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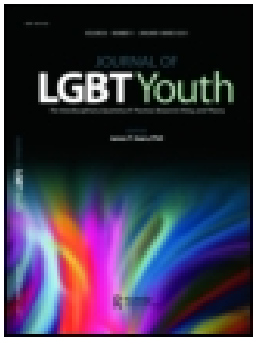
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A retrospective analysis of sex education messages received by LGB youth

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ABSTRACT

Using focus groups, this qualitative study asked thirty-five gay, lesbian, and bisexual (LGB) young adults to reflect on messages they received about sex and sexuality around the time they first had sex. Focus groups were conducted, recorded, transcribed, and analyzed. Through thematic analysis, the authors identified two messaging sources identified by participants: (1) formal education sources (i.e., school and parents), and (2) informal education sources (e.g., internet, peers). Formal sources often included messages perpetuating heteronormative assumptions, emphasizing abstinence, pregnancy and HIV/STI prevention, or silence as a form of messaging. Informal sources consisted of LGB specific information. These findings suggest informal sources may provide more useful and relevant information to LGB youth, further suggesting a need for more inclusive and comprehensive sexuality education.

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Historically, sexual health education provided within schools has been a main source of information provided to youth to understand their health and sexuality (Guttmacher Institute, 2017). Yet, requirements for school-based sexuality education in the US vary from state to state and there is no federal law mandating that sexuality education must be medically accurate, culturally or age appropriate, unbiased, or offered at all (Guttmacher Institute, 2019; SIECUS., 2018), which may lead to disparate experiences of sexuality education for youth across the US (Future of Sex Education Initiative, 2020). Currently, only 39 states and the District of Columbia require sexuality education be taught in school. Of those, 17 require the information to be medically accurate (Guttmacher Institute, 2019). In addition, there is no federal mandate that school based sex education should include information specific to lesbian, gay, and bisexual youth (LGB; Guttmacher Institute, 2019). Specifically, only 17 states and the District of Columbia require a discussion of sexual orientation in school-based

sexuality education. Among those states, ten require that discussion be inclusive of non-heterosexual sexual identities (Guttmacher Institute, 2019), whereas seven states mandate that non-heterosexual sexuality be discussed in a negative light to ensure there is no “promotion of homosexuality” (Guttmacher Institute, 2019; SIECUS., 2018). Thus, in states where there is no discussion of non-heterosexual orientations, or those that mandate sex education be discriminatory toward LGB identities, many students who identify as non-heterosexual are often overlooked and left behind in their school based sexuality education, which can be isolating and harmful (McCarty-Caplan, 2013).

For example, LGB youth experience significant health disparities when compared to their heterosexual peers (CDC, 2019; McConnell et al., 2015), which may in part be due to stigma and discrimination faced in school-based sex education (McCarty-Caplan, 2013). For example, LGB youth report higher rates of depression, suicidality, anxiety, and substance use disorders (CDC, 2019; McConnell et al., 2015; Russell & Fish, 2016). Additionally, sexual minority youth are more likely to experience unintended pregnancy, potentially due to a lack of sex education specific to the needs of LGB youth as well as higher rates of engaging in sexual behavior with both men and women, when compared to heterosexual youth (Lindley & Walsemann, 2015).

Additionally, when sex education programs marginalize, ignore, and/or discriminate against LGB youth, young people who identify as sexual minorities are often left without important applicable health information (McCarty-Caplan, 2013). For example, using focus groups, Gowen and Wings-Yanez (2014) asked LGBTQ (LGB, transgender, queer/questioning) youth in Oregon about their experiences in school-based sexuality education. Most reported feeling excluded from the curriculum. Specifically, they reported that no information was provided about non-heterosexuality and when students asked questions, they were silenced by teachers or told the class was not allowed to talk about LGBTQ issues. In another study, LGB young adults reported the use of scare tactics, heteronormative messages, misinformation, or no information relevant to non-heterosexual individuals in their home and school sexuality education (Estes, 2017).

