level legal and policy barriers to LGBTQ-inclusive sex education in schools and to require inclusive programs

THE PROBLEM

Background and Funding

The provision of sex education in public schools has a long and complicated history in the United States that is fraught with controversy stemming from disagreements over what youth should be taught about sex. Abstinence-only-until-marriage education, which began receiving major federal funding in the early 1980s during the Reagan administration, promotes abstaining from sex outside of marriage, emphasizes the failure rates of condoms and other methods of birth control, and generally overlooks or stigmatizes LGBTQ people.⁵ Despite evidence of its ineffectiveness,⁶ it then went on to receive significant funding increases during the George W. Bush administration. Since 1996, abstinence-only-until-marriage education received more than \$1.8 billion in federal taxpayer funding.

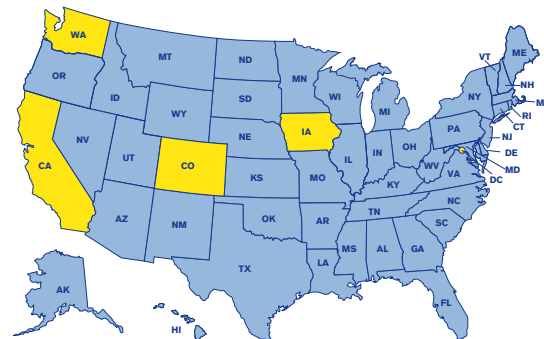
Fortunately, in recent years, there has been a move toward more effective approaches to sex education. In 2010, the U.S. Congress created two funding streams (the Teen Pregnancy Prevention Program and the Personal Responsibility Education Program) that support the implementation of evidence-based teen pregnancy and STI prevention programs.⁷ From a review of the program evaluation literature, the U.S. Department of Health and Human Services (HHS) has identified 37 evidence-based sex education programs that have been proven effective at improving sexual health outcomes.⁸

The funding for evidence-based programs, however, is currently under threat of being cut in favor of reverting to policies that support unproven abstinence-only-until-marriage programs. In 2015, abstinence-only-until-marriage programs still received \$55 million in federal funds, a number that is guaranteed to increase to at least \$75 million in 2016 even without this policy shift.⁹

The Legal Landscape

State laws regarding sex education vary widely across the country. Sex education is legally mandated in 22 states and the District of Columbia.¹⁰ When sex education is provided in schools, only 13 states require that the instruction be medically accurate; 26 states and the District of Columbia require that the information be appropriate for the students' age; and 18 states and the District of Columbia require that information on birth control be provided.¹¹

ONLY CALIFORNIA, COLORADO, IOWA, WASHINGTON AND WASHINGTON, D.C., HAVE STATE LAWS OR REGULATORY GUIDANCE REQUIRING SEX EDUCATION TO BE LGBTQ-INCLUSIVE.¹⁴



There are also laws and policies that explicitly or in effect prohibit inclusion of LGBTQ content in sex education. There are eight states that explicitly restrict the teaching of LGBTQ-related content in schools: Alabama, Arizona, Louisiana, Mississippi, Oklahoma, South Carolina, Texas and Utah. While some states like Arizona, prohibit instruction that “promotes a homosexual life-style,” others like Alabama, require teachers to “emphasize [...] that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state.”¹² In addition to this list, states such as Florida and North Carolina mandate that sex education focus on “monogamous heterosexual marriage.”¹³

While there are many other states that do not have such prohibitions against discussing homosexuality, few states require education about sexual orientation or programs that are inclusive of LGBTQ youth. According to HRC's 2014 State Equality Index, only four states — California, Colorado, Iowa and Washington — and the District of Columbia have state laws or regulatory guidance requiring sex education provided to students to be specifically inclusive of LGBTQ youth.¹⁴ Only 12 states require that sexual orientation be discussed in sex education at all. The lack of such requirements leaves states without clear guidance.¹⁵ The specific content of sex education is typically decided on a local level by school boards, advisory committees or even individual teachers — the result too often being the exclusion of LGBTQ youth.



