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West Chester University
Higher Education Policy and Student Affairs
THESIS



Orgasm is Impossible without Go Rams: The Need for
Comprehensive, Inclusive, Accessible, &
Trauma-Informed Sexual Health Education Among
College Students

Jai-La Mishal Aponte
May 2022

Orgasm is Impossible without Go Rams: The Need for Comprehensive, Inclusive, Accessible, &
Trauma-Informed Sexual Health Education Among College Students

A Thesis Project

Presented to the Faculty of the

Department of Educational Foundations & Policy Studies

West Chester University

West Chester, Pennsylvania

In Partial Fulfillment of the Requirements of the Requirements for

the Degree of

Master of Science in Higher Education Policy & Student Affairs

By Jai-La Mishal Aponte

May 2022

Dedication

This thesis is dedicated to those who have been erased from sex education - you exist even when they choose to not acknowledge it.

Acknowledgements

Through this experience, I am lucky to have had the support I did to get me through this degree. Firstly, I want to thank my family: my mom, Abigail Aponte and my dad, Ismael Aponte Jr., for always believing in me even when I did not believe in myself, and my sister Maella Aponte for her endless and bountiful encouragement. To my best friend, Lydia Villalba, I would not have this degree nor my Bachelor's if it were not for you by my side. To my cat, Pisces, who got me through two college degrees, thank you for the endless cuddles and mid-day naps that got me through this thesis (even though you cannot read).

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A huge thank you to Erica Smith for letting me interview her a week before this thesis was due, and inspiring me to do the work in sex education that I do. Additionally, thank you to the guise behind Your Empowered Sexuality (YES!) and my facilitator's cohort for helping me grow as a sex educator, and encouraging my studies and advocacy for sex education in the higher education field.

Lastly, xo to my haters <3

Abstract

This thesis will be exploring the crucial need for comprehensive, inclusive, and trauma-informed sexual health education at the collegiate level for undergraduate and graduate students. Using a critical action approach, I propose the implementation of a designated sexual health education student service office to provide sexual health education programs, initiatives, support, and education for their students, titled the Sexual Education Xploration Center (SEX-C). This intervention is meant to provide student support throughout the academic year in the similar way more traditional student offices offer resources, education, connection, and training to students on an array of subjects. Using Kimberle Crenshaw's theory on intersectionality (Crenshaw, 1991) and Albert Bandura's social cognitive theory (1988), I will assert the dire necessity for a continuous sexual health education student service center to oppose the cycle that is poor sexual health education.

My initial interest in sexual health education came from realizing that poor sexual health education has an impact on queer and transgender individuals in addition to additional minorities, and this remains true in the larger theme that is sexual health education.

Keywords: sex education, higher education, college students

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Beverly Cleary/The Clery Act¹

in memory of Jeanne Clery who was raped and murdered in her Lehigh University dorm

I hear *cleary* and think *ramona quimby*.

I think of the home scent from a book in the public library
invading my nostrils like fresh baked cookies
as I crack open the spine to a random page & inhale its memories.

Tracing my fingertips across the “C’s” of paperback

f l o a t i n g

past

Cabot, Cole, Collins

Cleary.

The pest. The brave. Forever.

I would hear the name and the corners of my mouth curl
lip smackers chapstick just grazing my taste buds
smack and twirl my pink hubba bubba chewing gum on my finger,
how a childhood name can contain depth for my younger self to grow into.

I wish I could say the same for Jeanne *Clery* because **clearly** —
security measures were “more than adequate, reasonable and appropriate for our setting and our
situation. You can’t prevent everything from happening.”

Nineteen in Bethlehem where nothing holy ever exists, how can you give a city a holy name
then let it exist without a god i’m not religious What is righteousness with
no just. *Hate.*

Waiting for her roommate to come back. She forgot her key. The door was unlocked.

¹ This poem was written by the author

Chapter One: Is it In(troduction)? & Missionary Position(ality)

Introduction

I distinctly remember being in the fifth grade when all the students were gathered in the gymnasium while the teachers dragged out the clunky television for us to watch a video. To my utter shock and horror, the video was depicting puberty, and what would be happening to our bodies in the near future. Once I realized what was happening, I began to panic and ended up being removed from the room to sit in the gym teacher's office to read *Junie B. Jones* until the assembly had concluded. This is the first memory I have where I felt fear and disgust towards my body and what my body would eventually become.

From an early age, I was exposed to varying concepts and ideas within the realm of sex and sexuality: sexualization, exploitation, fetishization, and abstinence, among countless other viewpoints on sex. As a result of the influence of the media, my Hispanic upbringing, and gender stereotypes, I never felt capable of forming my own relationship with my body in a positive manner. During my adolescence, shame, embarrassment, resentment, and confusion are a few emotions I can name when I recall my feelings towards my body, all of which created the delay in a positive and fulfilling relationship with my body that did not begin until well into adulthood, which is now an ongoing development.

When I began my undergraduate journey and received my first syllabus, I recall being overwhelmed by the amount of information on my syllabi. At the tail end of every syllabus, there are various policies included by the university, ranging from academic honesty to class withdrawal. It was not until this point that I learned of the existence of Title IX and The Clery Act, but not so much what either of those entities were and how they affected my experience in college. I initially believed Title IX was only related to gender equality in sports (when in reality,

it encompasses so much more). It was not until my first year of graduate school that I learned about Jeanne Clery, who is the reason for the implementation of the Clery Act, went to Lehigh University, which is within driving distance of my hometown. How did such crucial and monumental parts of campus safety and crime rates become glazed over in conversation? How do we not discuss sex in any capacity unless it revolves around sexual assault on campus?

Similar to the experiences of many student activists, my first display of activism in relation to the body was through a college-sponsored Slut Walk, which is a movement to end rape culture and victim-blaming/shaming of sexual assault survivors. At my small community college on a rainy April day in 2017, three professors, the Associate Dean, and about 10 students, and I marched through our campus composed of three buildings to various empowerment anthems to set the tone (specifically, “Run the World (Girls)” by Beyonce). From this moment and movement, I developed an interest in activism and advocacy as it pertained to sexual violence. With this in mind, the late learning of Title IX and the Clery Act, and the urgent concern of sexual assault, I thought to myself: how did we get here? What work is to be done?

My initial interest in sexual health education began during my undergraduate journey, as it was at that time that I learned there is so much more to sexual health education than just sex, pregnancy prevention, and STI prevention and awareness, but is a whole other realm of topics and areas to explore. As a young writer and student, I was constantly drawn to write about topics that were considered taboo or not “age-appropriate” for the sole fact that I found them fascinating, interesting, and mysterious: why wouldn’t I want to learn about concepts that felt forbidden to me? Specifically, I developed an interest in reading and writing about body modification: tattoos, piercings, scarification, stretching, branding, and any modification I could read about, I did. The human body and its experiences intrigued me, as did the choices people

made to make their bodies feel like a home they could inhabit. To name a few areas within this field that I have researched, I have written on virginity as a construct, the relationship between gender, language and power, gender performativity, rhetorics, language, and advertising strategies for the Diva Cup menstrual cup, among other concepts.

