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Gender Does Not Equal Genitalia: A Review of the Implications of Inclusivity in
School-Based Sexual Health Education on the Identity Development of
Non-Binary and Transgender Adolescents

By

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Abstract

Abstinence-only sexual education has historically been the predominant form of school-based sexuality and sexual health education in the United States since the early 1900s (Bay-Cheng, 2003). In recent years, there has been an emergence of more expansive and inclusive comprehensive education, however, both types of sexual education continue to affirm hetero- and cis-centric social and cultural norms around gender and sexual identity that leave transgender and non-binary youth at increased risk of poor psychological well-being and physical health outcomes (Riggs & Bartholomaeus, 2018; Haley et al., 2019). Drawing on Bronfenbrenner's Bioecological Model of Human Development, this thesis tentatively explores the possible implications gender and sexual orientation inclusive sex education has on the identity development of transgender and non-binary adolescents. The effects of school-based victimization are long-lasting and far reaching, especially as school remains a central environment during the developmental period of adolescence (Toomey et al., 2010). There have been considerable recommendations for increased inclusivity within the field of psychology. Three main recommendation categories are explored in this paper: 1) the importance of de-gendering anatomy through linguistics, 2) a non-judgmental approach to risk prevention, and 3) restructuring the narratives around sex to include positive outcomes and information on healthy relationships and consent. As a literature review, there is a necessity for further empirical research on identity development as it intersects with school-based sexual education for non-binary and transgender adolescents in the future.

Keywords: School-based sexual health education, Adolescent development, Non-binary, Transgender, Gender identity, Identity development

Introduction

Rates of sexually transmitted infections (STIs) and teen pregnancies in the United States are exponentially higher than other industrialized countries, and while teenage childbearing has decreased in European countries over the last few decades—a trend greatly attributed to a pragmatic and information heavy approach to sexual education—teenage parenthood in the U.S. remains a concerning epidemic (Kohler et al., 2008; Singh & Darroch, 2000). With almost a century under its belt, school-based sexual health education has become an established force of nature in the U.S. with the immense power to construct and normalize adolescent, and therefore human, sexuality and sexual behavior (Bay-Cheng, 2003). From its first implementation in schools in the early 20th century, the focus of sexual education curricula has been largely dual pronged with emphasis being given to reproduction and the prevention of STIs. Both categorizations have worked to establish the narratives of sexual health as combative against negative outcomes, but also places increased emphasis on negative aspects of sexuality (Bay-Cheng, 2003; Elia & Eliason, 2010; Haley et al., 2019). Modern school-based sexual health education has historic roots in the push for Victorian era morality; its conception in the United States in 1913 was primarily as an instruction manual on “‘wholesome’ living and [the] eradication of ‘social diseases’” (Elia & Eliason, 2010, p. 19) which touted narratives of abstinence until marriage and faithful monogamy.

The controversy surrounding school-based sexual education has also been supported in part by the belief that refraining from educating adolescents on the topics of sex and human sexuality will preserve childhood innocence (Riggs & Bartholomaeus, 2018). The assumption being made is that by beginning the conversation, educators are filling the heads of young adults

with all sorts of notions of deviant behavior that would otherwise remain far outside the realm of possibility. The reality is that shielding adolescents from the nuanced world of sex and sexuality does not postpone their engagement in romantic relationships or sexual activities (Gowen & Wings-Yanez, 2014; Hobaica et al., 2019; Riggs & Bartholomaeus, 2018). The foundational movement towards moral hygiene and family values in the early 1900s, as well as the more current socio-cultural narratives about abstinence, has signaled the standardization of sexual education and cultural conversations around sex and sexuality as heterocentric and cisgendered.