Exclusionary and Hostile School Environments for LGBTQ Youth

Among Millennials surveyed in 2015, only 12 percent said their sex education class covered same-sex relationships.¹⁶ Across the United States, less than five percent of middle and high school students reported having positive discussions of LGBT-related topics in their health classes.¹⁷ According to the CDC's 2012 [School Health Profiles](#), in states that allow LGBTQ-inclusive content, the percentage of secondary schools that actually provided sex education curricula or supplementary materials that were LGBTQ-inclusive ranged from 8 to 44 percent.¹⁸ In other words, even in the states where educators are allowed to include LGBTQ-specific information, the vast majority of them do not.

In areas that implement abstinence-only curricula, students may hear messages that:¹⁹

- **Promote fear of same-sex attraction:** “Young persons may sense affection and even infatuation for a member of the same sex. This is not the same thing as ‘being’ homosexual. Any same sex ‘sexual experimentation’ can be confusing to young persons and should be strongly discouraged.”²⁰
- **Reinforce gender stereotypes and heterosexual relationships:** “What do guys talk about in the locker room? (Girls) What do girls talk about at sleepover parties? (Guys)”²¹
- **Mandate heterosexual marriage:** “The only safe sex is in a marriage relationship where a man and a woman are faithful to each other for life.”²²
- **Disparage non-traditional families:** “Single women are trying to be both mother and father. The absentee dad has become a norm in many communities. It is interesting that domestic violence, child abuse and increased poverty have also increased in proportion to the decline in the sanctity of marriage.”²³

Sex education programs that stigmatize LGBTQ people help cultivate hostile school environments by ignoring LGBTQ identities and experiences, or worse, actively promoting LGBTQ stigma. GLSEN's [National School Climate Survey](#) found that LGBT students who reported receiving an abstinence-only sex education curriculum were less likely to feel safe at school, more likely to miss school because they felt unsafe or uncomfortable, less likely to feel comfortable talking about LGBT issues with school personnel, and less likely to be able to identify educators who were supportive of LGBT students.²⁴ In the eight states that prohibit the positive discussion of homosexuality in schools, [students were more likely](#) to hear homophobic remarks from school staff, less likely to report feeling supported by school staff, less likely to receive an effective response to harassment from school staff, and less likely to have LGBTQ resources in schools such as comprehensive anti-harassment/assault policies and Gay-Straight Alliances.²⁵ Furthermore, [LGBT students who reported high levels of victimization](#) and discrimination at school because of their sexual orientation or gender expression are more than three times as likely as their peers to have missed school in the past month, have lower GPAs, lower self-esteem and higher levels of depression compared to their less frequently victimized peers.²⁶



Minority Stress Effect and LGBTQ Health

Interpersonal stress and discrimination that LGBTQ youth experience in their homes, schools or communities can lead to adverse mental and physical health outcomes — a phenomenon researchers and mental health professionals describe as the Minority Stress Effect.²⁷

Indeed, numerous large-scale studies have found that LGBTQ youth are significantly more likely than their non-LGBTQ peers to engage in behaviors that pose risks to their health and wellbeing. In a survey of over 150,000 students in grades 9 -12 between 2001 and 2009, the Centers for Disease Control and Prevention (CDC) found that lesbian, gay and bisexual-identified students were more likely to engage in:²⁸

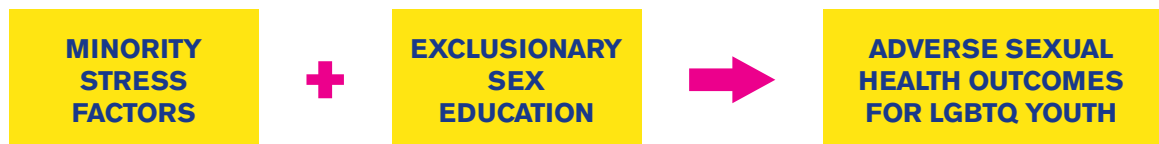
- Behaviors related to violence, including experiencing dating violence, sexual assault and avoiding school because of safety concerns
- Attempted suicide
- Tobacco, alcohol and other drug use
- Unhealthy weight management