In high school, I had sex education classes on two separate occasions, the first being ninth grade, and the final being senior year, both instances of which were taught by my physical education teacher. Sex education then was both unhelpful and uncomfortable; the majority of our class time was spent discussing different STIs and their symptoms (pictures plastered on the overhead projector), and the classic, “Don’t have sex. ‘Cause you will get pregnant/get chlamydia. And die” attitude from gym teacher Coach Carr in *Mean Girls* (Waters, 2004) a movie scene often joked about, when in reality, this closely resembles how sex education classes are taught: with shame and fear tactics. My classmates and I were never taught how to use an external condom or where to access them if we felt too ashamed to ask our parents to buy them. I still had so many questions about my body and relationship building, and as a result of the poor sex education I received, I did not possess the relationship skills I needed to communicate my questions, needs, and curiosities to my parents, let alone a partner.

Once I began my undergraduate journey and learned about gender and sexuality diversity and came to terms with my own queerness, I grew even more frustrated at the lack of sheer mentioning of the existence of other genders and sexualities. It was my own sexuality in conjunction with my interest in the field of sex education that then led to my interpellation of intersectionality and social cognitive theory. Although the sex education field has its areas for improvement, inclusivity and identity are within their core values, whereas in higher education,

each higher education professional creates their own philosophy to embody, which may or may not include a diversity statement.

Not only was my sex education poor as a whole, but discussion on queerness and transness was omitted and absent from the curriculum. Poor sexual health education has an impact on queer and transgender individuals in addition to the many sexual minorities (Barry et al., 2019) and this remains true in the larger theme that is sexual health education in both K-12 and higher education environments. As a result of my queerness, I grew interested in the field of sex education, where I was first interpellated with the ways our many identities create a unique and individual experience.

Intervention/Intercourse

This thesis is a critical action research proposal for a designated student service purposed to provide year-round sexual health education initiatives, programming, and support to undergraduate and graduate students by using the framework of the five circles of sexuality (sensuality, intimacy, behavior and reproduction, and sexualization) (Turner, 2020, p. 311) with the leadership of trained and qualified sexual health educators in conjunction with student leadership as peer educators. Through the philosophical lens of Kimberle Crenshaw's theory of intersectionality and Albert Bandura's theory of social cognitive theory, this proposal will challenge the absence of sex education within higher education and propose and advocate for the continued need for an implemented sexual health initiative that is comprehensive, trauma-informed, accessible, and inclusive to all students to guide and facilitate their growth in their sexual exploration, relationship building, and connection to self. This will transform passive allyship to action-oriented activism rooted in centering the experiences of sexual minorities who are erased from sex education (queer and transgender identities, individuals with intellectual

and/or physical disabilities, individuals with sexual trauma, Black, Indigenous people of color, those who experience poverty, and sex workers).

First, I will introduce the history of sexual health education in the United States and the Clery Act, followed by describing sexual health education in its current state with current applications to social media and technology. Next, I will explore the theories behind the student development experience that connect and align with the sexual health education frameworks (intersectionality, social cognitive theory), followed by historical context, program design and implementation, and concluding with an evaluation of my intervention. The following portion will provide insight into the research conducted thus far and commonalities within the research.

Significance

Within my research, I have noticed inconsistencies within the field of sexual health education. Sexual health education is more researched for K-12 students, whereas the majority of research for college students related to sexual health primarily relates to sexual assault. As a result, there is only lackluster guidance in place after a student has experienced sexual trauma, but nothing to provide education, support, and prevention to keep sexual assault from occurring in the first place. Too many students have experienced sexual trauma and assault, but not enough is being done to provide the education needed for students to understand what sexual assault actually is in addition to teaching consent and bodily autonomy, and respect. There is not only exceedingly poor and unsuccessful sexual health education within K-12 education, but the same remains true for higher education and adult learning within sex education. Students continue to grow and develop themselves, and their personal relationships (platonic, romantic, or sexual), and as such, sexual health education must grow and develop to meet the needs of these students and their journeys into young adults.

I have found that while sexual health education is lacking as a whole, which is especially true for queer and transgender individuals, people with intellectual and/or physical disabilities, black, indigenous, people of color, and people who experience poverty are more likely to receive poor sexual health education at the K-12 level if they receive any at all. Other areas that require more attention within sexual health education are accessible contraception, destigmatized and fear-based sexually transmitted infections (STIs) education, and sexual assault/prevention and consent. Different areas which do not often get covered are menstruation education and poverty, pregnancy, fatness, and body image related to sex education, relationships, and pleasure, especially vaginal pleasure. Within my thematic concern, I aim to explore the feasibility of having a university-designated student service centered around sexual health education to provide education and resources year-round where certified and qualified sexual health educators serve as professional staff with the assistance of student peer educators, a similar structure to varying educational offices within student services within higher education.

Conclusion

In order for sexual health education to be beneficial to the recipient, they must see themselves within the curriculum, and the facilitator must create and maintain a space where participants feel comfortable and encouraged to ask questions. Because crucial areas of sexual health education are not being brought into the classroom, students are left to find answers to the questions they feel too scared or uncomfortable to ask. If educators as a unit continue building spaces where students are feeling uncomfortable, unheard, unseen, invalidated, and fearful, the learning environment will do more harm than good. There is no use for a space where students are unable to thrive, and educators cannot expect growth and success in an uninhabitable environment that they continue to maintain.

As a result of my combined personal experience with poor K-12 sexual health education, the absence of further sexual health education in my undergraduate program, and my interest in the body and the field of sexual health education, my thematic concern came to the surface. By not limiting the erasure of sexual minorities to queer and transgender individuals while including people with intellectual and/or physical disabilities, those who have experienced sexual trauma Black, Indigenous, people of color, those who experience poverty, and sex workers, all from an intersectional lens, this initiative will provide the framework to assure that every identity not only is included but celebrated and understood in a way not experienced or present in the current state of “traditional” sexual health education.

The following chapter will address my educational philosophy and theoretical frameworks and statement on critical action research. Next, I will provide historical context to sexual health education and higher education, relevant factors from student affairs literature, and closing with the current state of sex education and higher education in chapter three. Chapter four will provide the program design and implementation for my intervention, and chapter five will include the timeline for implementation, evaluation, and limitations of this thesis.

Chapter Two: Educational Philosophussy

Introduction

This chapter will introduce and explore my philosophy of education, higher education, and student affairs, and its influence and connection to my thematic concern. I will be describing the theories of intersectionality and social cognitive theory as they exist within my higher education philosophy and my intervention. Additionally, I will provide my statement on critical action research, its importance to higher education and student affairs, and describe its lens as a necessity for my thematic concern.