When school-based sexuality education is insufficient for LGB youth, many find information about their sexual health by looking elsewhere (Mitchell et al., 2014). Such information may come from a multitude of sources including other formal sources such as parent-child interactions or informal sources such as peer relationships, and popular media (Bleakley et al., 2009). Mitchell et al. (2014) used online surveys to understand why youth seek sexual health information online. They found that non-heterosexual youth (e.g., LGB) looked for online sexual health information

because they were curious and had no one else to ask. In other words, informal sources of sexual health information, such as those online, were most appreciated by youth who did not have access to sexual health information specific to them. However, informal sources of education may also provide negative messages to LGB youth. For example, in Rubinsky and Cooke-Jackson's study (2017), LGBTQ women recalled messages from various sources (e.g., parents, friends) that being LGBTQ was wrong, sex is only enjoyed by men, and rape is a normal occurrence for women.

Importantly, the information and messages that LGB youth obtain about sex, sexuality, and sexual health may be particularly important around the first time that LGB youth engage in sexual behavior (Smith & Shaffer, 2013). Specifically, messages about sexuality that young people receive have the ability to shape sexual behaviors and self-concept throughout their lives (Kirby et al., 2007). Smith and Shaffer (2013) found that first sexual encounters can influence later feelings of sexual satisfaction, sexual esteem (i.e., esteem about their sexuality), and depression related to sexuality. Additionally, youth may be especially susceptible to relevant messaging when considering having sex for the first time. Since LGB youth often hear negative messages about their sexuality, sexual agency, and sexual safety from both formal and informal sources, it is particularly important to understand the efficacy of these messages around the time they first had sex.

Thus, given wide variation of educational experiences of LGB youth, it is critical to explore the messages they received around the time they first started engaging in sexual behavior. Little research has retrospectively examined the efficacy of these sources or the messages received, by asking LGB youth to recall what they remember hearing around the first time they had sex. By doing so, this study contributes to the literature both in its focus on the specific time when LGB youth are considering engaging in sex for the first time and its broad exploration of messaging sources and content. Therefore, using a phenomenological research design, this study aimed to report messages LGB youth received around the time of their first self-defined consensual sexual experience to understand what may have informed their decisions and experiences related to sex.

Methods

This analysis is part of a larger retrospective investigation (Goldfarb et al., 2018; Lieberman et al., 2017) of young adults' recollections of consensual first sexual experiences. We focus on LGB participants' recollections of messages they received from formal and informal sources around their "first time". Participants ($N = 35$) were recruited from a northeastern US

Table 1. Participant demographics.

Demographic	%
Age	
18 years old	42.9%
19 years old	11.4%
20 years old	17.1%
20+ years old	28.6%
Year in college	
Freshman	48.6%
Sophomore	11.4%
Junior	22.9%
Senior	11.4%
Race/Ethnicity	
White/Caucasian/European	68.6%
Hispanic/Latino	14.3%
Black/African American	11.4%
Mixed	5.7%
Age of first sexual activity (not penetration)	
15 years old and younger	42.9%
16+ years old	54.2%
No response	2.9%
Age of first penetration	
15 years old and younger	20.7%
16+ years old	69.0%
No response	17.1%

university through a campus-wide email, fliers, and communications from the campus LGBTQ Center¹. Students over the age of 18, who self-identified as LGB were included in the focus groups reported here. Although recruitment was open to trans* (i.e., transgender) individuals, there were a limited number of self-identified trans* students who volunteered to participate. As such, this study led to a final sample of LGB self-identified individuals. Participants self-selected into one of eight focus groups for either GB men ($n = 21$) or LB women ($n = 14$). Focus groups ranged from 5-10 participants. Researchers asked focus group members to recall and discuss the messages they received about sex and sexuality around the time they first had consensual sex.

Procedure

Participants completed an informed consent form and an anonymous demographic survey before participating in focus groups (see Table 1). The majority of participants identified as White (68.6%) and were in their first year of college (48.6%). About half of the participants reported that they first engaged in sexual activity (with no penetration) when they were 16 years of age or older. Even more participants reported that their first penetrative sexual experience occurred when they were 16 years of age or older. Principal investigators, experienced in conducting qualitative research, conducted focus group interviews. Focus groups lasted approximately 1.5 hours and were audio-recorded, while graduate assistants took

written notes. Graduate assistants were trained by the interviewers to maintain unbiased notes that sought to provide a written record, to the extent possible, of the focus group discussion. This enabled clarification of comments that could not be clearly heard on the audiotape.