Both transgender and non-binary are terms used to refer to an individual whose gender identity or gender expression differs from their sex assigned at birth, which is based solely on anatomy (“Sexual orientation and gender identity definitions,” n.d.; “Understanding non-binary people,” 2020). Those who identify as non-binary may or may not identify as transgender, which is often used as an umbrella term, and may simply choose to identify as outside the prescribed male and female gender binary. In this way, cisgender pertains to an individual whose gender identity aligns with their biological sex assigned at birth (“Sexual orientation and gender identity definitions,” n.d.). Empirical research on the implications of exclusive and heterocentric school-based sexual health education on transgender and non-binary youth has been scarce and often reductive. These populations, however, are at a higher risk for overall poor psychological and physical well-being due to discrimination and bullying in school environments and educational settings (Bradford et al., 2019; Haley et al., 2019; Snapp et al., 2015; Tordoff et al., 2021). In an attempt to address limitation in sexual education for transgender and non-binary youth, this thesis reviews the empirical recommendations for inclusivity established within the research addressing these populations.

Beyond the qualitative narratives identified by transgender and non-binary individuals, however, very little research has been conducted on the possible effects a lack of inclusivity in sex education classrooms could have on identity development, and particularly security in the formation of personal identity. This thesis also functions as a surface level dive into the implications of school-based sexual health education on identity development with a particular focus on the role of context and environment as pertaining to the bioecological model of human development established by the developmental psychologist Urie Bronfenbrenner. The examination of identity development and the context of the environmental engagement non-binary and transgender adolescents have with exclusive sexual health education is merely a hypothesis. The implications are in dire need of empirical study and should hold only as much weight as the musings of a curious undergraduate individual.

A Theoretical Framework of Identity Development

Developmental psychology deals with the stability and change of human characteristics over the course of the lifespan. To this degree, development can be identified as the fluctuations and consistencies in behavioral, cognitive, emotional, intellectual, and social aspects of human character (Bronfenbrenner & Morris, 2006). Adolescence is a crucial developmental period where the normalization of sexuality and the formation of romantic relationships play an important role in the development of identity (Bates et al., 2020). As a theoretical framework, the bioecological model of human development aims to place development within context and understands development as being derived from the interactions between an individual and the ever-changing environmental contexts in which they are situated (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006; Merçon-Vargas et al., 2020). An individual's

development, as shaped by these unidirectional interactions, grows increasingly more complex across the lifespan in both intimate, immediate environments and larger social and cultural contexts (Merçon-Vargas et al., 2020). While, as the name implies, the bioecological model emphasizes the importance of biological and genetic aspects of individual character, more weight is placed on the intersection between social interactions and personal characteristics within an individual's environment (Tudge et al., 2009).

Often the metaphorical imagery associated with the model's ecological environments is that of a set of Russian nesting dolls with the most immediate environments at the center being engulfed by increasingly broader contexts (Bronfenbrenner & Morris, 2006). In this way, each concentric ring of environment ripples outwards from the individual starting with what Bronfenbrenner established as the microsystems. These, the innermost of contexts, consist of the environments in which an individual spends the most time: home, school, their peers, neighborhood, and close family (Bronfenbrenner & Morris, 2006; Tudge et al., 2009). From here, the next layer of context is the exosystem. An individual is not directly situated in this environment but instead is indirectly influenced by what occurs in these environments through their interactions with individuals directly located in their microsystems. Between the micro- and exosystem, however, lies the mesosystem which contains all the interconnectedness between different microsystems to which an individual belongs. And finally, the largest context is the macrosystem which contains all the cultural ideologies, values, customs, and belief systems in which an individual's microsystems and exosystems are situated (Tudge et al., 2009).

The Bioecological Model advanced through a series of modifications from Bronfenbrenner's first conception in the late 1960s (Merçon-Vargas et al., 2020). In its later

iterations, the theory stretched beyond an examination of interconnected environmental contexts to encompass four principal properties: personal characteristics, process—and more specifically proximal processes—environmental context, and time (Bronfenbrenner & Evans, 2000; Tudge et al., 2009). Proximal processes, as the main drivers of development, are interactions between an individual and persons, objects, or symbols in their immediate environment that take place continuously over an extended period of time (Bronfenbrenner & Evans, 2000). It is through these interactions that an individual comes to build their conceptualization of self in relation to the outside world (Tudge et al., 2009), and in this way the bioecological model highlights proximal processes as often being more influential on development than the environmental contexts in which the interactions are taking place (Bronfenbrenner & Morris, 2006).