Intersectionality

Given that student populations grow in diversity each year, a core value in my advising philosophy surrounds the importance of inclusivity and recognition of possessing multiple identities when it comes to my students. The strongest communities are those that include and are both welcoming and accepting to those of varying religions, sexual orientations, genders, ethnicities, classes, and values, and it is crucial to continue to learn how to better serve minority identities in their academic and life journeys. Oftentimes, students come from places that are unaccepting of their identities and who they are, and to me, it is that much more important than my students feeling safe and welcome in their university environment. Inclusivity within this initiative is an imperative portion of my educational philosophy, as in my personal experiences, spaces are not always mindful and inclusive of queer and transgender students, in addition to the many marginalized identities that are erased from both higher education and sexual health education. This is especially true when incorporating multiple identities. In Archambault's *Developing Self-Knowledge as a First Step Toward Cultural Competence* (2015), Archambault writes: "By acknowledging gaps in diversity and asking for guidance from those with greater

cultural competence, advisors can make significant progress toward their own cultural competence” (p. 185). Once an advisor has accepted the limitations of their own identity-based knowledge, there is then space for growth in learning from those with different identities to your own.

In Kimberly Crenshaw’s *Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color* (1991), Crenshaw writes on the discourse women of color face relating to sexual violence, and the ways that sexism and racism intersect and create hardships for women of color. “Women of color are differently situated in the economic, social, and political worlds. When reform efforts undertaken on behalf of women neglect this fact, women of color are less likely to have their needs met than women who are racially privileged” (Crenshaw, 1991, p. 1250). When gender and race are considered consecutively as opposed to either-or, a deeper understanding of marginalized identities’ experiences surfaces, one that is truer to the realities of having multiple identities. Crenshaw (1991) writes, “...women of color occupy positions both physically and culturally marginalized within the dominant society, and so information must be targeted directly to them in order to reach them” (p. 1250). Black, Indigenous people of color (BIPOC) of all genders experience violence and hardship in a way their white counterparts will not, and will endure adversity socially, economically, and culturally, and this is true in healthcare and experiencing trauma, additionally. Supplemental resources must be targeted toward BIPOC individuals in order to provide resources, resources which are an increased cost resource providers are often not willing to put forth. When marginalization is viewed individually instead of collectively, those with multiple minority identities are ignored and erased from the narrative, further disadvantaging them; had they only possess a single minority identity, inclusion and access are more attainable. “The fact that minority women suffer

from the effects of multiple subordination, coupled with institutional expectations based on inappropriate non-intersectional contexts, shapes and ultimately limits the opportunities for meaningful intervention on their behalf” (Crenshaw, 1991, p. 1251). Recognizing that this theory of intersectionality carries across gender, disability status, religion, class, and more, this theory is necessary for both my thematic and my philosophy of education to derive from. Intersectionality theory and the recognition that the human experience is shaped by the combination of our identities will serve as the initial ideology to be built upon by incorporating social cognitive theory.

Social Cognitive Theory

Relating to Crenshaw’s theory of intersectionality, my philosophy of education also draws from Albert Bandura’s social cognitive theory. Bandura (1988) summarizes social cognitive theory as, “...behaviour, cognitive and other personal factors, and environmental events all operate as interacting determinants that influence each other bidirectionally” (p. 276). Bandura (1988) cites three aspects of social cognitive theory that are especially relevant, those being, “developing competencies through mastery modeling, strengthening people’s beliefs in their capabilities so they make better use of their talents, and enhancing self-motivation through goal systems” (p. 276). Essentially, behavioral, cognitive, and environmental factors affect human behavior.

Bandura continues by describing the ways in which self-efficiency is modeled by one’s attitudes towards their capabilities: “People’s beliefs about their capabilities can have a profound effect on the direction their development takes, by influencing the career paths they follow” (Bandura, 1988, p. 280). The choices made and interests attained lead to a future attainable career path, but if the individual does not believe in their own abilities, those feelings of doubt

will prevent them from achieving their true endeavors. One's beliefs in their capabilities have a direct effect on their motivation and activities/hobbies they choose, additionally, belief systems have an impact on how one perceives their strengths and experiences: "Belief systems influence whether people interpret their experiences in ways that strengthen or undermine their sense of personal efficacy" (Bandura, 1988, p. 287). Bandura's (1988) closing remark, "Social cognitive theory provides explicit guidelines on how to equip people with the competencies, self-regulatory capabilities, and a resilient sense of efficacy that enables them to enhance their psychological well-being and personal accomplishments" (p. 299) provides an abridged version of the main purpose behind social cognitive theory: by providing individuals with the tools and motivation to create confidence and motivation, their psychological well-being and self-efficiency will improve, enhancing their experience, work ethic, self-worth, and ability.

I have chosen intersectionality and social cognitive theory as the base for my philosophy of education as I feel these ideologies exist alongside one another. Because having multiple marginalized identities creates a more complex experience, it is necessary to understand that students are who they are as a result of firstly, their intersecting identities, and secondly, their environments, which are also shaped by their identities. Because humans are a result of their environment, it is critical to understand the ways race, ethnicity, gender, class, and other facets will have varying environments and behavioral expectations. Using intersectionality and social cognitive theory, I will describe the tactics in my philosophy of education that is influenced by these ideologies.

Philosophy of Education

A philosophy of education aims to describe teaching techniques and what an educator's beliefs are when it comes to teaching and what kind of classroom the educator wants to facilitate. By using intersectionality and social cognitive theory as a foundation and framework for my educational philosophy and values to draw upon, I have developed core values that reflect how I envision the relationship between myself and my future students be, and how I intend to put these ideologies into practice.

I view each student as an individual with their own values, purposes, thoughts, and emotions. I will strive to know each of my students individually and personally and allow my students the same opportunity to form a relationship with me that is deeper than surface level. An advisor may forfeit a meaningful and memorable connection with their advisees as a result of having to oversee a large number of students. Regardless of how many students I oversee, I will take the time to understand each and every student and address all questions and concerns by utilizing my understanding of intersectionality. From The Global Community for Academic Advising, NACADA (2022) core values, "Academic advisors motivate, encourage, and support students and the greater educational community to recognize their potential, meet challenges, and respect and express individuality," and I intend to acclimate this ideology into my practice. It is my job as an advisor and educator to facilitate the growth of my students, while simultaneously recognizing that students with multiple marginalized identities will be functioning within a system that was not built for them.

Students, especially first-year students, feel lost or overwhelmed when they first come to campus and may feel they do not have a figure to inquire about academics, resources, or the transition into college. A core belief I have is that students that are involved on campus or in

their community will feel more connected to their environment and will be more successful in their courses. I will encourage all of my students to engage as much as possible in their college career and emphasize involvement in clubs, organizations, and/or student employment opportunities, as support and opportunities for development will continue through their years spent in a higher education institution. Because many colleges and universities are predominantly white, it is especially crucial for BIPOC students to connect and form relationships with one another to form a sense of belonging and community. My philosophy of education, in conjunction with Critical Action Research, provides the framework needed for this thematic concern and intervention as a method to create tangible and lasting change that aligns with my educational philosophy and values. The theory of intersectionality shapes the way I plan educational experiences by not only acknowledging the unique lived experiences different to each individual, but uplifting those experiences and individuals. If the aims of education in my beliefs are to enrich all students, places of learning must do more than only name single identities and experiences, as identity is complex. In the following section, I will thoroughly detail the components of Critical Action Research.

