



MOASH

michigan organization on
adolescent sexual health

LGBTQ Youth Inclusivity Toolkit

For Michigan Health Teachers

FACTS:

92% of LGBTQ youth say they hear **negative messages** about being LGBTQ. The top sources are **school**, the **Internet**, and their **peers**.⁴

On average, gender non-conforming and LGBTQ youth hear **26 anti-LGBTQ slurs** per day, **1/3** of which come from a school **staff member**.^{5, 6}

Nearly **1/3** of LGBTQ students missed a class or an entire day of school in the past month because they felt **unsafe**.⁶

A recent study of LGBTQ youth who receive inclusive HIV prevention education in school showed that they engaged in less risky sexual behaviors than similar youth who did not receive such instruction.²

5.9% of Michigan high school students have engaged in same-sex sexual behavior.³

“Implementation of programs that incorporate and address the health needs of LGBTQ youth will help reduce risky behaviors and negative health effects and create, safer, more supportive, and more inclusive environments in the nation’s schools.”⁷

General Guidelines for LGBTQ Inclusivity in the Classroom:

1) *Assume that your class is diverse.*

By starting with the assumption that your class includes individuals of a variety of gender and sexual identities (which it likely does), you are less likely to unintentionally convey the message that being LGBTQ is non-normative and problematic, and more likely to communicate acceptance.

Providing examples in class that include same-sex relationships and diverse families, as well as substituting gender-neutral terms such as “partner” for “boyfriend/girlfriend” or “monogamous relationship” for “marriage” can go a long way towards making your classroom more LGBTQ inclusive.

2) *Allow students to self-identify.*

As there are numerous possibilities for how a young person might identify with regard to their gender and sexuality, it is important to allow students to indicate the language with which they feel comfortable identifying (if they choose to do so), rather than assigning them a label yourself. As such, try to steer clear of describing a student as “gay,” “straight,” “bisexual,” or “transgender,” unless they have first referred to themselves in that way. Furthermore, as some transgender students change their name

from the one given to them at birth, it is important to honor student requests to be called by a first name with which they identify, which may be different than the one listed on your official class roster. Also, it is generally considered offensive to use “it,” “he/she,” or “s/he” if a student’s preferred pronoun is unknown. Instead, use “they” or “them.” Furthermore, it is important to consider that some students may identify as transgender, and thus may not identify as “male” or “female.” Therefore, avoiding splitting up the class by sex/gender is always a good practice in making the classroom feel more inclusive.

3) *Familiarize yourself with appropriate LGBTQ vocabulary.*

One thing many educators worry about is saying something “wrong.” Since preferred LGBTQ terms change over the years, and not everyone within the LGBTQ community has the same opinion about terms, it can feel tricky. For instance, the phrase “sexual orientation” is generally considered preferable to “alternative lifestyle” or “sexual preference,” because it implies that one’s sexuality is a natural orientation, rather than a choice or preference. Also, many people do not identify with the labels “gay” or “straight,” so instead of using “gay and

straight” as a blanket term to include everyone, the use of “all genders and sexualities” is recommended instead. In addition, because “homosexual,” “transvestite,” and “hermaphrodite,” are terms that have been used to negatively label LGBTQ individuals in the past, many members of the LGBTQ community might find the use of such terms offensive. Furthermore, although some individuals may have reclaimed formerly negative labels, such as “queer,” it should not be assumed that all LGBTQ individuals view such terms positively.

4) *Be positive about gender diversity and expression.*

Try to avoid making comments that frame identifying as LGBTQ in a negative light. Using a phrase like “that’s so gay” not only associates LGBTQ individuals with undesirable characteristics, but can be seen as disrespectful to everyone. The personal consequences of bullying can be serious, so it is important to take the time to redirect students and fellow teachers who might use this language, even if they don’t intend for it to be offensive. Try to point out the harmful implications of using this kind of language, and highlight how it may create an unsafe space for all individuals.