Though most often the family structure or the primary caregiver is the foremost microsystem discussed in the theory, the context of the school environment must not be overlooked. As an environment in which an individual spends a large portion of their time from childhood into adolescence, and as the normalized conceptions of the nuclear family continue to disintegrate, the context of interactions that take place within this realm are important to the overall understanding of development (Toomey et al., 2010). After their caregivers, teachers and peers are the predominant individuals with whom adolescents interact daily (Bronfenbrenner & Morris, 2006). For non-binary and transgender youth—who are at an increased risk for verbal and physical victimization at school (Toomey et al., 2010) and experience higher rates of dating abuse and sexual coercion than their cisgender peers (Bradford et al., 2019)—the implications of proximal processes within this context could be severe.

A study done by Pullen Sansfaçon et al. (2020) found that predominant interactions, those with individuals in their immediate environments like parents, teachers, and peers, emerged as principal factors in the assertion of identity among non-binary adolescents. Participants highlighted the importance of the reciprocal actions between perceptions of one's identity and their environment as markers for their place in the world via the responses and reactions they received from people around them (Pullen Sansfaçon et al., 2020). Positive relationships with peers have been found to improve mental health and better adaptation in environmental contexts for adolescents in general (Ragelienė, 2016). Peers have also been found to have a significant influence on normalizing behavior and identity within the environmental context, which in turn affects individual identity development for others in their cohort (Ragelienė, 2016). The implications of constructing personal identity within the context of peer relationships, and possibly to an extent the interactions had with teachers, by adopting the most prevalent and socially acceptable norms and values should not be overlooked when bullying and discrimination against individuals of different gender and sexual identities remains a fixture of school environments across the country. Compounded by findings on the long-lasting negative effects of school-based victimization on quality and enjoyment of life for LGBTQ+ (lesbian, gay, bisexual, transgender, queer) individuals, there is an ever-growing need to address inclusivity within school environments (Toomey et al., 2010).

Abstinence-Only and Comprehensive Sexual Education

Abstinence-Only-Until-Marriage sexual education programs are characterized by the overwhelming message that one should wait until marriage to engage in sexual intercourse (Bay-Cheng, 2003). Oftentimes this message is tied to moralistic ideologies about being a good

person by making a commitment to yourself and your future partner, but it is also a message shrouded in shameful secrecy. While there has been considerable movement, though not linear and very stunted, away from abstinence-based curricula, the popularity of this type of sexual health education continues to be prevalent in the United States (Haley et al., 2019). Federal funding for abstinence-based programs did not begin until the Adolescent Family Life Act (AFLA) was passed in 1981, however, between the years 1998 and 2005 federal funding for these types of school-based programs skyrocketed from \$60 million to \$168 million respectively (Santelli et al., 2006). The social agenda, of which the AFLA has been a significant tangible manifestation, grew in popularity because it fed off the insecurities of the urban degradation of social morality that struck the hearts of the suburban White middle-class (Bay-Cheng, 2003). Slowly, the topic of adolescent sexuality and sexual education has become politicized and polarizing.

Abstinence-based programs may center around the idea of safe sex, however within the context of these programs, safe sex is only achievable by abstaining from sex or sexual behaviors all together until an individual has entered a long-term, monogamous relationship (Bay-Cheng, 2003; Santelli et al., 2006). If methods of contraception, usually strictly condoms, are even included within the curricula, the information provided has largely centered around failure rates targeted to scare adolescents with the looming probability of teenage pregnancy or the incurability of STIs (Bay-Cheng, 2003; Kohler et al., 2008). Statistically speaking, very few adolescents are abstaining from sex before marriage, especially as the age of first marriage has increased and cultural ideologies around the importance of the nuclear family have decreased (Santelli et al., 2006). Using national data from 2005, a study by Stanger-Hall and Hall (2011)

found a strong positive correlation between adolescent pregnancies and the degree of abstinence-based sexual education in the United States.

