LEFT OUT: LGBTIQ INCLUSIVITY IN SEX EDUCATION

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Quick Review of Terminology

Alphabet Soup:
Gender WHAT?! 

The Genderbread Person

**Gender Identity**
- Woman
- Genderqueer
- Man

Gender identity is how you, in your head, think about yourself. It’s the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

**Gender Expression**
- Feminine
- Androgynous
- Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

**Biological Sex**
- Female
- Intersex
- Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

**Sexual Orientation**
- Heterosexual
- Bisexual
- Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

Image credit: www.itspronouncedmetrosexual.com
Snapshot of LGBTIQ Sexual Health

- Men who have sex with men (MSM) account for 61% of new HIV infections in 2009. (CDC 2012)

- MSM are 46 times more likely to have syphilis compared to heterosexual men. (CDC 2010)

- Bacterial Vaginosis is more common among women who have sex with women (WSW). (CDC 2012)

- The pregnancy rate for lesbian and bisexual women in their teens are 2-7 times greater than straight peers. (Not Yet Equal)

Barriers to Health-care Services

Intimate Partner Violence

- **3930** reported incidents of IPV in LGBTQ communities nationwide.

- **19** homicides in the LGBTQ community were a direct result of IPV.

- Bisexual and transgender identified individuals were more likely to report experiences of verbal harassment, threats and intimidation as part of IPV.

- **61.6%** of LGBTQ survivors of IPV who sought shelter were denied.

Why is LGBTIQ Inclusive Sex Ed Important?

• Helps LGBTIQ young people make healthy and responsible decisions.

• Provides information on anatomy, development, healthy relationships, prevention of unintended pregnancy and STIs (including HIV).

• Includes medically accurate information.

• Emphasizes critical thinking and develops decision-making skills.

• Delays initiation of sexual activity, decreases number of sexual partners and provides information about condoms and contraception.
Let’s Hear what LGBTIQ Young People had to say about inclusive Sex Ed

Image credit: www.everybodysgood.com
“My classmates are closed minded”

- FLASH and ETR have lessons specifically discussing sexual orientation and gender identity, all students should be learning about it.

- Accepting and respecting LGBTIQ students (leave politics out) falls under our core universal values.

- Create a space where LGBTIQ youth are the norm, not the exception.

- “Be truthful even if it’s scary for you, truth will be uncomfortable”
Parents Just Don’t Understand

• Most youth agreed that parents need their own sex ed class.

• Many parents are uncomfortable talking with their child about LGBTIQ issues.

• Think it’s a cop out to answer a question that tells student to ask their parents.

• Not all LGBTIQ youth have parents who are safe to talk to.
  • 30% of families reject their child when they learn about their sexual orientation

Supporting LGBT Youth and Their Families (Maryland: Family Acceptance Project, 2009)
Make It Relevant

- Focus is usually on teen pregnancy prevention through a hetero-normative lens. Even when STIs are discussed, heterosexuality is assumed (behaviors v. identity).
- Geared more toward women, make it relevant to masculine identified students.
- Think beyond the male/female binary.
- Address misconceptions and stereotypes about LGBTIQ communities.
- When LGBTIQ issues do come up, do not deem them as inappropriate or brush over the topic.
Sexuality is More Than Just Sex

• “There’s more to me than just sex.”

• “How you feel about yourself is the driving factor in what you do with your sexuality.”

• “It’s important to learn about yourself and who you are.”

• “Sexuality includes the emotional self just as much as the physical… it’s more than anatomy.”

• “Self-reflection should be an important piece of sex education.”
“Sex education should just include information about being queer because it’s just another section of sex ed, it’s education. It needs to be part of it. Like how algebra is part of math. You may not like algebra but you’re going to learn it whether you like it or not.”
You Can Influence Change

Spheres of Influence

- Economic Policy
- Educational Policy
- Policies & Systems
- Communities
- After School Programs
- Health Policies
- Administrative Decisions
- Job Opportunities
- Social Networks
- Friends
- Family Support Services
- Health Services
- Schools
- Individual Youth
  - Personal Skills
  - Knowledge
  - Behaviors

Ask Me Questions

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Creating LGBTQ Inclusivity in the Reducing the Risk Curriculum
Third Annual Teen Pregnancy Prevention Grantee Conference
Monday, May 20, 2013

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Rafael is 17. He likes making art and has done the artwork for graphic novels written by a couple of his friends. He’s looking forward to graduating next year and going to art school. He has a girlfriend, Liz, who goes to another school. He likes hanging out with Liz and her friends because they all think of him as a guy. In his own school, kids remember when he started dressing and acting as a guy instead of a girl. People don’t usually say anything to him about it, but he knows they find the whole transgender thing confusing. It’s just easier for him to be with Liz. His parents have always supported him, and they’re really proud of the artwork he does. They’re a little worried about his relationship with Liz because they know that some of her friends got in trouble with the police last year for stealing some computers, and they don’t want Rafael to get involved with that.
Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health