In addition to discussing their first sex experience, participants were asked about messages they received about sex and sexuality, in school, at home, and/or from other sources (e.g., church, friends, media, other identified by participants). Upon completion, participants received a \$30 cash incentive.

Data analysis

As this current study was created to expand upon preliminary themes in a previous study (Goldfarb et al., 2018), focus groups were conducted with semi-structured interview guides and analyzed using deductive thematic analysis informed by Braun and Clarke (2006). Throughout this process, coding of the data became more and more refined. Since thematic analysis is often an iterative process, multiple rounds of coding occurred prior to the emergence of final themes (Braun & Clarke, 2006). It is important to note that the research team had a strong background in creating, analyzing, and teaching sexuality education. Therefore, themes may have been informed by prior knowledge from those experiences and information that is commonly discussed in comprehensive sexuality education. However, to negate potential biases, multiple coders were used to ensure reliability and coders kept detailed memos to track how codes emerged over the course of the analysis process (Urban & van Eeden-Moorefield, 2018). This is further outlined below.

Focus groups were transcribed, word for word, by graduate assistants (who were not a part of the research team and did not participate in the focus groups). The research team read and familiarized themselves with the data and notes taken during the focus groups. Then, the team identified broad themes that appeared throughout data, which lead to the creation of initial codes (Braun & Clarke, 2006). Upon creating specific detailed codes, the first and second author proceeded to code all transcribed data independently for a more detailed and informed approach using NVIVO 11 (Currin et al., 2019). During this process, authors jotted memos on emerging themes throughout each iteration and as the process continued (Braun & Clarke, 2006).

Once coding was complete, the two lead authors resolved any discrepancies in coding. The two senior researchers, who conducted the initial focus groups, acted as external reviewers to reconcile remaining differences. Through these methods, coding reached 100% agreement. Of note, because

focus group data were recorded and transcribed without attribution, whenever multiple comments within a theme are presented, they come from different groups, to assure they do not reflect the same person making multiple comments. Finally, the research team examined the coded data to identify themes (i.e., searching for themes; Braun & Clarke, 2006). The research team continued to review themes and refine them into smaller subthemes (i.e., reviewing for themes; Braun & Clarke, 2006). Finally, the team was able to define and name the themes (Braun & Clarke, 2006), which are reported below (Braun & Clarke, 2006).

Results

Participants discussed messages they received about sex and sexuality, both in terms of sources and content. Regarding sources, participants identified both formal (school or parents) and informal messengers (internet, television/other popular media, and other people). The three most common emergent themes regarding messages from formal sources were: heteronormativity (based on an underlying assumption that sexual behaviors and relationships only occur between a man and a woman); sexual abstinence; and silence regarding sex and sexuality. Thus, these traditional and “formal” sources of sexuality education were not providing information specific to LGB youth and their sexual health, and therefore, failing this group. The most prominent theme regarding messages from informal sources, particularly from other people including informal mentors, was: LGB relevance. In other words, LGB youth recalled more helpful and relevant information, regarding their sexuality and sexual health, from informal mentors.

Formal education sources

Messages from school

Heteronormative assumptions. Participants identified school-based sex education as the most direct source of messages about sexuality they received, albeit not messages they considered relevant to them. Regardless of content covered in their school sex education curricula, participants overwhelmingly recalled an underlying heteronormative assumption. In turn, this information was not relevant to LGB sexual experiences. One GB participant recalled learning “*Just like heteronormat[ive] stuff... ‘Oh get married to a girl’, ‘Oh, don’t get anybody pregnant.’*” Both men and women recalled similar rhetoric.

Additionally, participants specifically recalled wanting information relevant to their sexual experiences, and recognizing that the information they

were provided in their school based sex education fell short. One LB participant said:

“Obviously lesbians don’t have sex the same way men and men do, and men and women do. ‘Cause like, it’s great that you’re telling us use condoms, be abstinent, blah, blah, blah, but it’s like, what about those people that don’t need to use condoms because they both have vaginas?”