Beyond abstinence being championed as the only form of safe sex, these types of programs rely on a foundational understanding of sexual intercourse as vaginal penetration (Abbott et al., 2015; Epps et al., 2021; Gowen & Wings-Yanez, 2014; Haley et al., 2019). While some abstinence-only programs may warn against engaging in secondary sexual behaviors, such as oral sex, anal sex, kissing, mutual masturbation, or touching (Santelli et al., 2006), “real” sex, often described as “normal” sex, is narrowly prescribed to vaginal penetration (Abbott et al., 2015; Epps et al., 2021) and sexual behavior other than heterosexual vaginal intercourse is often pathologized as being abnormal or even dangerous (Gowen & Wings-Yanez, 2014). The heterosexual and cisnormative implications of such a restrictive definition can alienate transgender and non-binary youth (Epps et al., 2021) and works to heighten their feelings of abnormality because they are often left out of the conversation about sexual behavior (Roberts et al., 2020).

There has, however, been a recent educational shift away from abstinence-only curriculum with the introduction of comprehensive sexual education. The same study previously mentioned by Stanger-Hall and Hall (2011) found that when compared to states with abstinence-only programs, states that taught comprehensive sex education had the lowest rates of teen pregnancy. Comprehensive sexual education has previously been demonstrated to delay the age of first engagement in sexual intercourse, lower rates of HIV and STIs, decrease sexually risky behavior, and increased condom and contraceptive use in adolescents and young adults (Haley et al., 2019; Kirby, 2008; O’Farrell et al., 2021). Comprehensive sexual education

curricula have been marked by the inclusion of information on contraceptive methods and STIs, and often by information about healthy relationships, sexual orientations, gender identity, and consent (Elia & Eliason, 2010; Kirby, 2008). Even as the expectations for how sex education is meant to prepare today's youth have changed, our cultural schemas around acceptable sexual behavior, gender expression, and relationship structures are gripped by persistent and pervasive binary gender and sexual norms (Elia & Eliason, 2010; O'Farrell et al., 2021; Tordoff et al., 2021).

Despite the expanded range of information on contraception and how to engage in safe sexual behaviors, comprehensive sexual health education is still susceptible to normalized ideologies surrounding hetero- and cisnormativity—both structurally binary world views. Less than 20% of students identifying as LGBTQ+ reported having sexual health classes that contained positive representations and narratives of LGBTQ+ individuals and related topics (Haley et al., 2019). Out of 50 states, only 12 require sexual education curricula to be inclusive of sexual orientations and only seven require the inclusion of information about different gender identities (Tordoff et al., 2021). Only a total of 13 states require sexual and HIV education to be medically accurate, while eight states explicitly invite discrimination by presenting homosexuality as a morally wrong and criminal lifestyle choice, and five states mandate that sex education be taught separately to boys and girls (Tordoff et al., 2021).

Transgender and Non-Binary Youth and Sexual Education

The foregrounding heterosexual and cisgender voices and gender and sexual orientation diversity exclusive information in school-based sexual health curricula has been shown to be detrimental to the mental and psychological well-being of LGBTQ+ youth (Bradford et al., 2019;

Haley et al., 2019; Snapp et al., 2015; Tordoff et al., 2021). Yet, research suggests education that breaks down heteronormative narratives may be even more important than previously understood (Hobaica et al., 2019). Transgender and non-binary youth are more likely than their cisgender and heterosexual peers to experience dating abuse and sexual coercion (Bradford et al., 2019; Haley et al., 2019), are at a higher risk for lower performance in school, have higher rates of dropping out, and are at a higher risk for experiencing depression and anxiety (Snapp et al., 2015). These populations are also less likely to have used contraception during their last sexual encounter, are more likely to have sex under the influence of drugs or alcohol, to experience forced sexual activities, and report having higher numbers of sexual partners (Haley et al., 2019; Sondag et al., 2020). Non-heterosexual and non-cisgender youth have important and unaddressed sexual education needs (Bradford et al., 2018; Sondag et al., 2020).

A study done by Snapp et al. (2015) established that the predominant educational area where inclusive curricula is desperately needed is health and sexuality education. The results of this study showed that the potential to decrease the health and educational disparities for LGBTQ+ adolescents lay in creating more supportive academic and environmental school climates. The researchers identified that instating anti-bullying policies, creating gay-straight or queer-straight alliances (GSAs or QSAs), and having diversity aware and inclusive curricula were all positively related to safe and inclusive school climates. Despite the growing knowledge and literature available around the necessity of LGBTQ+-inclusive curricula, the changes have been slow to initiate (Snapp et al., 2015). Up until this point, empirical studies examining the disparities in mental, physical, and emotional health of LGBTQ+ youth are largely focused on sexual minorities, such as gay, lesbian, bisexual, pansexual, or asexual, with very little research

being done on gender minorities, such as transgender, gender fluid, and non-binary youth (Hobaica et al., 2019).