Joining with community partners to create an environment where all teens have the information, skills and resources to act upon healthy decisions about their sexual and reproductive health
Evidence Based Intervention: *Reducing the Risk*

- Increases parent-teen communication about abstinence and contraception
- Reduces the onset of sexual intercourse for 18 months
- Increases condom use by youth who have already initiated sexual intercourse
South Bronx Sex Ed Pilot

- Pilot 2007-08 in South Bronx Schools
- Task Force identified LGBTQ blind spot
  - Curricula
  - Survey
In this workshop we’ll share:

- Data about pregnancy and sexual health risks of LGBTQ youth show the need for inclusive sex ed
- How the NYC Education and Health Departments partnered... and discovered an LGBTQ gap in a “gold standard” evidence-based sex ed curriculum
- How we devoted funds and collaborated with the publisher to address the blind spot
- How we created a brand new guide that is now available nationally and is inclusive of LGBTQ students
LGBTQ youth are at high risk for pregnancy.

Really?
LGBQ students are more likely to have been pregnant or to have gotten someone pregnant than their straight counterparts.

Source: New York City Department of Health and Mental Hygiene in collaboration with the NYC Department of Education. Youth Risk Behavior Survey (2011)  † $p < 0.05$
Gay, lesbian and questioning students are more likely drink to alcohol or use drugs before their last sexual encounter than their straight counterparts.

Source: New York City Department of Health and Mental Hygiene in collaboration with the NYC Department of Education. Youth Risk Behavior Survey (2011)

* Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable. † p<0.05
Condom use, contraceptive use and pregnancy status vary by sexual identity

Source: New York City Department of Health and Mental Hygiene in collaboration with the NYC Department of Education. Youth Risk Behavior Survey (2011)

* Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable.  † p<0.05
Alcohol and drug use and number of sexual partners vary by sexual identity

Source: New York City Department of Health and Mental Hygiene in collaboration with the NYC Department of Education. Youth Risk Behavior Survey (2011)

* Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, making the estimate potentially unreliable. † p<0.05
Components

Fact Sheet: “Building School Success for All Students”

- For school staff
- Gives background and overview of research on LGBTQ youth
Components
Supplemental Lesson:
“Who We Are: Understanding Self-Identity”

✓ Sets the tone
✓ Introduces the concepts of self identity and sexual identity
✓ Helps students distinguish among gender identity, sexual attraction and sexual behavior
✓ Applies learning through the use of vignettes
Components
Supplemental Lesson:
“Who We Are: Understanding Self-Identity”

- “Who Are You?” student worksheet
- “Understanding Sexual Behavior and Identity” Card activity
- “Stories of Young People” vignette activity
- Summary and Resource Distribution
Components

Discussion Guide:

“Making Reducing the Risk Lessons LGBTQ Inclusive”

✓ General suggestions for inclusivity
✓ Lesson specific suggestions
Road to Implementation

- Pilot
- Refine
- Train
- Implement
Nationally Available!

Learn more about ETR

Reducing the Risk
Understanding Self-Identity
Building a Supportive Environment for LGBTQ Students

Be an LGBT Ally

Being Gay/Lesbian
**Teacher Online Implementation Log: Spring 2012 Understanding Self-Identity**

<table>
<thead>
<tr>
<th>Received Supplement</th>
<th>Completed Teacher Log</th>
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<tbody>
<tr>
<td>• 28 classrooms</td>
<td>• 22 classrooms, 16 teachers</td>
</tr>
<tr>
<td>• 24 teachers</td>
<td>• 418 students</td>
</tr>
<tr>
<td>• 573 students</td>
<td>• 73% of teachers reported lesson went “good” or “great”</td>
</tr>
<tr>
<td>✓ Based on teacher-reported enrollment</td>
<td>• 55% of classrooms completed all activities fully or partially</td>
</tr>
</tbody>
</table>
“Students gave great attention to lesson. Students asked questions, which I thought was very good. Overall this was a wonderful lesson.”

“Students asked sensitive questions to clarify their understanding. They had some confusion between being homosexual and being bisexual. They were also curious why people couldn't decide which sexual preference they had.”