Many LGBTQ youth also experience social and emotional isolation and family abuse. A survey by the Human Rights Campaign Foundation found that LGBT youth were about half as likely as non-LGBT youth to report being happy and about one-third said they didn't have an adult they could talk to.²⁹ LGB youth who experience high levels of family rejection are at particularly high risk for negative health outcomes compared to those whose families were supportive and accepting, including higher rates of attempted suicide, depression, illegal drug use and unprotected sex.³⁰

This kind of marginalization can have a range of serious consequences for LGBTQ youth when it comes to engaging in sexual behavior. Sexual minority youth are:³¹

- More likely to have begun having sex at an early age and to have multiple partners compared to their heterosexual peers
- More likely to have sex while under the influence of alcohol or other drugs
- Less likely to report using condoms or birth control at last sex

While studies that focus on LGB youth are far more prevalent than those that include or specifically study sexual risk behavior among transgender youth, the research that does exist suggests that condom use among transgender youth is also inconsistent, particularly with primary sexual partners.³²



The combination of minority stress factors and exclusionary sex education ultimately leads to disproportionate adverse sexual health outcomes for LGBTQ youth. Several studies have found that LGB youth are two to three times more likely to report having ever been or gotten someone pregnant than their heterosexual peers.³³ An analysis of the Massachusetts Youth Risk Behavior Survey also found that LGB youth were more likely than heterosexual youth to have been diagnosed with HIV or another STI.³⁴ According to the CDC, most new HIV infections among youth ages 13-24 occur among gay and bisexual men and transgender women who have sex with men. There was a 22 percent increase in estimated new infections among this group from 2008 to 2010.³⁵



THE SOLUTION

LGBTQ-Inclusive Sex Education

Quality sex education provides students with opportunities for learning sexual health information, exploring attitudes and values about sexuality and relationships, and developing critical interpersonal skills. Sex education encourages students to talk with their parents about sex and teaches students communication, negotiation and refusal skills they can use to form healthy relationships. Hundreds of studies have shown that well-designed and well-implemented sex education programs can reduce sexual risk and support positive sexual health outcomes among teens, including:³⁶

- Delaying the age of first sexual intercourse
- Reducing the overall number of sexual partners
- Reducing unprotected sex and increasing use of condoms and contraception
- Reducing unintended teen pregnancy
- Reducing rates of teen HIV and other sexually transmitted infections (STIs)

LGBTQ youth deserve to receive the same benefits from sex education as their non-LGBTQ peers. Overcoming the current health disparities experienced by LGBTQ youth requires supportive learning environments and sex education programs that are inclusive of their identities, needs and experiences.

Sex education that is LGBTQ-inclusive should, at a minimum:

- Include information for all students about sexual orientation and gender identity that is medically accurate and age-appropriate
- Be designed with the needs of LGBTQ students in mind and be implemented with awareness that all classes are likely to have some LGBTQ students
- Include depictions of LGBTQ people and same-sex relationships in a positive light in stories and role-plays
- Use gender-neutral terms such as “they/them” and “partner” whenever possible
- Ensure that prevention messages related to condom and birth control use are not relayed in a way that suggests only heterosexual youth or cisgender male/female couples need to be concerned about unintended pregnancy and STI prevention
- Avoid making assumptions about students’ sexual orientation or gender identity