Emphasis on abstinence. Additionally, some of the participants noted the focus on abstinence, in addition to the heteronormative context in their school-based sex education. Information on abstinence was generally found to be unhelpful and exclusionary of LGB youth. Particularly, when abstinence was discussed, it was discussed in the context of heterosexual relationships.

“I went to Catholic school all my life K-12. First, I always got the abstinence-only message, but every once in a while, ‘If you do, make sure you’re safe’ or something. Then on top of that it was the ‘guys have sex with a girl’ message.” -GB participant

Further, since schools focused strongly on teaching abstinence, teachers suggested that students go to clinics or other professionals to ask questions specific to sexual health.

“Public school sex education is abstinence and ‘the only way is abstinence’ and then maybe ‘these are all the diseases you can get,’ and I don’t think the word condom popped up at all ... They’re like ‘There are clinics. And if you have other questions besides abstinence, go to the clinic.’ And that was pretty much it.” -LB participant

Silence. Respondents recalled a lot of silence regarding important sexuality and sexual health topics in their sex ed classes. Both men and women reported a general lack of information, including some whose sex education was non-existent. Others reported that the only topics covered were anatomy and puberty.

“... my sex ed class was just like, ‘these are the genitals. Have a good day’”-LB participant

“I didn’t have any sex education in my school, whatsoever. I mean in health class we covered the reproductive organs, but I think that’s as close as we ever got, no one ever told me don’t wear a condom/wear a condom ...” -GB participant

Occasional glimmers of inclusive sex education. Despite the overwhelming consensus that school-based sex education was severely limited, and in particular regarding the needs of LGB individuals, a few participants recalled experiencing comprehensive programs, or, more commonly, teachers who took it upon themselves to broaden the focus of the curriculum.

“At my high school they only taught abstinence, but my sophomore year of high school I had this really good gym teacher who was like ‘okay, we’re going to talk about real life now. We’re not going to talk about what we’re supposed to talk about ...’ not just about sex in general but about life experiences.” –GB participant

One participant recalled that her school relied on older students to relay important sexual health information to the younger students.

“My freshman year, they had two seniors come into the classroom and they would talk about all the STDs and sex with all ... you know like gay, straight. They covered everything.” – LB participant

One participant reported that his teacher used her own personal life experience to make the class more inclusive. He recalled that she “*managed to somehow get [sex education] a little less heteronormative. Especially since she would tell us about her relationships and whatnot.*”

Messages from parents

Heteronormative assumptions/emphasis on abstinence. Whether or not parents knew their child was LGB, participants recalled, with few exceptions, that their messages, like those from school, were overwhelmingly heteronormative. Additionally, for many of the women, parental messages followed even more traditional scripts regarding waiting to have sex until marriage and the importance of maintaining their virginity. For example, one LB participant recalled that her “*mom had always just said like, ‘I want you to be a virgin on your wedding night.’*”

Another participant reported a similar experience with her father.

“My dad would tell me ... ‘I don’t want you to lose it to someone in the back seat of [your]car ... you should wait till marriage because ... your virginity is something that, is not common’ and so, ... in [my]culture they don’t let you go places by yourself. A guy has to be with you all the time, just to make sure you are protected. Just to make sure that your virginity is protected ... Your [reputation] is protected...” –LB participant

Men also recalled messages from parents about the importance of love and caring in a sexual relationship, but these too, were most often embedded in heteronormativity.

“They would always stress that it is when two people love each other. Like I got that they really wanted it to [be that way], they wanted me to be in a relationship if it happened, but they would always force that it would be a guy and a girl only.” –GB participant

Importantly, despite their parents’ mostly heteronormative assumptions, a few women reported that their parents were “*okay with it*” when they found out that they were lesbian or bisexual.