Action Research

Action Research is an approach to questioning an entity, which provides tactics for systemic change by providing the knowledge needed to create lasting change. It can also be defined as problem-solving in a specific community (Aragón & Stringer, 2021, p. 8). Aragón and Stringer (2021) states, “Action research is an action-oriented, participatory, and reflective approach to investigation that enables people to find effective solutions to problems they confront in their professional practice and their everyday lives” (p. 40). Carter and Little (2007) take their definition a step further, stating that, “...qualitative research gives the framework that

Action Research stems from, which includes epistemology, methodology, and method to structure the planning, creation, and evaluation for research” (p. 1316). Epistemology is defined as “the study of the nature of knowledge and justification,” while a methodology is defined as, “a theory and analysis of how research should proceed’,” and methods are ““techniques for gathering evidence”” (Carter & Little, 2007, p. 1317). Epistemology is the foundation, methodology is the framework, and the method is how one conducts research. Quantitative research is necessary to have the foundation for Action Research to occur. Participation in Action Research is a collaborative effort to be effective, and research facilitators, teachers, or university professionals are a few examples of a participant, but realistically, anyone can participate in action research who has a desire to make a systemic change on behalf of a community.

The core principles of Action Research are partnership and participation, and its main purpose is to discover effective ways to resolve problems and issues faced by a specific community (Aragón & Stringer, 2021, p. 7). The center steps of Action Research are: Look, Think, Act, and there are substeps for each of the three steps. For “Look,” there are three: “Observe what is going on (Observe), Gather relevant information (Gather data), Describe the situation (Define and describe)” (Aragón & Stringer, 2021, p. 8). “Think” has two substeps: “Explore and analyze: What is happening here? (Analyze), Interpret and explain: How or why are things as they are? (Theorize)” (Aragón & Stringer, 2021, p. 8). Finally, “Act” has three substeps: “Define a course of action based on analysis and interpretation (Plan), Implement the plan (Implement), Assess the effectiveness of actions taken (Evaluate)” (Aragón & Stringer, 2021, p. 8). The “Look, Think, Act” steps from Aragón and Stringer (2021) provided the step-by-step process necessary for me to think in-depth about my thematic concern: by naming my observations as a college student, questioning what led to the poor and/or lack of sex

education on college campuses, and contemplating what action(s) would be feasible to counter this phenomenon. Action without observation of one's surroundings will result in ill-informed change that may not be what the population needs or will respond positively to.

The purpose of Action Research is to “directly engage the complex dynamics of given social contexts in order to accomplish practical solutions to issues affecting people’s lives” (Aragón & Stringer, 2021, p. 4) in addition to addressing and investigating real-life issues and concerns that affect a community’s well-being. Relating Action Research back to my thesis, Action Research is the framework needed to address my thematic concern: the community of concern is college students and their access to medically accurate and inclusive sexual health education, which has a direct effect on their physical, mental, and emotional health. Action Research can provide the means to increase the effectiveness and efficiency of a community and their concern (Aragón & Stringer, 2021, p. 4), therefore giving concrete solutions to progress the sexual health education college students need in order to be successful and healthy students and adults. In the broader area of Higher Education & Student Affairs, Action Research is crucial in order to examine the needs of college and university students, as this type of research is action-oriented and its purpose is to create change to benefit a community, college and university students being a diverse and large one to work with, Action Research focused on college/university students must include all populations of college students: students of color, queer and transgender students, first-generation, transfer, and more. For change to occur in a community, it must be action-oriented, otherwise, research simply names a problem without providing a solution, hence why Action Research is important in the Higher Education and Student Affairs world.

Critical Action Research

Kemmis (2008) defines critical participatory action research as, “a particular form of action research that aims to respond to...crises and difficulties confronted by social systems and the lifeworlds in which people find meaning, solidarity and significance” (p. 123). My understanding of this definition is that the purpose of Critical Action Research is to address dilemmas and hardships set by complex structures within a community. Kemmis (2008) then further describes critical participatory action research to be “...a form of exploratory action that takes communicative action into social practice, using social practice as a source of new understandings” (p. 132). Kemmis writes of lifeworlds from three viewpoints: culture, society, and the person. Cultural reproduction, social integration, and socialization all have effects on a community, therefore affecting Critical Action Research performed on a community; if Critical Action Research does not acknowledge and incorporate these factors into their work, it will not accurately reflect the community at hand, therefore skewing the research. Critical Action Research includes its participants in the research, allowing the complexities of these variables to be brought to the surface.

As previously mentioned when discussing Action Research, the community of college and university students is diverse; not only in age or ethnicity, but identity, socioeconomic status, and other variations in experiences. Where Action Research may touch on these intersections, the framework of Critical Action Research aims to bring those differences to the forefront of their research as a way to better understand a community and the systems at play that affect their livelihood and interactions within their community. Critical Action Research is a subcategory of Action Research that uses a more distinct framework and purpose. If research related to Higher Education & Student Affairs fails to even mention the many vast characteristics and traits of college and university students, their research is not conducive to further improving the lives and

experiences of college and university students and the studies that are meant to represent those students. In addition, the research around Higher Education & Student Affairs is not always equally represented; community colleges, and trade schools, among other college and university types often do not receive the same amount of attention and concern as larger, more well-known colleges and universities.

My Thematic Concern

Relating Critical Action Research back to my thematic concern, it is impossible to discuss sexual health education without naming the factors that prohibit or make it harder for individuals and communities to have access to this education that is catered to their specific needs and the needs of their community. As such, it is Critical Action Research that meets the needs of my thematic concern by centering those barriers and differences in access, quality, and inclusion as a major contributing factor to the need for further, constant, sexual health education where the main focus is the health, well-being, and representation for college and university students. Baseless action without including the experiences of students with multiple identities will only benefit the majority when it is the students who need the resources most that most often do not have access to them. Discussing the different types of colleges and universities is a major consideration that will be covered in my thematic concern; funding, location, religious affiliation, type of college or university, institution type, population, among other influences have their own communities, each with varying social contexts that may make my thematic concern less feasible or more difficult to propose. By centering and directly addressing the inequities of colleges, universities, and the students they house, my thematic concern (as well as any research surrounding this topic) will be a more accurate representation of the communities my concern is meant to depict and aid. Applying a critical action research lens to center students with

intersecting marginalized identities will create a more successful and practical intervention intended to facilitate the growth of those students.