“I found the students to be open with questions and accepting of homosexual/bisexual behaviors.”
Preliminary Results

*Knowledge scores increased after the curriculum (p < .05)*

N=25 classrooms

![Bar chart showing mean % correct scores for different topics](chart.png)
Stories of Young People

Reducing the Risk
Understanding Self-Identity
Building a Supportive Environment for LGBTQ Students
**Jocelyn is 17**, serious about school, and interested in going to medical school. She is a peer health educator at her school and knows a lot about safer sex and staying healthy. She also likes to party and have fun. She has been out as a lesbian at her school for a couple of years and has a girlfriend, Maya. She considers Maya her primary relationship, but she also has a boyfriend, Shawn, whom she calls her “friend plus.” She has safer sex with both of her partners.

Jocelyn lives with her mom and her little brother and sister. They’re proud of her accomplishments at school. Everyone in the family likes both Maya and Shawn, but her mom gets confused sometimes about what Jocelyn is doing. She can’t understand why Jocelyn has a girlfriend and a boyfriend, and she thinks it confuses Jocelyn’s brother and sister.

Some of Jocelyn’s friends think she’s just experimenting with Shawn. Some think she’s experimenting with Maya. Some think she’s bisexual and doesn’t want to say so. Jocelyn laughs and says she doesn’t care what her friends think—it’s what she feels that matters.
**Luis is 17.** All his friends tell him he is really funny, so he’s thinking he wants to be a stand-up comic someday. Except, because he’s in a wheelchair, he sometimes jokes that he’ll be a sit-down comic. He’s done gigs in the local comedy club, and audiences love him!

He had a girlfriend, but a year ago she broke off the relationship. It took him a long time to get over it. Now he’s starting to see Victoria. They laugh a lot and are really attracted to each other.

Some people at Luis’ school wonder why someone as popular as Victoria is going out with a guy in a wheelchair. That’s not an issue with his family and friends. They know Luis is a great guy and are happy he has someone new. They think Victoria is lucky to be with him.
We welcome your comments and questions

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Interesting Notes on Sexual Orientation

- 13.8% (approx. 31,000) of NYC students self-identify as LGBQ

- 18.5% of students who report having had sex with people of both genders identify as heterosexual
  - 1% of students who identify as heterosexual, report having had sex with people of both genders

- 6.0% of students who report having had sex with people of both genders identify as gay/lesbian
  - 12% of students who identify as gay/lesbian, report having had sex with people of both genders

Source: Youth Risk Behavior Survey (YRBS) 2011. EpiQuery
School and community environments that ignore, fail to acknowledge, or are hostile to LGBTQ teens increase the likelihood of such risks, including:

- Risky sexual behaviors
- Harassment and violence
- Emotional and mental health problems
- Lower academic achievement

Studies have suggested that, compared with heterosexual students, LGBTQ students experience:

- Earlier onset of sexual behavior, including intercourse with opposite-sex partners
- Greater numbers of sexual partners
- Higher rates of sexual victimization and forced sex
- Higher rates of unintended pregnancy
- More frequent substance use before sex
- More frequent high-risk sexual behaviors; reduced rates of condom use; and increased risk of STD, including HIV

Creating an atmosphere of greater respect and inclusiveness is helpful for all students. At schools that use inclusive curricula:

- Fewer homophobic remarks are heard at school.
- Fewer LGBTQ students feel unsafe at school.
- Fewer LGBTQ students miss school because of feeling unsafe.
- LGBTQ students report feeling more accepted by peers, and greater school connectedness.

Contraceptive use varies by sexual identity

Source: Youth Risk Behavior Survey (YRBS) 2011. EpiQuery

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is small, making the estimate potentially unreliable.
NYC YRBS Background

Part of the CDC’s National Youth Risk Behavior Surveillance System, the NYC Youth Risk Behavior Survey (YRBS) is conducted through an ongoing collaboration between the New York City Department of Health and Mental Hygiene (DOHMH), the New York City Department of Education (DOE), and the National Centers for Disease Control and Prevention (CDC).

The 2011 the NYC YRBS was completed by 11,570 students in 102 public high schools in New York City during the fall of 2011. The school response rate was 93%, the student response rate was 79%. The results are representative of all students in grades 9-12. The demographic profile of the study sample:

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<tr>
<th>Sex</th>
<th>Grade</th>
<th>Race/Ethnicity</th>
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<tbody>
<tr>
<td>Female:</td>
<td>50.0%</td>
<td>White NH: 14.1%</td>
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<tr>
<td>Male:</td>
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<td>Black NH: 34.6%</td>
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<td></td>
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<td></td>
<td>11th:</td>
<td>All other races: 0.4%</td>
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<tr>
<td></td>
<td>12th:</td>
<td>Multi-racial: 0.5%</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td>0.4%</td>
</tr>
</tbody>
</table>