“... They did tell me [a lot,] “you can love whoever you want, because I’ll accept you anyway” -LB participant

“‘Mom, I am bisexual’ and I was crying in her arms ... it’s scary because you don’t know what’s going to happen ... and she was like ‘Honey, it’s okay.’ I don’t think it is that she knew, I just don’t think it bothered her in any way if I was or not.” -LB participant

Pregnancy and HIV/STI prevention: Messages based on gender. Many parents discussed pregnancy and STI/HIV prevention with their children. However, based on the child’s gender, the messages were often presented differently, and strategies to avoid pregnancy or STIs/HIV were different. Specifically, the messages women recalled from their parents were generally about prevention of pregnancy, which were not perceived as helpful. Men did not recall conversations about pregnancy with their parents.

“The only thing that she really talked to me about was that she doesn’t want me to get pregnant.” -LB participant

Parental discussion regarding STI’s and staying safe were reported by both women and men, but were framed differently. For some women, the primary message was to stay safe by avoiding men.

“‘Just don’t go anywhere with a guy now.’ Got it. Thanks Mom.” -LB participant

“Like, I had a talk, but I had a talk after I got my first period. And that was like the whole ‘you can’t have sex with guys’ kind of thing. Um, [I] wish it was a more diverse talk.” -LB participant

Notably, men whose parents knew or suspected their sexual orientation, received messages of safety in reference to HIV prevention. There was little discussion of other STIs or unintended pregnancy.

“[My mom] always told me, ‘whatever kind of sex you’re doing, protect yourself. ‘Cause you know, like, the whole thing with gay people, and they have AIDS, they have HIV,’ the whole – stereotype about that.” - GB participant

“‘Use a condom, don’t get AIDS.’ ... they basically were just like ‘wear a condom, be safe, know who you’re with. Don’t be stupid.’” -GB participant

Silence. In addition to heteronormative and/or pregnancy and disease prevention messages, many participants recalled that parents never discussed sex or sexuality with them at all.

“My parents never talked about the birds and the bees or anything like that to me.” -LB participant

“And I [asked] ‘Mom, what’s a virgin?’ And she said, ‘Oh, you’ve never kissed anyone.’ And that’s all - that’s the only messages I knew about virginity and sex ... That’s the only thing I remember my mom ever telling me about sex.” -GB participant

In particular, participants noted the complete lack of discussion about sexual orientation with their parents.

“They never talked to me about any sexual orientation or anything, so I was kinda going into it blind. I did not know what to expect or anything, because they did not talk to me about it.” -GB participant

“Because nobody ever told me, “Oh, it’s ok to be with a girl. Or it’s ok if you’re a guy to be with a guy.” It was just never a conversation; it was never brought up.” -LB participant

Whether intended by parents or not, participants took their silence as its own form of messaging. Many suggested their parents let their values and ideas be known through more passive, indirect, casual conversations. These efforts were not seen by participants as part of their formal sexual health discussion with parents, but messaging that alluded to their parents’ views.

“[Sex education] was very, very, very, minimal and still to this day [my mother] avoids the topic. My favorite is when there’ll be a random sex scene on TV, like on Grey’s Anatomy with the two chicks, and she’ll be like ‘well they could show a little less of this.’ So, it’s very ... I wouldn’t say uncomfortable but it’s very quiet.” -GB participant

Informal education sources

Participants reported seeking out and receiving information from informal, indirect, and sometimes unreliable, sources. These included the Internet, other media (e.g., television), or from an individual within the participant’s community.

The internet, other media, and pop-culture

Participants reported seeking information online since they were not getting information from their formal sources.

“I remember being young and kinda like googling it ... I mean not specifically [sex] but like maybe how to and stuff like that.” - GB participant

They also reported that media such as television, music, and pop-culture, provided important information about, or modeling of, non-heterosexual orientations. A few specific TV shows were repeatedly mentioned as containing relevant information for LGB youth: *Glee*, *Queer as Folk*, *Modern Family*, *Will and Grace*, and *Drag Race*. As one participant described it:

“ ... Television, especially when I was ... going to high school ... , the whole ... being gay and lesbian has like bloomed in pop-culture for the past 4-5 years. I honestly think [that] it came out of nowhere ... Logo, for example. Huge thing. Half their commercials are for, like, at-home HIV tests ... starring one of the drag queens from RuPaul’s Drag Race. -GB participant

Peers and other adults. While participants credited pop-culture as a source of information, they also identified similar-age peers as offering both information and support. They often found the messages and information they received from peers as helpful and relevant.