Conclusion

Through both Action Research and Critical Action Research, research has the potential to more accurately represent the communities the research covers. Where Action Research includes possibilities for a shift in a community's needs and problem-solving, Critical Action Research emphasizes different factors that affect a community and how those factors reflect the lives of that community, while also incorporating and including community members within the research. While both methods have an imperative purpose and place within Higher Education and Student Affairs, Critical Action Research focuses on the social complexities of a community. Higher Education and Student Affairs is a broad area, and by concentrating on the variances of college and university types in addition to the social and cultural diversity of its students, research will more correctly serve the communities researched.

Using the theories of intersectionality and social cognitive theory within my philosophy of education and sexual health education values, the foundation of my intervention was established. With this base in addition to the framework of critical action research, I utilized this lens for my thematic concern when conducting research and mirroring these lenses into my intervention. The following chapter will provide the historical context of sex education and its relation to the concern for the state of sex education in student affairs. Core concepts that intersect sex education and student affairs will follow and will conclude with the current discourse on sex education in higher education.

Chapter Three: (C)literature Review

Introduction

This chapter will provide historical context to sex education in the United States in addition to the history and origins of the Clery Act of 1990. Following, I will address core concepts that intersect with my thematic concern such as social media and the internet and conclude with the current discourse around the state of concern for sex education, higher education, and the two entities.

History of Sex Education in the United States

The history of sex education in the United States can be categorized into four eras and time periods: the progressive era (1880-1920), the intermediate era (1920-1960), the sexual revolution era (1960-1970), and the modern sex education era (1980-present) (Firmin & Huber, 2014). This portion of this chapter will focus on the modern sex education era and will include key elements of this time period that affect educators' decision-making as it continues to grow in today's society. As is true with any history, a concrete understanding of the past is crucial for making decisions in the future (Firmin & Huber, 2014). Although the historical record of sex education in American public schools is short, the one theme that remains a constant is that sexual experimentation was forbidden by cultural and moral gatekeepers until those expectations were eliminated by events after the turn of the 20th century (Firmin & Huber, 2014). At the turn of the 1980s, there was a shift in favor of "safer sex" based education as opposed to abstinence from educators, whereas political leadership favored "traditional" values. It was during this time that abstinence education was a designated federally funded program (Firmin & Huber, 2014, p. 40). With the increase of STIs and the discovery of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) in the early 1980s, health concerns arose,

providing policymakers an additional reason to teach sexual restraint to America's youth (Firmin & Huber, 2014, p. 40). There were two sides to the debate on sex education: the sex education advocates of the 1960s favoring safer sex education (known today as comprehensive sex education) which taught sexual freedom and contraception use, and abstinence-based sex education, which taught teens to avoid potential risks with engaging in sexual activity. Where abstinence-based sex education was federally funded, safer-sex education and pro-sex organizations increased in strength (Firmin & Huber, 2014, p. 40).

Abstinence-Based Sex Education

In 1980, only six schools mandated sex education, but by 1989, 17 schools added sex education to their required curriculum (Firmin & Huber, 2014, p. 40). Most sex education courses at this time touched on puberty, STIs, pregnancy prevention, and mentioned abstinence, whereas birth control methods, abortion, and sexual diversity were more scattered and dependent on the school and educator. Although there is no definitive source that fully explains the content of the courses at this time due to local school board control, a study found that 68% of schools considered their sex education curriculum to be comprehensive and that nine out of ten students stated they received sex education in middle or high school (Firmin & Huber, 2014, p. 41).

The integration of Title X in the 1970s encouraged others to implement new programs in support of abstinence-based sex education (Firmin & Huber, 2014, p. 41). President Reagan signed the Adolescent Family Life Program (AFLP) into law in 1981, “to promote self-discipline and other prudent approaches to the problem of adolescent premarital sexual relations” (Pear, 1984, p. 2), which led to a lawsuit (Bowen v. Kendrick, 1987) by the American Civil Liberties Union (ACLU) on the basis that abstinence-based sex education was inherently a religious concept and therefore violated the constitution. The ruling was in favor of the AFLP as

no specific religious statements or claims were in the language of this program, and this was a valid concern to have, religion aside. President Clinton signed the Welfare Reform Act into law in 1996, which included a small portion focused on abstinence sex education and poverty (Section 510 Title V Abstinence Education Program), purposed to avert child poverty by preventing pre-marital sexual activity and pregnancy, the reason by lawmakers being “since generational poverty was related to behavioral poverty, acquiring skills for personal responsibility would help to break the poverty cycle” (Firmin & Huber, 2014, p. 41). Following the panic of the HIV/AIDS virus in the early 1980s, most states mandated HIV/AIDS education in sex education courses by the mid-1990s. With the election of Barack Obama in 2008, in his 2010 budget proposal, he called to eliminate all budgets that benefited abstinence-only sex education and proposed a pregnancy prevention program dedicated to comprehensive sex education programs (Firmin & Huber, 2014, p. 41). In comparison to other countries and age groups, adolescents in the US are at higher risk of contracting STIs and unplanned pregnancy as a result of insufficient sexual health education (Atle et al., 2020).

Comprehensive Sex Education

As a result of the competing views on sex education, both sides of sex education received support and federal funding. Programs such as Sexuality Information and Education Council of the United States (SIECUS), Advocates for Youth, and Planned Parenthood received significant funding from influential organizations, which aided in the lobbying for comprehensive sex education (Firmin & Huber, 2014, p. 43). Out of the above organizations, the SIECUS was the only organization dedicated to advocating for comprehensive sex education while also discrediting abstinence sex education, an example being the “No More Money” campaign during the G.W. Bush administration (Firmin & Huber, 2014, p. 44). Advocates for Youth also assisted

in this cause upon their founding in 1980 and participated in movements such as “school-based clinic, gay rights, and ‘comprehensive’ sex education, as well as the campaign to eliminate abstinence education funding” (Firmin & Huber, 2014, p. 44). In 1989, Planned Parenthood among other organizations worked together to address concerns such as the content of sex education classes and increased lobbying and advocating for support from policymakers. Planned Parenthood provides sex education to 1.2 million Americans annually (both teens and adults), and as a result of comprehensive sex education campaigning, 80% of Americans indicated their favor of comprehensive sex education over abstinence-based sex education (Firmin & Huber, 2014, p. 44).

History of the Clery Act

Because sexual assault rates on college campuses are higher than that of the national average (15%-25% of college students have reported sexual violence in their lifetime), prevention of sexual violence and assault is critical and consistent with public health priorities (Currin et al., 2019). Long-term effects and consequences of sexual assault, violence, and trauma include poor mental health, sexually transmitted infections, and engaging in risk behaviors such as binge drinking and substance use, and because of the high prevalence of sexual assault on college campuses, the need for comprehensive sexual health education and sexual assault prevention tactics are necessary to support the wellbeing of survivors (Currin et al., 2019). Before the Clery Act in 1990 was passed, universities were not required to disclose campus security concerns and crimes in their surrounding area, giving universities the opportunity to conceal, lower, or completely erase the crimes which were reported before this Act was passed. Sexual assault and violence are Clery Act reported, crime rates of universities are released to the

public yearly, and is an important Act when examining sexual assault statistics on college campuses and its prevalence.

