



# “Don’t Leave Us Out”: LGBTQ+ Students on Sex Education in North Carolina

## Recommendations for Schools from Young People in Catawba, Cumberland, Mecklenburg, and Wake Counties

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### Introduction

SHIFT NC conducted five focus groups with racially and ethnically diverse LGBTQ+ young people throughout North Carolina in order to learn more about LGBTQ+ students’ school experiences and recommendations. We asked the young people who participated in these focus groups about the experiences of LGBTQ+ students at their schools, such as experiences with peers, educators, and administrators. We also asked about their experiences receiving sexual health education and about where LGBTQ+ students access information about sexual health, such as information about condoms and STI testing.

This paper is part of a series of papers that share what we learned from students’ firsthand experiences.

We hope that NC school staff and community organizations can use these young people’s recommendations to better support students’ health, safety, and success. We also hope that LGBTQ+ young people can use these white papers to support their ongoing leadership in our state.

*“I feel like they really focus on a male and a female and they don’t talk ‘bout like, how to have gay sex. Like that should be talked about, like you have to know how to do it and how to prevent things because if you don’t know how things work, you’re not gonna know the consequences, either.”*

*Daryl, Catawba County*

## Methods

During Spring 2019 and Summer 2020, SHIFT NC conducted five focus groups with LGBTQ+ youth ages 14-19 who attended school in NC (n=30). Groups in 2019 were held in person. Groups in 2020 were held virtually via Zoom. Participants were selected via purposive convenience sampling with outreach by four LGBTQ+ community organizations from across the state. Recruitment in 2020 focused on reaching LGBTQ+ students who were youth of color. We obtained informed consent and guardian consent for youth under age 18 before participation. Participants received a gift card incentive for their participation. Focus groups were audio recorded and the data were transcribed. Participants had the option to write, post, or type anonymous responses, which were also recorded and used in analyses. Demographic data was collected by self-report. Open coding was used following a content analysis approach to generate salient themes that aligned with the key aims of the study. All names used are pseudonyms to protect the privacy of participants.

## Demographics

A total of 30 youth ages 14-19 years old participated (mean age: 16.7). Half of the youth (15) participated in 2019, and half (15) in 2020. Participants in 2020 were mostly youth of color. Among participants in both years, more than half identified as White (57%); 23% as Black; and 17% as Asian, South Asian, or Pacific Islander. A smaller percentage identified as Latinx or Hispanic (10%), multiracial (10%) and Native American, American Indian or Alaska Native (7%). Participants attended school in the following counties: Alexander, Burke, Catawba, Cumberland, Mecklenburg, Wake, and Washington. At the time of participation, most participants were in high school grades 8-12 (73%). About two thirds attended public school and 20% attended home school after previously attending public school. Among 2020 participants, nearly half (47%) reported having a mental health condition and one third reported having a learning disability.

Participants reported diverse gender identities. Forty-three percent self-identified as transgender, and 43% reported a non-binary gender. Participants also reported diverse sexual orientations. Thirty percent identified as bisexual, and 17% identified as asexual or on the asexual spectrum.

<b>Race/Ethnicity*</b>	<b>n</b>	<b>%</b>
African American or Black	7	23
Asian, South Asian, or Pacific Islander	5	17
Latinx or Hispanic	3	10
Multiracial	3	10
Native American, American Indian or Alaska Native	2	7
White	17	57

\*Participants were given the option to identify with all race categories that applied. For those who chose more than one category, they were counted for each category they indicated. The percent total is more than 100%.

<b>County Where Attended or Attending School</b>	<b>n</b>	<b>%</b>
Alexander	1	3
Burke	3	10
Catawba	5	17
Cumberland	8	27
Mecklenburg	5	17
Wake	7	23
Washington	1	3

<b>Gender Identity</b>	<b>n</b>	<b>%</b>
Boy/Man/Male	9	30
Girl/Woman/Female	8	27
Non-binary Genders*	13	43
Questioning	1	3

\*Participants were given the option to write in their gender identity. This category includes agender, femme non-binary, genderqueer, genderfluid, gender flux tran-girl, queer, and transmasculine.