“... before I had sex, this guy... got my number and he was like sexting me so like I learned what some words were from him. Like, you know different sex words.” -LB participant

“My cousin and I would trade information, like I’ll tell you something, and you’ll tell me something. I told him Santa Claus wasn’t real and he told me what sex was.” -GB participant

“My best friend, we didn’t get to the topic of the actual sex, but like - making sure I stayed safe and protected.” -GB participant

Additionally, a range of non-parental adults were identified as sources of information and support. These informal mentors, often members of the LGB community themselves, became known to participants as they started exploring their sexuality and looking for safe and reliable sources of information.

“My friend at the time, her mom was a lesbian and she was talking to me about like, lesbian sex. So, she was the one that I had a talk with basically... it was very informative... she was explaining it all to me... she just started talking to me about that because I guess my friend told her that you know, I was a lesbian.” -LB participant

This informal network sometimes included LGB family members.

“When I came out to my sister, she is also a lesbian, [so] it was a lot ... She lives around the corner from me so her place is a place to go. She is with her girlfriend and I am with my girlfriend. It’s cool ... That is probably the most accepting. - LB participant

“I learned most about sex from my aunts... they were lesbians so it was easy to talk about that. I talked to them about sex because, well, I’m gay.” -GB participant

Discussion

This study examined young LGB adults’ retrospective reflections about messages they received around the time they first had sex. Participants discussed both formal and informal sources that comprised their sexuality education. Messages coming from formal sources (school and parents), were generally characterized by three themes: heteronormativity, abstinence, and silence regarding sex and sexuality. Participants also recalled messages from these sources as focused on prevention. This aligns with other research (e.g., Gowen & Wings-Yanez, 2014) suggesting that messages from these sources tend to be heteronormative and based on stereotyped

gender roles. While LB women reported messages about virginity, marriage, and pregnancy prevention, GB men recalled messages focused on HIV and disease prevention.

The majority of participants expressed that their formal sex education was lacking and that they sought out or received information from other, informal sources, to supplement their learning. These informal sources included the internet, television and other pop-culture as well as people in their spheres who served as informal mentors. These informal mentors often provided the most appreciated and valuable support. The findings reported here suggest formal sources of sex education are insufficient and deemed irrelevant, and thus young people seek out alternative, yet unvetted and disparate sources as supplements, whose accuracy, usefulness, comprehensiveness, and supportiveness vary dramatically.

Failure of schools

With few exceptions, the results overwhelmingly add to the existing literature suggesting LGB youth are often overlooked in formal sexuality education curricula (e.g., Estes, 2017; Gowen & Wings-Yanez, 2014). Specifically, participants recalled a focus on abstinence, physiological functioning, anatomy, and STIs. Information beyond abstinence was recalled in the context of heterosexual relationships and often in the context of pregnancy.

Not surprisingly, most participants reported their school sex education was not helpful or applicable to their experiences. This is important as literature suggests non-heterosexual youth may be more likely to engage in sexual risk behaviors, which might lead to disparities in sexual health outcomes, such as STIs and unintended pregnancy (Boyce et al., 2018; Mustanski et al., 2015). Little discussion in schools about same-sex behaviors and non-heterosexual orientations may put youth attempting to explore their sexuality at risk (Mustanski et al., 2015). Kann et al., (2017) found that over half of students who engaged in male-female sexual behavior used a condom in their last encounter. However, only approximately one third of individuals who engaged in sexual behavior with both men and women used a condom during their last sexual intercourse. Specifically, women who had sex with both men and women used condoms the least. Baptiste-Roberts et al. (2017) suggest that LGB sexual health disparities (specifically for women) may be linked to limited access to sexual health information specific to their relationships. For example, LB women report most of the formal sexual health information they have access to is about women who have sex with men, which they perceive as irrelevant (Baptiste-Roberts et al., 2017), and can lead them to ignore the urgency of

using barrier methods to prevent STI transmission. Thus, non-inclusive sexuality education in schools may actually cause harm to LGB youth, not simply by excluding discussion of sexual orientation, but, through its silence around LGB-relevant sexual health information and/or specifically approaching non-heterosexual orientations as problematic (Gowen & Winges-Yanez, 2014). Similarly, Currin et al. (2019) note that the current focus on heteronormative sex education can impede non-heterosexual students from learning about safe sex practices, which can also lead to higher occurrences of negative mental health outcomes (Currin et al., 2019).