The Clery Act, so named after the brutal rape and murder of Jeanne Clery at her Lehigh University dorm located in Bethlehem, Pennsylvania, is a law that requires universities to be transparent in their campus crime policy and statistics. This act requires that colleges and universities that receive funding release a public Annual Security Report (ASR) to employees and students yearly on October 1st and must include statistics for all campus crime for the past three calendar years, details on how to improve campus safety, "...crime reporting, campus facility security and access, law enforcement authority, [the] incidence of alcohol and drug use, and the prevention of/response to sexual assault, domestic or dating violence, and stalking (Clery Center, 2020). The Clery Act is crucial as it requires colleges and universities to report a crime in a timely manner while also striving for ways to better improve on-campus safety. This act was initiated in 1990 after first-year student Jeanne Clery's murder in her Lehigh University college dorm which shocked the nation and arose concerns over campus safety and accurate crime reporting from colleges and universities.

Nineteen-year-old Jeanne Clery had recently returned to college from spring break on April 5th, 1968, and was asleep after returning from a party and had left her room unlocked for her roommate who lost her key. Her assailant, twenty-year-old Joseph Henry, was severely intoxicated after losing a student election earlier that day, entered Clery's dormitory building through three doors that were propped open by pizza boxes (presumably left open for the ease of residents). Henry entered Clery's room at first rifling through her belongings and then escalated by hitting Jeanne with a beer bottle before raping, sodomizing, and strangling her with a Slinky toy (O'Dell & Ryman, 2016). Clery and Henry did not know each other previously, making this

crime random, and his intentions were to enter rooms to commit theft. Henry had no prior record other than receiving discipline for throwing a rock into a female students' window. Ultimately, Henry was initially sentenced to death but later would be sentenced to life in prison in exchange for his drop in appeals.

The Clerys were returning from a vacation in Bermuda when they were told of the horrific news from the police. When the Clerys were looking at colleges for Jeanne to attend, universities lacked crime statistics on their campuses. It was not until after Jeanne's murder that the Clerys learned there were thirty-eight violent crimes (rape, assault, robberies, and assaults) that occurred on Lehigh's campus, whereas Penn State, a larger campus, had twenty-four recorded violent crimes around the same time period (O'Dell & Ryman, 2016). The Clerys settled a confidential amount from the university and used the money to fund the advocacy foundation Security on Campus, in which they lobbied to convince colleges and universities to report campus crimes. Congress officially passed the Jeanne Anne Clery Act in 1990 which mandated the reporting of crimes on campus and has since then added safety requirements and reporting over the years.

Historical Significance

“The major purposes of the Act are to (a) impose a standard method by which colleges and universities report campus crime for colleges and universities; (b) force the sharing of this information so that parents, students, employees, and applicant groups can make better decisions; and (c) reduce criminal activity on college campuses” (Gregory & Janosik, 2003). There are disagreements over the effectiveness of the Clery Act where people's perception of systems of higher education are the institutions hiding crime rates in order to protect their image while the media portrays the institutions as unconcerned for campus safety, and it was not until recent

years that the study of the Act's effectiveness has been researched (Gregory & Janosik, 2003). One study conducted by Janosik & Gregory (2003) revealed that most students were unaware of the Act, did not read the reports, and did not use crime information for their decision-making.

The other crucial area the Clery Act covers is sexual violence "...that meet the federal definition of a criminal offense" (Dunn, 2014). The Clery Act previously only recognized two categories of sexual assault as "violence, forcible, and non-forcible sexual offenses" whereas now it includes "any sexual act directed against another person, forcibly or against that person's will, or both; or...where the victim is incapable of giving consent to cover a broad range of campus sexual violence" (Dunn, 2014). Disclosure of crimes under The Clery Act are done through daily crime log, the ASR, and timely warnings when the crime occurs. It was in 1992 when the Campus Sexual Assault Victims' Bill of Rights amended the Clery Act was amended to include campus prevention education and awareness programs, such as including education on sex offenses such as rape and sexual assault. In addition, victims must be informed of who to report sexual assaults to, the services available, and academic/living accommodations (Dunn, 2014).

Because the Clery Act does not report the identities of the victims and assailants involved in each crime, there is not much research and study about the victimization by factors such as race and gender, causing gaps within literature surrounding the Clery Act (Lee, 2017, p. 65). The Clery Act is a crucial part of campus safety and reporting, but in my experience, I was never taught what the Clery Act was, how it came into action, and what exactly that meant for campus safety; I researched what the Act was on my own, and educated my classmates on what I learned. It is alarming to never learn about the Clery Act only to receive a yearly email with crime statistics as the only means of education on the Clery Act. This act has transformed university

history by providing crime statistics to the public and holding colleges and universities accountable for keeping yearly logs, but there is much unsaid for demographics for those who experienced and/or caused crime.

Impact on Today's Universities

Researchers Janosik and Gregory conducted a survey in 2003 of 1,143 members of the Association for Student Judicial Affairs (ASJA) whose institutions were covered by the Clery Act as ASJA is the primary professional association for student affairs individuals that provide student conduct and/or judicial affairs services to their campuses (Janosik & Gregory, 2003). The respondents were 39% senior student affairs officers, 44% were judicial affairs officers, and 17% were faculty members, graduate students, or "other." Of the respondents, 60% were from public institutions and 40% were from private institutions, 88% worked at four-year institutions and the remaining 12% were working at two-year institutions. Four questions were asked: (1) How has the caseload regarding student conduct violations changed since the passage of the Clery Act? (2) How has the number of alcohol cases that are dealt with by your student conduct office changed since they were required to be part of the campus crime report in 1998? (3) How has the number of drug cases that are dealt with by your student conduct office changed since they were required to be part of the campus crime report in 1998? (4) How has the number of weapons cases that are dealt with by your student conduct office changed since they were required to be part of the campus crime report in 1998? Of the 1,143 members, 422 ASJA members returned the survey, and 30% of respondents reported their caseload increasing, 4% claimed the caseload decreased, and 63% claimed no change in their caseload since the Clery Act was passed. In all four of the questions, the majority of participants answered that judicial practices across the four areas remained the same since the passing of the Clery Act (Janosik & Gregory, 2003).

Although the effects of the Clery Act are debated, what cannot be denied is the positive and strong impact on universities the ASJA has brought nationwide. Improvements college campuses can make are having more discussions about on-campus violence, sexual assaults, and knowledge about the Clery Act itself would improve the student body's understanding of crime on-campus and the surrounding area. While all colleges and universities are required to follow the Clery Act and crime reporting, the legislation does not provide the following: "guidance on what language universities should employ, how much leeway an institution has in determining if a sexual assault represents an immediate public safety threat, [and] recommended best practices for Timely Warning Notices" (DeRito et al., 2020). Language and communication are especially crucial in these timely warnings as well as when defining crimes. Additional recommendations for colleges and universities to offer support and discussions in relation to the Clery Act are "Victim blaming, racial/ethnic stereotypes and LGBTQ+ inclusivity" (DeRito et al., 2020), but additionally, there should be more discussion and education around the Clery Act and campus crime in general as these topics are not typically covered in courses or at orientations.