<b>Sexual Orientation</b>	<b>n</b>	<b>%</b>
Asexual and Asexual Spectrum	5	17
Bisexual	9	30
Gay or Homosexual	3	10
Lesbian	4	13
Queer	3	10
Questioning	2	7
Pansexual	3	10
No Answer	1	3

<b>Transgender (Self-Identified)</b>	<b>n</b>	<b>%</b>
Yes	13	43
No	13	43
Unsure	4	13

## School is the Place for Inclusive Sex Education

*“I think school is the best place because we spend the most time there.”*

*Betsy, Cumberland County*

When we asked focus group participants where LGBTQ+ students want to have sexual health information available to them, participants in all five focus groups overwhelmingly named school as the preferred setting. They suggested several specific school settings that might be ideal:

- In the classroom
- As an elective
- With a small group of school counselors
- At GSA/QSA meetings
- On the school website

A few participants also said that LGBTQ+ students want to access information through privately accessible, reputable websites; behavioral health care provider offices; or books and pamphlets.

## Inclusive Information is “Non-Existent” at School

*“PornHub and Tumblr taught me more about gay sex than school did.”*

*Noah, Mecklenburg County*

Participants in all five focus groups consistently criticized the fact that health information for LGBTQ+ students is “non-existent” in their sex education at NC schools. Furthermore, several participants discussed that even when students specifically asked questions about LGBTQ+ health in class, they received disappointing responses from educators and administrators. Tuesday, a student in Wake County, was told by his sex ed teacher that he and a classmate were not allowed to ask questions about LGBTQ+ topics:

*“I've gone through Sex Ed, I think, three or four times now. And each time at different schools [in North Carolina]. You weren't allowed to like, talk about LGBT stuff like at all. And you weren't allowed to ask about it. And sometimes you would get like kicked out of the room. Um, so most of my peers' knowledge about that sort of thing—came from like, the internet, or like, myths and rumors.”*

Another student in Wake County, Alex, was told by a sex ed teacher that their teacher was not “legally allowed” to respond to LGBTQ-related questions. Alex continued:

“And she [our sex ed teacher] tried to work with me like, she sent an email like, she tried to talk to the school ... and a few other students, we tried to talk to her and try to convince others, like: We need to learn. We deserve to be safe as well. Because everybody else is learning; why not us? We’re people too. But they just said no.”

## Non-Inclusive Curricula Impact Students in Serious Ways

*“I didn’t even know that you like, have to go get checked for STDs if you were a female having sex with another female.”*

*Renji, Cumberland County*

When participants talked about LGBTQ+ students’ experiences with non-inclusive sex education at school, they also shared stories about how those experiences have affected LGBTQ+ students. Several participants described that LGBTQ+ students are affected in these ways:

- They are unfamiliar with barrier methods for preventing pregnancy and sexually transmitted infections (STI), including internal condoms and dental dams.
- They have limited knowledge about STIs. They are not certain if they are vulnerable to STIs, and they do not know what to do if they have an STI.
- They are less prepared to seek consent and recognize dating violence or sexual assault.

With respect to violence and assault, Betsy, from Cumberland County, explained: “I think because [teen dating violence] isn’t talked about a lot, people do not realize that they’re going through that type of abuse.” Bear, a student in Wake County, shared:

“[O]ne thing that needs to be more widely taught is sexual assault between LGBT people and such. As a person who experienced it and didn’t realise [sic] it was assault until maybe a year, a year and a half later, it’s important to educate. Because though it can be the same between straight and LGBT people, there are also differences that can be easily ignored.”

## “Change the Framework”: Content to Support Student Health

Participants provided clear, concrete guidance about what LGBTQ+ students need in their health education. Diverse participants in multiple focus groups repeatedly recommended that sex education should educate about the following topics:

- How different body parts work (for all genders);
- Pregnancy prevention (for all genders);
- STIs that can affect LGBTQ+ people;
- Safer ways to have “all kinds of sex” (including “gay sex”, “lesbian sex”, sex between trans people, and kink safety);
- Consent/more consent content than is in curricula; and
- Healthy relationships.

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