Recommendations for Inclusivity in School-Based Sexual Education

Within the current body of literature that explores the experiences of LGBTQ+ youth in school-based sexual education, most studies have been qualitative in nature and focused on two distinct things: 1) establishing that there are educational, socioemotional, and psychological disparities between transgender and non-binary adolescents and their cisgender and heterosexual peers in sexual education classes, and 2) to provide concrete recommendations for the future of inclusive sexual education. The following section will be a review of the kinds and types of narrative-based recommendations for inclusivity specifically pertaining to non-binary and transgender youth in sexual education curricula available within the discourse community. It should be noted that the recommendations made here work to expand on the previously established recommendation for comprehensive sexual education due to its ability to decrease sexual risk-taking behavior, increased condom use and the age of first engagement in sexual intercourse, and lower rates of HIV and STIs (Haley et al., 2019; O'Farrell et al., 2021). This is by no means an exhaustive list of the necessary changes needed to create more inclusive and diversity affirming school climates by expanding on comprehensive sexual education curricula in schools, however it is a categorization of some of the key components recommended by transgender and non-binary individuals in qualitative empirical studies.

Gendered Anatomy, Anatomical Processes, & Gender Dysphoria

Gender identity, as the personal conception of one's own gender, is a social construct historically built by predisposed cultural ideologies about what it means to be a girl and what it

means to be a boy (Wamsley, 2021; “Sexual orientation and gender,” 2020). Transgender and non-binary youth experience heightened occurrences of targeted discrimination based upon their rejection of the gender roles and attributes of their biological sex (Haley et al., 2019). The onset of puberty in the early years of adolescence comes with a host of new challenges as an individual’s body begins to change with the presence of new secondary sex characteristics, such as the development of breasts, widened hips, facial hair, and a more pronounced Adam’s apple among others (Haley et al., 2019). For individuals whose sex at birth does not align with their gender identity, the societal pressure to conform to the cultural scripts and schemas of their biological sex is only further exacerbated by the landscapes of their changing bodies. The term gender dysphoria often enters the conversation around non-binary and transgender individuals and the onset of puberty. As a clinical diagnosis in the DSM-5, *gender dysphoria* refers to feelings of discomfort experienced by an individual whose gender identity differs from their sex assigned at birth (Haley et al., 2019). As puberty sparks the development of secondary sex characteristics, individuals can often experience heightened levels of distress as their bodies begin to reflect the aspects of their biological sex they do not identify with.

Within the literature one of the most significant recommendations for gender and sexual orientation inclusivity in school-based sexual education curricula, as well as the facilitation of intimacy and mitigation of gender dysphoria experienced by non-binary and transgender students, is a call for the de-gendering of genitalia (Riggs & Bartholomaeus, 2018). No connection between gender and genitals should be made and the distinction between sexual anatomy and gender works to facilitate feelings of safety when engaging in intimacy by mitigating experienced gender dysphoria (Riggs & Bartholomaeus, 2018; Tordoff et al., 2021).

Using gender-neutral anatomical terminology can be as simple as talking about “individuals” or “people” as opposed to “men and women,” or using gender-neutral pronouns, such as “their penis” instead of “his penis.” Consistently implementing terminology like this establishes the difference between body parts and gendered bodies because not everyone who has a penis is a man and not every person who gives birth is a woman.

There is also a necessity to reframe portrayals of gender identity as self-determined. By using affirmative language like “sex assigned at birth,” we can remove harmful associations between non-binary and transgender gender identities and narratives about being born into the wrong body or becoming another gender (Tordoff et al., 2021). Identifying someone as being born as one gender and then becoming another removes an individual's autonomy and invalidates their gender identity. Using gender-affirming language has been shown to cultivate feelings of empowerment and self-worth, while also increasing an individual's ability to advocate for their needs and reduces sexually risky behavior (Tordoff et al., 2021).