The 2017 National School Climate Survey (Kosciw et al., 2017) found that LGB students were significantly more likely to experience bullying and sexual violence which contributes to higher risk of suicide, depression, substance abuse, and poor school outcomes. Additionally, LGB youth are more likely to experience the perpetuation of stigmatizing rhetoric about non-heterosexual orientations in sex education classes, which greatly contributes to these disparities. States that mandate teachers discuss non-heterosexual orientations in a negative way, put LGB students at risk for bullying and harassment (GLSEN., 2007).

Notably for some participants who did not have inclusive sex education, there were a few independent-minded teachers who expanded their teaching outside of the formal curriculum in order to provide inclusive sexual health information. This has potential benefits and drawbacks for both students and teachers. One benefit of having teachers who are willing to go beyond the school-sanctioned content is students gaining information that is missing from the formal curriculum. Additionally, LGB youth may feel supported by their teachers, which may foster higher self-esteem and less victimization (Gutmacher Institute, 2017). Our data support the notion that LGB students benefited from these more informal school sources. The greatest drawback, however, is that any learning that is teacher dependent is both unstable and not accessible to students with other teachers. Additionally, a “shadow” curriculum puts the teacher at risk for sanction and makes it impossible to measure the outcomes of a particular approach to sex education accurately.

Different parental messages for men and women

Similar to their school-based experiences, participants reported that messages from parents were often heteronormative, related to pregnancy or STI/HIV prevention, or non-existent. With regard to pregnancy and STI/HIV prevention, men and women reported different messages. Whether or not their parents suspected their sexual orientation, women reported that their messages often focused on pregnancy prevention - frequently via virginity-, as well as general safety. Participants recalled that parents often

associated having sex with men as a risk and a threat to their safety. The lack of discussion about risk or safety in the context of same-gender sex is notable, more so, because sex between two cisgender women would not involve a penis, young LB women may have the perception that their sexual risk is reduced (Baptiste-Roberts et al., 2017). However, this misconception of sexual risk has led to LB women underutilizing safe sex practices, such as dental dams and other protective barriers (Marrazzo et al., 2005). Estimates suggest women who have sex with women (e.g., LB) have high rates of HPV (human papilloma virus) and HSV 1 & 2 (Herpes Simplex Virus; CDC, 2015; Gorgos & Marrazzo, 2011; Marrazzo, 2000) as well as other STIs (Gorgos & Marrazzo, 2011). Importantly, no women recalled their parents addressing HIV or STIs with them.

In contrast, men in this study, whose parents knew or suspected their sexual orientation, recalled parental messages rooted in stereotypes about GB men. These included the assumption that they are likely to engage in risky sexual behaviors and have greater STI risk, a stereotype that re-emerged during the HIV/AIDS epidemic (Earnshaw et al., 2012). If parents knew or suspected their sons were gay or bisexual, the main topic of discussion was HIV prevention, (e.g., “*don’t get AIDS*”). Additionally, several GB men noted their parents said nothing at all related to sexual orientation, suggesting discomfort about or lack of awareness of non-heterosexual sexual orientations. Newcomb et al. (2018) also found that some parents expressed discomfort discussing sexuality with their children due to their lack of information on LGB specific sexuality issues.

Seeking alternative and indirect sources

Participants reported indirect and informal sources for their sexual health information, such as the internet and pop-culture which coincides with Mitchell et al. (2014) findings that sexual minority youth were more likely to seek informal online sexuality education sources. Importantly, however, information in a general internet search may not be as reliable as formal education sources (Buhi et al., 2009). Youth may be less able to distinguish between reputable health sources and anecdotal information (Buhi et al., 2009). Thus, while online information could be a powerful tool for LGB youth who feel ignored in their educational experiences, (Mitchell et al., 2014) and a useful supplement to strong, affirming, and comprehensive education, it’s accuracy and appropriateness varies greatly. Schools and parents should consider ways to expand young people’s access to reputable and accurate informal sources and enhance their ability to assess the reliability and value of these sources, for example, through school-based media literacy education to help students become critical media consumers.