Comprehensive sex education delivered in schools from kindergarten through 12th grade is the best way to provide truly LGBTQ-inclusive sex education and ensure positive sexual health outcomes for all youth. These programs provide medically accurate and age-appropriate information on human development, relationships, personal skills, sexual behavior including abstinence, sexual health and society and culture.³⁷ Most importantly for LGBTQ youth, comprehensive sex education provides factual, non-stigmatizing information on sexual orientation and gender identity as a part of human development and teaches youth to respect LGBTQ people with messages like “Making fun of people for not acting the way society expects them to based on their biological sex [sic.] is disrespectful and hurtful” and “People deserve respect regardless of who they are attracted to.”³⁸

Though comprehensive sex education is far from common in U.S. schools, sex education of any kind is a logical venue to help young people learn about identity and encourage acceptance for LGBTQ people and families. Even smaller scope programs delivered in schools, community settings or online that are designed or adapted to be LGBTQ-inclusive can make a difference for LGBTQ youth — particularly if they are evidence-based.

A study of the [impact of LGB-inclusive HIV education](#) found that LGB students receiving inclusive education reported fewer sexual partners, less recent sex and less substance use before having sex than LGB youth in other schools.³⁹ In a [survey of more than 1,200 middle- and high-school students](#) across California, students whose health and sexuality classes expressed support for LGBTQ people were less likely to report bullying based on sexual orientation and gender expression.⁴⁰ These students were also more likely to feel safe at school. Inclusive content in other subjects made a difference, but sexuality and health education classes mattered most across various measures of school climate.



Public Support for LGBTQ-Inclusive Sex Education

Parents and leading health organizations alike support providing more LGBTQ-inclusive sex education. Ninety-six percent of parents support providing sex education in high school and 94 percent support it in middle school. Further, 85 percent of parents specifically support discussion of sexual orientation as part of sex education in high school and 78 percent support it in middle school.⁴¹

Many health organizations have issued statements and position papers expressing their support for LGBTQ-inclusive education, including:

The Society for Adolescent Medicine: “Health educators and clinicians caring for adolescents should **promote social and cultural sensitivity** to sexually active youth and gay, lesbian, bisexual, transgendered [sic.] and questioning youth. Health education curricula should also reflect such sensitivity.”⁴²

The American Public Health Association: “Urges all states to require and adequately fund local school districts and schools to plan and implement comprehensive sexuality education as **an integral part of comprehensive K-12 school health education**. This education must be... consistent with community standards and efforts to foster safe and welcoming schools; be implemented in a nonjudgmental manner that does not impose specific religious viewpoints on students... Districts should use multiple sources of data regarding students’ needs, knowledge, and behaviors so that they can plan programs that meet the prevention needs of all students, with due attention to those who might be at greater risk for HIV, other STIs, and pregnancy, such as young men who have sex with men and members of populations with high prevalence rates.”⁴³

The American Medical Association: “The American Medical Association (AMA) urges schools to implement **comprehensive, developmentally appropriate sexuality education programs** that... utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth.”⁴⁴



A CALL TO ACTION FOR YOUTH, PARENTS, COMMUNITY MEMBERS, EDUCATORS AND POLICYMAKERS

Youth

Become an advocate for inclusive sex education. LGBTQ youth and allies can speak to school health advisory committees (SHACs), school boards, school administrators and teachers about the need for sex education programs that meet their needs. Some SHACs include student members, so consider joining to advocate for inclusive curricula. School clubs, such as Gay-Straight Alliances, can also play a role in educating peers and advocating with educators at school for inclusive sex education. When possible, organize other people to advocate with you. Consult [Youth Activist's Toolkit](#) from Advocates for Youth for more ideas. [GLSEN](#) and the [Gay-Straight Alliance Network](#) also have many resources to help build or strengthen Gay-Straight Alliances.

Parents and Community Members

Find out what is being taught in your local schools. Many people have no idea whether their schools are providing abstinence-only-until-marriage education, sex education programs that are non-inclusive or truly inclusive programs.