There has been some push in recent years for the terminology “female-bodied” and “male-bodied” to be used to circumvent gendering anatomy, however, the narrative reactions to this kind of diction discussed by non-binary participants in a study conducted by Tordoff et al. (2021) were resoundingly negative. Participants felt that by using this terminology, educators were still functionally conflating an association of gender and anatomy that invalidates the reality of their current gender identities. Recommendations involved the use of such phrases as: “people who menstruate,” “people who give birth,” or “people with penises” (p. 158). In tandem with the conversation surrounding de-gendering anatomical processes is a similar discussion around biological processes. Separating menstruation and pregnancy from strictly

female biological processes removes the harmful expectation that only women menstruate and can get pregnant (Tordoff et al., 2021).

Pregnancy Prevention, STIs, and the Pathologizing of the Non-binary Body

The necessity for the inclusion of non-judgmental material on contraception, fertility, and STIs in sexual health curricula is prominent within the discourse community. As previously mentioned, many programs that do include information on contraception often remain vague and mainly limited to condom use or oral contraception (Roberts et al., 2020; Santelli et al., 2006). Oftentimes narratives around fertility and the importance of contraception lack clarity or accurate information for individuals who receive gender-affirming medical interventions, such as hormone blockers, which can help delay the onset of undesirable physical characteristics that do not match one's gender identity in puberty, or hormone therapy, a treatment process that implements the addition of hormones to help align the physical body with an individual's gender identity (Haley et al., 2019). Riggs and Bartholomaeus (2018) identify unwanted pregnancies as a major health concern transgender and non-binary individuals continue to face due to the exclusion of material on infertility and hormone therapy. Even though the presence of such medical interventions like hormone replacement therapy (HRT) reduces fertility, it does not negate the possibility of an unplanned pregnancy, which is often left out of the conversation about contraception (Haley et al., 2019; Riggs & Bartholomaeus, 2018).

When currently included in the curricula, methods of contraception are discussed in terms of effectiveness in preventing pregnancy denoted by statistical rates of failure and STIs prevention (Bay-Cheng, 2003; Kohler et al., 2008). However, the information about STIs often describe every kind and type of STI by predominantly focusing on the catastrophic detriment and

incurability of many infections that prescribes harsh judgment to a human experience (Haley et al., 2019). It is necessary to remain clinical, but non-judgmental. One adolescent from a study done by Roberts et al. (2020) identified that poster portrayals and classroom discussions of HIV and AIDS were always accompanied by pictures and conversations about same-gender couples. While historically conversations about HIV and AIDS have been attributed to certain sexual orientations, particularly gay and bisexual men, the narratives often condemn all LGBTQ+ sexualities by identifying them as dangerous (Gowen & Wings-Yanez, 2014). Overloading adolescents with detailed descriptions of every known STI, often accompanied by graphic visual representations, works to stigmatize a lived experience (Haley et al., 2019). Providing accurate information about general risk prevention and safe sex for individuals engaging in any number of sexual behaviors is necessary to destigmatize testing and infection, but also to stop the stigmatizing of the LGBTQ+ community at large.

Transgender and non-binary individuals continue to be pathologized while dominant culture sexualizes their gender as disordered and abnormal (Riggs & Bartholomaeus, 2018). The fetishization of transgender bodies, especially transgendeer women, is incredibly detrimental to the mental and physical well-being of individuals and can create severe barriers to the consideration of intimate relationships (Riggs & Bartholomaeus, 2018). Narratives of pathologizing remain present in the current discourse leading to stigmatization and discrimination. To change these cultural narratives, sexual health education curricula needs to break the judgmental, heterocentric correlation between abnormality, sexualization, and non-cisgender gender identities.