Sex Education and Policy

The majority of the research surrounding sexual health education is around K-12 students, whereas the subject area within sexual health education that is most prominent when discussing college students is around sexual assault and violence. One aspect that is constant within all the research I have compiled thus far is the lack of gender identity inclusion within sexual health education research that is not solely around gender identity diversity. In the field of sexual health education, diversity and the spectrum of identities is a core value within the field, although this was not reflected in the research surrounding sexual health education.

Both public health professionals and policy-makers have considered school-based sexual health education to be a vital role in the well-being of adolescents however, the main focus of sexual health education programs are pregnancy prevention and sexually transmitted infection (STI) prevention (Goldfarb & Lieberman, 2020, p. 14). In 2012, The Future of Sex Education (comprised of three leading national sex education organizations) released the National Sexuality Education Standards (NSES), which were last updated in 2020 and is the second edition. The goal of the NSES is to provide school districts “clear, consistent, and straightforward guidance on the essential, minimum, core content, and skills needed for sex education that is age-appropriate for students in Grades K-12 to be effective” (Goldfarb & Lieberman, 2020, p.14), and covers the following areas: “Consent and Healthy Relationships, Anatomy and Physiology, Puberty & Adolescent Sexual Development, Gender Identity and Expression, Sexual Orientation and Identity, Sexual Health, and Interpersonal Violence” (Goldfarb & Lieberman, 2020, p. 14). Recent data suggests that 40% of school districts in the U.S. have utilized the NSES (Goldfarb & Lieberman, 2020, p. 14). Although these standards were created and implemented with the thought of K-12 students in mind, there is no guarantee that the school districts that do adopt these practices in their curriculum are doing so effectively. As a result, this leads adolescents and young adults to look to the internet for answers to their sexual health-related questions, which can be harmful and provide misleading or false information. Only 20 states and Washington D.C. require contraception education, and fewer provide education on gender diversity or consent (Fowler et al., 2021, p. 1). Social media use, especially TikTok, has increased popularity among adolescents and young adults, creating the perfect environment for curious students. However, TikTok has made it significantly more difficult for sexual health content educators on the app since their recent update of community guidelines, making

educational videos around sex and sexual health more likely to be removed from the app. Since one does not require credentials before posting a video or post about sexual health education, there is no guarantee that the information relayed is accurate. The most often discussed topics within the 100 videos reviewed were female anatomy, sexual pleasure (the female orgasm, arousal), contraception, and sexual health (Fowler et al., 2021, p. 1). This could potentially open a door for future researchers to examine the factual accuracy of sexual health education on social media.

Interview with Sex Educator Erika Smith²

During the final stages of this thesis on May 2, 2022, The United States Supreme Court voted to overturn *Roe v. Wade*, the landmark court case which protects the right and freedom to abortion (Weisman, 2022). The majority of topics within sex education are erased or ignored, abortion care is one of the many topics that fall into that category. As a sex educator, higher education professional, and someone who is capable of producing a child, this ruling is both shocking and unsettling. The following day, I invited Philadelphia-based sex educator Erika Smith, M.Ed. to have a conversation with me around sexual health, sexual healthcare, and what can be done to further support sex education.

Smith, in the early 2000s, attended Penn State University, and alongside her friends organized events on campus around sexual health, one of which included the Sex Faire. The Sex Faire discussed issues around sexual health, consensual activities, and liberation. Former State Representative John Lawless came to Penn State for the Sex Faire, brought cameras, and called the event disgraceful (Grote, 2001). Afterwards, Rep. Lawless sought to amend Penn State's budget by \$9,505 the following year (La Torre, 2001). This led to numerous articles and

² All quotations within this section are from the personal exchange between myself and Erika Smith, M.Ed. on May 3, 2022

interviews surrounding the incident. Smith recalls, “All we did was talk about bodies, we taught people how to do self cervical exams, we talked about the clitoris, we talked about pleasure, we talked about consent, and they lost their minds. Honestly, when I think about it now, it feels like what’s happening today [referring to Roe v. Wade], the way people are getting so bent out of shape about sex education” (E. Smith, personal communication, May 3, 2022).

Smith facilitates a program titled *Purity Culture Dropout* where she coaches those raised in purity culture seeking “...queer inclusive, shame free, trauma informed, medically accurate, and comprehensive sex education they need” (Smith, 2022), and I asked Smith how purity culture plays a role in adolescent to adult development. “If folks were raised with sex, ed or lack of sex, said that was influenced by purity culture, it really stunts their ability to make healthy, informed decisions about their own bodies.” She continues, “...conservative Republicans were very against feminism and bodily autonomy and sex education and abortion, and really wanted to control women in particular, and that made me angry even as a young person, and then I worked in abortion care, and my first post college job.” She described the anti-choice violence that was occurring during this time. Smith went on to describe the purity industry, discussing purity balls, purity rings, and the impacts these ideologies have on individuals. Smith then continued to discuss the political climate during this time: “And then I was working as a sex educator, and I knew that our funding was often in jeopardy because of Christian political policies. The Bush Administration came into power, and there was a lot of funding diverted to abstinence only sex ed[ucation], even though by then we had scientific evidence that abstinence only sex didn't work. They just want control.” When I asked Erika one thing she wished people understood about sex education, she described the phenomena of reclaiming the power and control taken as a result of inadequate sex education. “It absolutely changes people's lives when they have information

about their own bodies and true information about how their bodies work, and how they can best take care of themselves. I've watched people's faces as they ingest and accept information that has been withheld from them their entire lives, and watch their minds be blown by it. Having accurate sex education gives people control and it's life changing” (E. Smith, personal communication, May 3, 2022).

To turn the focus back to college students, I asked Smith what needs college students have that differ from K-12 education needs in relation to sex education. “First of all, it's great that they're adults, because then there will be no restrictions on the kind of information you can give them, and you won't have to deal with accusations of being a groomer just for wanting to teach people about their bodies, but additionally, college students are in this hyper sped up version of adulthood, where all of a sudden you're on your own.” Smith continues, “College students need not only education about sex and relationships and peer pressure, [but] how the culture of college and substance use plays into that. But they need access to good sexual health care, too, and a place they can go.” Smith acknowledged that most undergraduate students begin college at 18, where the brain is not fully developed, and given the closeness in proximity college students have in residence halls, “The ability to engage in sexual activity and to learn new things about yourself is just kind of on steroids at that time.” Smith explained that in K-12 environments, there are different States, laws, individual school districts, and curriculums to take into account for sex education content, and sex education is not consistent across all K-12 institutions in rules, regulations, and content.