Become an advocate. The way that decisions about sex education curricula are structured vary by school district but there is generally a school health advisory committee that helps oversee curriculum choice. Parents and other community members can speak to school health advisory committees (SHACs), school boards, school administrators and teachers about the need for LGBTQ-inclusive sex education programs. When possible, join the health advisory committee to help positively influence curriculum decisions.

Talk about sex with your own children. Learn about parent-child communication techniques and talk to your own children about the range of gender identities and expressions, as well as healthy sexuality and relationships. Advocates for Youth has a [comprehensive guide](#) to help parents through difficult conversations and Planned Parenthood has a section on its [website](#) with tools for parents.

Educators

Develop and implement LGBTQ-inclusive sex education curricula. Educators should incorporate best practices for LGBTQ inclusion in sex education curricula delivered in schools, community settings and online. Resources for developing inclusive programs include your local Planned Parenthood affiliate, Answer's professional development workshop, [LGBTQ Issues in Schools](#), and "Responsive Classroom Curriculum for Lesbian, Gay, Bisexual, Transgender, and Questioning Students" in *Creating Safe and Supportive Learning Environments: A Guide for Working with Lesbian, Gay, Bisexual, and Questioning Youth and Families*.⁴⁵

Promote inclusivity throughout the school experience. The more that LGBTQ topics are discussed in the classroom and visible on campus, the better it is for LGBTQ youth. It is safe to assume that you have LGBTQ students in your class, whether you know it or not. Support or help students start affirming student organizations like Gay-Straight Alliances. Ensure an early and integrated approach to all LGBTQ issues by talking about LGBTQ people in history, using examples of same-sex couples in math word problems, and using terminology that acknowledges different family structures and gender identities. For more ideas on creating inclusive classrooms, consult GLSEN's [LGBTQ-Inclusive Curriculum Guide for Educators](#) and [lesson plans on bullying, bias, and diversity](#).

Policymakers

Remove legal barriers. Policymakers are in a unique position to create change and clear legal roadblocks to LGBTQ-inclusive sex education. Federal, state and local policymakers should work to address gaps and remove restrictions in the policy landscape, requiring sex education that goes beyond disease or pregnancy focus and is truly LGBTQ-inclusive. Policymakers can also support funding for effective sex education and resources for teacher training, program evaluation and research.