Healthy Relationships, Consent, and Desire

Beyond the barriers to intimacy that navigating gender dysphoria and a fear of fetishization can cause, non-binary and transgender individuals have reported feeling shameful, isolated, and undeserving of romantic affection in sexual relations because they are largely excluded from the representations of relationships presented in school-based sexual health education curricula (Haley et al., 2019). The experience of feeling othered because the relationships being discussed are represented as cis-centric and do not reflect the wide variety of romantic and sexual partnerships that exist has been shown to be incredibly deleterious to the psychological and physical well-being of non-binary and transgender youth (Haley et al., 2019; Riggs & Bartholomaeus, 2018). Transgender and non-binary adolescents are at a higher risk for emotional vulnerability, dating violence, manipulation, and sexual assault than their cisgender peers, but creating sexual education curricula that depicts relationships outside the binary prescription of heterosexual monogamy works to validate that non-binary and cisgender youth alike are worthy of respect and healthy relationships (Haley et al., 2019).

While comprehensive sexual education may touch on healthy relationships, there have been further recommendations within the literature for examinations of such topics as consent, communication, and boundary setting (Bradford et al., 2019; Gowen & Wings-Yanez, 2014; Haley et al., 2019; Riggs & Bartholomaeus, 2018). In a study done by Haley et al. (2019), participants advocated for modeling consent as a recurring process in which an individual gives consent continually; saying yes to engaging in one behavior is not a yes to all behavior from that moment forward. Participants also highlighted the importance of teaching consent at an early age to help individuals develop healthy boundaries, self-respect, and healthy interactions and relationships across the lifespan. And while the benefits of defining and practicing consent in the

context of sexual education are not limited to non-binary and transgender individuals, these youth may be faced with more barriers to intimacy while navigating gender dysphoria and higher rates of sexual and romantic manipulation (Riggs & Bartholomaeus, 2018).

Including information on healthy communication strategies in sex education has been shown to increase safer-sex practices among adolescents (Gowen & Winges-Yanez, 2014), however at this time discussions about effective and healthy communication between partners are scarce (Bradford et al., 2019). Within the literature, there is an overwhelming consensus of transgender and non-binary youth feeling inadequately prepared to navigate healthy relationships or early sexual encounters in large part because non-heterosexual representations, and specifically sex as anything other than vaginal penetration, were almost entirely absent from the classroom conversations (Haley et al., 2019). However, a nuanced understanding of the emotional components of relationships are just as absent from the narrative (Gowen & Winges-Yanez, 2014).

A focus on anatomy and the basic mechanical aspects of sexual activities, however cisgender and heterocentric they may be, remains the basis for most sexual education courses that take a comprehensive approach. However, when it comes to the emotional aspects of human sexuality, like desire, pleasure, and emotional intimacy, there is little to no coverage (Bradford et al., 2019; Haley et al., 2019). In a study conducted by Haley et al. (2019), one non-binary participant described being unaware of how emotionally and sexually risky their behavior had been at a young age because their understanding of sex was strictly vaginal penetration, and the sexual activities they were engaging were not vaginal intercourse. When transgender and non-binary individuals are included in discussions about relationships, there is also often an

overwhelming focus placed on risk prevention and relationship violence, and very little value placed on narratives of pleasure and happiness (Riggs & Bartholomaeus, 2018). There is a need to destigmatize pleasure and desire while affirming identities along the entire spectrum of gender expression and sexual attraction (Haley et al., 2019).

Implications of Identity Development on Non-Binary and Transgender Adolescents

Exclusive narratives established in sexual education classes create hostile school climates where there are higher rates of victimization among transgender and non-binary youth (Hobaica et al., 2019). Given how central school is as a developmental environment, sex education has the potential to address the disparities in psychological and physical well-being between non-binary and transgender adolescents and their heterosexual, cisgender peers (Sondag et al., 2020). The research reviewed by Bronfenbrenner and Morris (2006) demonstrates that proximal processes have a stronger influence on development when the quality of the environment increases. When the proximal processes involving teachers and peers exclude non-binary and transgender youth from the conversations around sex and sexuality, however, the quality of the environmental context deteriorates (Hobaica et al., 2019; Sondag et al., 2020).