How to Make Your Sexual Health Curriculum and Classroom Discussion More LGBTQ Inclusive:

<i>Validating Families and Relationships</i>		
How to Talk About Families And Relationships in a More Inclusive Way:	In Addition to:	Try Including:
<p>Families and relationships are diverse. When discussing sexual health it is important to acknowledge this diversity, as students who do not see their own identity, desires, or experiences reflected in these discussions are likely to feel alienated. Students who do not find the material relatable may be less likely to benefit from these lessons and apply the information to their own lives.</p>	<p><i>Mother, Father</i></p> <p>Even with financial support, teen mothers and fathers lose much of their personal freedom to do what they want and have less time to spend with friends, doing the things teens enjoy.</p>	<p><i>Parent, Guardian, Caregiver, Family, Next-of-kin</i></p> <p>Even with financial support, teen parents lose much of their personal freedom to do what they want and have less time to spend with friends, doing the things teens enjoy.</p>
	<p><i>Wife, Husband, Girlfriend, Boyfriend</i></p> <p>Understanding how your girlfriend or boyfriend feels about relationships can help you to make healthy choices.</p> <p>Listening to each other is an important component for developing a healthy relationship with a future husband or wife.</p>	<p><i>(Life, Romantic, Sexual) Partner, Significant other, Couple</i></p> <p>Understanding how your partner feels about relationships can help you to make healthy choices.</p> <p>Listening to each other is an important component for developing a healthy relationship with a future significant other.</p>

Validating Families and Relationships

How to Talk About Families And Relationships in a More Inclusive Way:	In Addition to:	Try Including:
<p>(Continued from Previous Page):</p> <p>An easy way to recognize this diversity is by incorporating more open-ended, gender inclusive terms for families and relationships into your sexual health discussions. For example, you might consider rotating between using traditional terms (like boyfriend/girlfriend or marriage) and more inclusive terms (like partner or committed relationship).</p>	<p>Marriage</p> <p>Many people choose to delay childbearing until they are married.</p> <p>One way to avoid contracting HIV or another STI is to engage in intimate sexual contact only when you are married to a person who is not infected.</p>	<p>Committed relationship, Life-long relationship, Monogamous relationship</p> <p>Many people choose to delay childbearing until they are in an adult, long-term, committed relationship.</p> <p>One way to avoid contracting HIV or another STI is to engage in intimate sexual contact only in a mutually monogamous sexual relationship, such as marriage, with a person who is not infected.</p>
	<p>Girl, Boy/Guy, Boys and girls, Young women and men</p> <p>Abstaining from unprotected oral, vaginal, and anal intercourse is the best way for boys and girls to protect themselves from HIV, other STI's, and pregnancy.</p> <p>Being infected with an STI that causes open sores increases a young man or woman's risk of HIV infection.</p>	<p>Children, Youth, Young person/people, Teenager, Individual</p> <p>Abstaining from unprotected oral, vaginal, and anal intercourse is the best way for all individuals to protect themselves from HIV, other STI's, and pregnancy.</p> <p>Being infected with an STI that causes open sores increases a person's risk of HIV infection.</p>

Validating Diverse Perspectives on Sex

How to Talk About “Sex” in a More Inclusive Way	Instead of:	Consider Saying:
<p>Because the terms “sex” and “intercourse” are commonly associated solely with penile-vaginal intercourse, it is important to introduce an expanded definition of these terms when teaching about sexual health. Frequently referring to “oral, vaginal, or anal sex” instead of simply saying “sex” or “sexual intercourse” calls greater attention to the variety of sexual behaviors in which people of all genders and sexualities may engage, and their corresponding risks.</p>	<p>Sex, Sexual intercourse</p> <p>Chlamydia may be transmitted through sex with an infected person.</p> <p>The only 100 percent guaranteed way to avoid infection with STIs, including HIV, is to abstain from sexual intercourse and to not use drugs or share needles for tattoos, piercings, or drug use.</p>	<p>Oral, vaginal, or anal sex OR Oral, vaginal, or anal sexual intercourse</p> <p>Chlamydia may be transmitted through vaginal intercourse, oral sex, or anal sex with an infected person.</p> <p>The only 100 percent guaranteed way to avoid infection with STIs, including HIV, is to abstain from oral, anal, and vaginal sexual intercourse and to not use drugs or share needles for tattoos, piercings, or drug use.</p>
<p>It also helps to incorporate scenarios or vignettes using gender-neutral names (like Taylor or Jordan). This leaves the gender identity and sexual orientation of the participants up to the interpretation of individual students.</p>	<p>Jason is pressuring his girlfriend Diana to have sex with him. Diana doesn’t want to have sex, but thinks that Jason will break it off with her if they don’t do it. Diana is worried about getting pregnant and how having sex might affect their relationship. How could Diana approach Jason? What could Diana say to him?</p> <p>Your group is hanging out at Carly’s house. A few guys and girls start hooking up and they want everyone to join in. Carly refuses, and they start making fun of her. What do you say to your group to support her decision?</p>	<p>Jamie is pressuring Dylan to have sex. Dylan doesn’t want to have sex, but thinks that Jamie will break it off if they don’t do it. Dylan is worried about STI’s and how having sex might affect their relationship. How could Dylan approach Jamie? What could Dylan say to Jamie?</p> <p>Your group is hanging out at Casey’s house. A few people start hooking up and they want everyone to join in. Casey refuses, and they start making fun of Casey. What do you say to your group to support Casey’s decision?⁸</p>