- 1 Advocates for Youth. (2008). *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. Washington, D.C.: Alford, S. et al.; Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health, 42*(4), 344-351; Kirby, D. B., Laris, B. A., & Rollieri, L. A. (2007). Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health, 40*(3), 206-217.
- 2 GLSEN. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014).
- 3 Public Religion Research Institute. *How Race And Religion Shape Millennial Attitudes On Sexuality and Reproductive Health Findings from the 2015 Millennials, Sexuality, and Reproductive Health Survey*. Washington, D.C.: Jones, R. P. & Cox, D.
- 4 Let's Talk Poll (2015). New York: Planned Parenthood Federation of America and Center for Latino Adolescent and Family Health.
- 5 Sexuality Information and Education Council of the United States. *A History of Federal Funding for Abstinence-Only-Marriage Programs*. Retrieved from <http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=1340&noid=1>
- 6 Kantor, L. M., Santelli, J. S., Teitler, J., & Balmer, R. (2008). Abstinence-only policies and programs: An overview. *Sexuality Research & Social Policy, 5*(3), 6-17.
- 7 Sexuality Information and Education Council of the United States. *An Explanation of Federal Funding for More Comprehensive Approaches to Sex Education*. Retrieved from <http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1262>
- 8 US Department of Health and Human Services. *Teen Pregnancy Prevention Evidence Review*. Retrieved from <http://tpevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>
- 9 Sexuality Education and Information Council of the United States. (2014). *Support Federal Adolescent Sexual Health Education & Promotion Programs*. Retrieved from http://siecus.org/_data/n_0001/resources/live/ProgramFactsheet.pdf
- 10 Guttmacher Institute. (2015, Aug. 1). *State Policies in Brief, Sex and HIV Education*. Retrieved from https://www.guttmacher.org/statecenter/spibs/spib_SE.pdf
- 11 Ibid.
- 12 GLSEN. "No Promo Homo" Laws. Retrieved from <http://www.glsen.org/learn/policy/issues/nopromohomo>
- 13 National Coalition to Support Sexuality Education. *State Mandates and Coalitions*. Retrieved from <http://www.ncsse.com/index.cfm?pageid=939>
- 14 Human Rights Campaign Foundation. (2015). *2014 State Equality Index*. Washington, D.C.: Gill, A.M.
- 15 Guttmacher Institute. (2015, Aug. 1). *State Policies in Brief, Sex and HIV Education*. Retrieved from https://www.guttmacher.org/statecenter/spibs/spib_SE.pdf
- 16 Public Religion Research Institute. *How Race And Religion Shape Millennial Attitudes On Sexuality and Reproductive Health Findings from the 2015 Millennials, Sexuality, and Reproductive Health Survey*. Washington DC: Jones, R. P. & Cox, D.
- 17 Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- 18 Demissie, Z., Brener, N.D., McManus, T., Shanklin, S.L., Hawkins, J., & Kann, L. (2013). *School Health Profiles 2012: Characteristics of Health Programs Among Secondary Schools*. Atlanta: Centers for Disease Control and Prevention.
- 19 Sexuality Information and Education Council of the United States. (2008). *Pride or Prejudice: How Fear-Based Abstinence-Only-Until-Marriage Curricula Present Sexual Orientation*. Retrieved from <http://www.communityactionkit.org/index.cfm?fuseaction=page.viewPage&pageID=1095&noid=3&stopRedirect=1>
- 20 Fuller, R., McLaughlin, J., & Asato, A. (2000). *FACTS —Family Accountability Communicating Teen Sexuality, Middle School and Senior High School Editions*. Portland, OR: Northwest Family Services.
- 21 Cook, B. (2000 & 2003). *Choosing the Best LIFE*. Atlanta, GA: Choosing the Best, Inc.
- 22 Phelps, S. & Gray, L. A.C. *Green's Game Plan*. Glenview, IL: Project Reality, undated.
- 23 Frainie, K. (2002). *Why kNOW*. Chattanooga, TN: Abstinence Education Inc.
- 24 Kosciw, J. G., Diaz, E. M., and Greytak, E. A. (2008). *2007 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- 25 Kosciw, J. G., Greytak, E. A., Diaz, E. M., and Bartkiewicz, M. J. (2010). *The 2009 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- 26 Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- 27 Herek, G.M. (Ed.). (1998). Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals. *Psychological perspectives on lesbian and gay issues*, Vol. 4., (pp. 138-159). Thousand Oaks, CA, US: Sage Publications, Inc, x, 278 pp.; Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin, 129*(5), 674-697. doi:10.1037/0033-2909.129.5.674
- 28 Kann, L., Olsen, E. O., McManus, T., Kinchen, S., Chyen, D., Harris, W. A., & Wechsler, H. (2011). 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. MMWR Surveillance Summaries, 60(SS-7), 1-134.
- 29 Human Rights Campaign Foundation. *Growing Up LGBT in America*. Retrieved from http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/Growing-Up-LGBT-in-America_Report.pdf
- 30 Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*(1), 346-352. doi: 10.1542/peds.2007-3524
- 31 Pathela, P., & Schillinger, J. A. (2010). Sexual behaviors and sexual violence: Adolescents with opposite-, same-, or both-sex partners. *Pediatrics, 126*(5), 879-886. doi:10.1542/peds.2010-0396; Saewyc, E. M., Poon, C. S., Homma, Y., & Skay, C. L. (2008). Stigma management? The links between enacted stigma and teen pregnancy trends among gay, lesbian, and bisexual students in British Columbia. *The Canadian Journal of Human Sexuality, 17*(3), 123-139.; Tornello, S. L., Riskind, R. G., & Patterson, C. J. (2014). Sexual orientation and sexual and reproductive health among adolescent young women in the United States. *Journal of Adolescent Health, 54*(2), 160-168. doi:10.1016/j.jadohealth.2013.08.018; Herrick, A. L., Marshal, M. P., Smith, H. A., Sucato, G., & Stall, R. D. (2011). Sex while intoxicated: A meta-analysis comparing heterosexual and sexual minority youth. *Journal of Adolescent Health, 48*(3), 306-309. doi:10.1016/j.jadohealth.2010.07.008; Kann, L., Olsen, E. O., McManus, T., Kinchen, S., Chyen, D., Harris, W. A., & Wechsler, H. (2011). 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. MMWR Surveillance Summaries, 60(SS-7), 1-134.
- 32 Wilson, E. C., Garofalo, R., Harris, D. R., Belzer, M., Transgender Advisory Committee, & Adolescent Medicine Trials Network for HIV/AIDS Interventions. (2010). Sexual Risk Taking Among Transgender Male-to-Female Youths With Different Partner Types. *American Journal of Public Health, 100*(8), 1500-1505. doi:10.2105/AJPH.2009.160051
- 33 Saewyc, E., Poon, C., Wang, N., Homma, Y., Smith, A., & the McCreary Centre Society. (2007). *Not Yet Equal: The Health of Lesbian, Gay, & Bisexual Youth in BC*. Vancouver, BC: McCreary Centre Society; Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health, 91*(6), 940-946.
- 34 Massachusetts Department of Education. (2004). *The 2003 Massachusetts Youth Risk Behavior Survey Results*. Malden, MA: Belinda Hanlon.
- 35 Centers for Disease Control and Prevention. *HIV Among Youth*. Retrieved from <http://www.cdc.gov/hiv/group/age/youth/index.html>