Empirical findings suggest that school-based sexual health curricula that presents information about diverse experiences in an open and unprejudiced way protect individuals against engagement in harmful sexual behavior (Sondag et al., 2020). Actively including transgender narratives in the curricula encourages affirming peer related support which in turn improves the overall well-being of transgender youth (Hobaica et al., 2019). Inclusive sexual education has been shown to create more tolerant and empathetic school climates where both faculty and students are more likely to intervene when they witness the victimization of

non-heterosexual students (Epps et al., 2021), while including conversations about cisgenderism and transphobia has the potential to reduce the pathologizing and fetishization of transgender adolescents (Riggs & Bartholomaeus, 2018). Individuals within the bioecological model construct their agency through the choices they make within the context of and based around the social interactions they have within their microsystems (Bronfenbrenner & Morris, 2006), and in this way having autonomy and agency in the process of development is tied to the quality of an individual's environment and the proximal processes that play out there.

Limitations

There is an undeniable dearth of research around the experiences of transgender and non-binary youth and sexual health education within the field of developmental psychology. The empirical studies reviewed above are largely qualitative in nature with small and homogeneous participant samples (Bates et al., 2020; Bradford et al., 2019; Gowen & Wings-Yanez, 2014; Pullen Sansfaçon et al., 2020; Roberts et al., 2020). The lack of quantitative data and geographical, cultural, ethnic, and racial diversity are huge limitations within the literature, but also to the implications of the material provided for this thesis. Very little research has been done on the intersectionality of gender identity, experienced sexual education, and adolescents of color (Tordoff et al., 2021; Roberts et al., 2020). From a legislative standpoint, not only is there no standardized curricula, either abstinence-based or comprehensive, for sex education between states or even between school districts within the same state here in the U.S., there is no standardized definition of inclusivity or what identifies curriculum as inclusive (Gowen & Wings-Yanez, 2014). The body of empirical research examining the disparities non-heterosexual and non-cisgender adolescents experience in the realm of school-based sexual

education has largely focused on sexual minorities, while predominantly leaving gender minorities, like non-binary and transgender youth, out of the conversation (Hobaica et al., 2019).

Conclusion

School-based sexual education in the United States, as well as abroad, continues to reside entrenched in social and cultural constructions of binary gender and sexual ideologies that promote hetero- and cis-centric norms within classroom settings. For individuals whose gender identities do not align with their sex assigned at birth, these environments do not provide a basis for safe and inclusive educational learning experiences. Transgender and non-binary adolescents experience higher rates of physical and verbal victimization during school, and have been shown to suffer from poorer psychological, physical, and emotional health outcomes than their heterosexual and cisgender peers (Bradford et al., 2019; Epps et al., 2021; Haley et al., 2019; Hobaica et al., 2019; Riggs & Bartholomaeus, 2018; Snapp et al., 2015; Tordoff et al., 2021). Based on qualitative research done within the discipline of psychology, transgender and non-binary youth have established numerous recommendations for constructing safer and more supportive, identity affirming educational environments by creating more inclusivity of different gender and sexual identities within school-based sexual health curricula.

The most dominant narratives for inclusivity were identified as: 1) the linguistic de-gendering of anatomy and anatomical processes so that gender and genitalia are no longer discussed as synonymous, 2) further inclusion of non-binary and transgender specific, medically accurate, and non-judgmental information about fertility, pregnancy, and STI prevention to combat the pathologizing of the non-binary body, and 3) the addition of information pertaining to the emotional aspects of sexuality, healthy relationships, and narratives of desire and pleasure as

opposed to reductive narratives solely focused on negative outcomes of risky sexual behavior and risk prevention. And though the body of research exploring the need for increased inclusivity in sexual education curricula remains limited at this time, the necessity for these changes should not be overlooked.

Sexual education classes have the potential to create more accepting, open, and progressive school climates (Sondag et al., 2020). When school is not only reported as the primary environment for verbal and physical bullying, but also often the first location where non-binary and transgender individuals experienced physically harassment based on differences in gender and sexual identity (Toomey et al., 2010), the field should undoubtedly consider intervening on issues of inclusivity within sex education curricula. Peers have a uniquely strong influence over individuals during adolescence (Ragelienė, 2016) and creating more accepting and inclusive school-climates through the removal of cisgender and heterosexual normativity in sex education stands to establish more positive proximal processes that could, in turn, allow transgender and non-binary students to feel more affirmed and secure in their gender identities. With implications on the physical and mental well-being and successful integration of self, future empirical research is essential to understand whether inclusive school-based sexual education curricula can impact the identity development of transgender and non-binary adolescents in such ways.

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