LGB young adults in this study identified several specific shows which they felt had provided both a source of information and a sense of acceptance and support. Using qualitative interviews, Craig et al. (2015) found that positive LGBTQ media representation helped sexual minority youth feel like they had a community. Similarly, DeHaan et al. (2013) found that students reported online sexual resources helpful when in-person resources and relationships were lacking. This may promote resiliency, particularly in areas where LGB youth feel alone in their experiences.

Finally, LGB youth reported gaining some of the most useful information about sexuality and sexual orientation from informal mentors, which is a relatively unexplored avenue of sexuality education. These mentors were sometimes LGB themselves and included teachers who went outside of the formal sexuality education curriculum to address the needs of LGB youth. Mentors and role models may be sources for LGB-affirming sexual health information and may help non-heterosexual youth protect themselves against health risk behaviors such as substance abuse and sexual risk behaviors (Bird et al., 2012). Additionally, having teachers in school who serve as mentors has been linked to resilience in education (Gastic & Johnson, 2009). LGB affirming training, such as Safe Space Training could be useful in creating more “mentors” and student/teacher allies for LGB students in and out of schools (Byrd & Hays, 2013). Thus, future research should focus on fostering LGB youth-mentor relationships as a potential sexuality education source, both in and out of schools.

Limitations

This study took place in the northeast US, which is anecdotally considered to be an LGB-friendly region (Pew Research Center, 2013). Thus, results may be different if this study is replicated in other regions of the US. Additionally, the current findings might be influenced by hindsight bias (Hoffrage et al., 2000). In addition, participants self-selected into the study, which indicates they were willing to discuss their experiences, and thus may have been different from those who were not. Lastly, focus group methodology potentially leads to one or more members of a group dominating discussion, making it difficult to assess the degree to which comments are representative of the sample or population. The researchers utilized a number of well-established measures (e.g., investigator triangulation), in both the data collection and analysis phases of this study, to mitigate this concern. Despite these limitations, the results presented here provide a compelling narrative on LGB students’ experiences of the

messages they received around the time of their first sexual experiences, and their needs for reliable information and support.

Conclusions

LGB adolescents are frequently left without information from both schools and parents that would be helpful to their sexual development and overall health. The lack of important sexual health information and guidance available to young LGB students at the time they are getting ready to have sex for the first time, adds to the growing call for inclusive, comprehensive sexuality education in schools (Elia & Eliason, 2010). Previous research suggests formal sources of sex education, such as schools and parents, are avenues to enhance LGB youth's overall development and sexual health in later life (Flores & Barroso, 2017). Additionally, parents are in a position to provide support to their LGB children because they are most influential during their children's young and formative ages (Flores & Barroso, 2017).

The data from this study suggest a strong need for comprehensive sexuality education, inclusive of sexual orientation, for all students, and specifically LGB students. While it is imperative that the field continue to advocate for strong, accurate, and inclusive sexuality education, school systems in states not doing so might promote information on media literacy and skill-building. This could help LGB students identify credible sources and become more critical consumers of sexuality information they are getting from informal sources. For schools that are able to discuss sexual orientation, the curriculum can be enhanced by peer mentoring programs, or LGBT+ clubs, such as Gay-Straight Alliances (GLSEN, 2007), and high quality teacher training, so that students feel they are supported and can create networks with supportive peers and mentors.

Finally, the results of this study strongly suggest that alternative sources of support for LGB adolescents may be particularly salient, especially around the time young people are considering sex for the first time and may be in need of additional information and guidance. Additional research to investigate how these relationships typically develop and to make recommendations for the formalization and efficacy of such networks, has the potential to have a strong and positive impact on the sexual health and wellbeing of LGB young people.

Note

1. This study received approval from Montclair State University's IRB.

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