- 36 Advocates for Youth. (2008). *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. Washington, D.C.: Alford, S. et al; Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health, 42*(4), 344-351; Kirby, D. B., Laris, B. A., & Roller, L. A. (2007). Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health, 40*(3), 206-217.
- 37 Sexuality Information and Education Council of the United States. *The Guidelines for Comprehensive Sexuality Education; Kindergarten-12th Grade; 3rd Edition*. Retrieved from http://www.siecus.org/_data/global/images/guidelines.pdf
- 38 Ibid.
- 39 Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health, 91*(6), 940-946.
- 40 Snapp, S. D., McGuire, J. K., Sinclair, K. O., Gabrion, K., & Russell, S. T. (2015). LGBTQ-inclusive curricula: why supportive curricula matter. *Sex Education*, (ahead-of-print), 1-17. DOI: 10.1080/14681811.2015.1042573
- 41 Let's Talk Poll. (2015). New York: Planned Parenthood Federation of America and Center for Latino Adolescent and Family Health.
- 42 Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. Abstinence and abstinence-only education: A review of U.S. policies and programs. *Journal of Adolescent Health, 38*(1), 72-81.
- 43 American Public Health Association. *Policy Statement: Sexuality Education as Part of a Comprehensive Health Education Program in K to 12 Schools*. Retrieved from <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/23/09/37/sexuality-education-as-part-of-a-comprehensive-health-education-program-in-k-to-12-schools>
- 44 Council on Scientific Affairs. *Report of the Council on Scientific Affairs*. [Action of the AMA House of Delegates 1999 Interim Meeting, CSA Report 7-I-99]. Chicago, IL: American Medical Association, 1999.
- 45 Greytak, E. G., & Kosciw, J. G. (2013). Responsive classroom curriculum for lesbian, gay, bisexual, transgender, and questioning students. In E. Fisher & K. Komosa-Hawkins (Eds.), *Creating Safe and Supportive Learning Environments: A Guide for Working with Lesbian, Gay, Bisexual, and Questioning Youth and Families*. (pp. 157-175): New York: Routledge.