How to Discuss Contraception and Pregnancy in a More Inclusive Way

Despite “conventional wisdom,” LGBTQ youth become pregnant or get someone pregnant at 2 to 7 times the rate of heterosexual youth.⁹ This may be a result of the fact that LGBTQ youth are also *more* likely to drink alcohol or use drugs before engaging in a sexual encounter, and are *less* likely to use a condom or other form of birth control.¹⁰ Although LGBTQ youth report more sexual partners than heterosexual youth and higher rates of

alcohol use before last sex, LGBTQ youth in schools with LGBTQ-inclusive curricula report fewer sexual partners, less recent sex, and less substance use before last sex than LGBTQ youth in schools without this instruction.

In addition to discussing how male condoms may be used for protection against pregnancy and STI’s in the context of penile-vaginal

intercourse, it is also helpful to discuss how condoms can and should be utilized for protection against STI’s during oral and anal sex – as youth of all genders and sexualities are engaging in these practices at increasingly higher rates.¹¹ Furthermore, discussing other barrier methods (like a dental dam) or hormonal birth control methods (like “the pill”) may also help to make your sexual health lesson more LGBTQ inclusive

How to Discuss HIV in a More Inclusive Way

While HIV affects youth of all genders and sexualities, in the U.S., young men who have sex with men are disproportionately affected (69% of new HIV infections among persons aged 13-29). If discussing this, however, it is important to focus the discussion on the behavior and not the identity, and consider explaining some reasons why young men who engage in sex with other young men might be at higher risk than their heterosexual identifying counterparts. For example, because HIV interventions or prevention education often exclude information about

sexual identity or orientation, the majority of LGBTQ individuals have *not* received proper information on the risks of engaging in various sexual activities and how to protect themselves. Furthermore, because of the lack of information and support extended to LGBTQ youth with regard to sexual health (e.g. HIV testing), they are *more* likely to be unaware of their HIV infection, and consequently *less* likely to receive effective HIV education and *more* likely to pass HIV on to future partners.¹²

While you might be hesitant to teach this information, for fear of painting LGBTQ individuals in a negative light, as long as you explain that this increased risk has more to do with the way LGBTQ individuals have been marginalized and excluded than the fact that they do not identify as heterosexual, and emphasize that *all* young people who engage in unprotected oral, vaginal, or anal sex are at risk for contracting HIV, you will actually help to make your sexual health curriculum more inclusive.

Additional Resources for Teachers:

- <http://www.glsen.org/educate/resources>
- <http://www.advocatesforyouth.org>
- <http://www.safeschoolscoalition.org>
- <http://www.tolerance.org/lgbt-best-practices>

¹Michigan youth who have engaged in same-sex sexual behaviors are 2.6 times more likely to have been bullied, 5 times more likely to attempt suicide, and 4.7 times more likely to use injection drugs in comparison to youth who have only engaged in opposite-sex behavior. Michigan Department of Education. (2013). "Sexual Minority Youth More Likely to Experience Multiple Risks." *Michigan Youth Risk Behavior Survey*.

²Blake S. M. et al. (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: 940-946.

³Michigan Department of Education. (2013). "Sexual Minority Youth More Likely to Experience Multiple Risks." *Michigan Youth Risk Behavior Survey*.

⁴Human Rights Campaign. (2013). *Growing Up LGBT in America: HRC Youth Survey Report Key Findings*. Washington, D.C.

⁵Bart, M. (1998). Creating a safer school for gay students. *Counseling Today* 26: 36-39.

⁶Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). *The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.

⁷Sanchez, M. (2012). Providing Inclusive Sex Education in Schools Will Address the Health Needs of LGBT Youth. *UCLA Center for the Study of Women Policy Brief 11*.

⁸Example from Michigan Model for Health *Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention Curriculum* (2007).

⁹Saewyc, E. M., C. S. Poon, Y. Homma, & C. L. Skay. (2008). Stigma management? The links between enacted stigma and teen pregnancy trends among gay, lesbian, and bisexual students in British Columbia. *Canadian Journal of Human Sexuality* 17(3): 123-139.

¹⁰New York City Department of Health and Mental Hygiene in collaboration with the NYC department of Education. (2011). *Youth Risk Behavior Survey*.

¹¹Center for Disease Control. (2013). "Oral Sex and HIV Risk."

¹²Center for Disease Control. (2013). "HIV Among Youth."

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