My concluding question to Smith was what can colleges and universities do for their students to support them surrounding sex education. Smith replied, “Taking into account the vast array of experiences students are gonna have when they come to campus, and how you might

have students who had good sex ed[ucation] from schools that really prepared them well, or families that were open about sexuality in the same dorms and classes with students who were raised with purity rings.” Smith encouraged advertising and marketing that this campus is a place for students where they can access this kind of education and information, and having sex education treated as a normal part of health like any other health area. “We worry about students and stress, and students and alcohol, it has to be considered part of the holistic health experience of being a student. And then making sure that [the] information is accessible to all students in various languages.” This conversation with Smith was both enlightening and thought-provoking; by examining the similarities and differences of sex education for different education levels, educators of all concentrations could better understand the needs of their students with respect to sexuality education.

Sex Education and the Internet

Education has evolved as a result of the internet for both teaching and learning initiatives across all ages. For sex education specifically, the internet has created some of the most significant changes to human sexuality and also influences many aspects of our sexual lives: “how we view our bodies; the ways we perform and experience sex; the array of sexualities we can observe; the dating and marriage partners we have access to; and the content and delivery of sexual education resources; and it generates opportunities to exploit and harm people in a multitude of ways” (Döring, 2021). Additionally, sex work has also been heavily influenced by the internet, and all above topics fall under the umbrella of sex education. Social media has affected both formal and informal sex education, leading to a rise in information on various internet platforms. In discussions of sex education and sexual health, the focus is mostly on children and adolescents, though adults and seniors have sex education needs. Adults and seniors

have a desire to increase sexual literacy, and therefore deserve a place in the conversation of sex education. Everyone has a right to access inclusive and medically accurate sex education regardless of age, and with any field in education, it will continue to grow and develop as time passes with more research efforts being made. Sex education differs not only among age groups, but also gender, sexuality, race and ethnicity, religious backgrounds, physical and mental ability, and many more identity intersections, all of which deserve sex education that meets each population's needs and concerns.

Sex education often only focuses on risk reduction behaviors, which refer to preventing sexually transmitted infections (STIs), unwanted pregnancy, and sexual assault. This approach does not address people's complex concerns and insecurities within their sexual lives and the search for pleasure, sexual identity, and more (Döring, 2021). In order to address these concerns within sex education, we look to the ethics behind sex education, the leading ethical model being the Sexual and Reproductive Health and Rights (SRHR) framework, which has been endorsed by the World Health Organization (WHO), the World Association of Sexual Health (WAS), and the International Planned Parenthood Federation (IPPF). The SRHR's framework stresses that everyone has the human right to, "express and enjoy their sexualities in an age-appropriate, self-determined, healthy, and consensual way and be protected from sexual harm and violence," (Döring, 2021) and their core values are based in "gender equality, sexual diversity, and sexual consent, as well as government responsibility for the provision of accessible sexual healthcare and sexual education services" (Döring, 2021). By using the SRHR's framework, we are able to use their ethical standards when examining online sex education materials and hold them to the same standard as formal sex education. Although it is the hope that the internet will improve the

framework, audience, and efficiency that aligns with the SRHR's framework, critics warn that online sex education has the potential to spread misinformation and disinformation.

Those who provide sex education online can be organized into three categories: professional sexual health organizations (WHO, Planned Parenthood, Center for Disease Control, etc), individual professional sex educators (Dr. Lyndsey Doe, Hannah Witton, etc), and laypersons serving as peer sex educators. There are variances between "traditional" sex education and social media sex education: it often serves more information than the traditional risk behavior topics, covers gender and sexuality diversity, covers more topics for adult sex education, and covers more topics relating to online sex-related topics.

The benefits of online sexual health education include accessibility, more detailed information, more sex education topics, and anonymity, whereas a crucial shortfall of online sex education is that the information may not follow the standards of the SRHR, and as a result can be biased or give misinformation. While these are valid concerns, there is no comparative data or benchmarks about error rates (Döring, 2021). It is important to note the challenge professional organizations face with the ever-growing technology; an example being the huge increase in TikTok popularity, which was the highest growing social media platform in 2020. While it attracted many individuals in the younger population, most sexual health organizations stayed away from it, causing them to miss out on engaging with younger individuals on their new preferred platform. On TikTok specifically, the hashtag #plannedparenthood was viewed over 70 million times by October 2020, and without Planned Parenthood on the platform itself, the organization was unable to join and shape the conversation (Döring, 2021).

Given the growth of the internet and social media, students and young adults turn to the internet for answers to questions they feel they cannot ask. If a student cannot find an answer to

their questions about sexual health, the internet and social media are often the initial hub to find answers they either cannot find, or are too ashamed to ask. The same way that technology has improved and shaped higher education and the means for communication, it has done the same for sex education, though it may have flaws at times, it is much easier to find information online.

Themes and Student Affairs

As few themes within sexual health education are accessible contraception, destigmatized and fear-based sexually transmitted infections (STIs) education, and sexual assault/prevention and consent. Within education, there are power dynamics, and this is also true for sexual health education. Because of the power imbalance of representation and willingness to discuss diversity, a heteronormative framework is an ideology that is often centered within sexual health education, meaning discussing sexual health in a heterosexual and cisgender mindset, not taking other identities into consideration or discussion. With this framework being the pedagogy most apparent in society and media, sex education is most often taught from a heterosexual and cisgender reality, which is not reflective of the many identities that exist outside of these majority identities. Rarely is any sort of preventative care or education for anyone who claims identities outside these two brought into the sex education curriculum as these concepts are considered the “norm.” Sexual consent is key in understanding the initiation of sexual contact, and the literature around consent for queer and transgender individuals is scarce (Brown et al., 2021, p. 701). Another area of concern directly correlated to the failed sexual health education system involves sexual exploitation and abuse, mental health, and sex work; because students are not taught consent, they do not understand their bodily autonomy, meaning they are more susceptible to experiencing sexual abuse, where mental health, sex work, and substance use can affect these

students as a result. Minoritized identities “emphasize that social and structural forces marginalize certain groups and create systemic discrimination and stigma” (Brown et al., 2021, p. 701). Humans are diverse, and hold various identities all at once, creating a unique life experience, and as such, sexual health education must be diverse and inclusive to best support and educate the individuals which they serve.

It is often fear or hesitation that is a direct result of stigma that prohibits higher education professionals from discussing and exploring topics with students (substance use, violence, discrimination, etc.), sexual health included. Often, the only resource higher education has to offer students around sexual health is their student health center for STI and pregnancy tests or their counseling center for those who have experienced sexual and partner violence, but rarely is there education for students needing support and information on topics or situations outside those instances. It is ultimately our job as higher education professionals to guide students to the correct resources, and if there are none available, we are not supporting our students the best way possible. We must meet the students wherever they are within their educational journey to self-discovery and development.

Although the majority of research and studies surrounding sexual health education is largely aimed towards K-12 students, the same attention, research, and concern should be applied to college students to open the discussion of sexual health for this demographic to reach beyond the scope of STI prevention, sexual assault, and unplanned pregnancy. College students continue to grow, develop, explore, and discover themselves in ways they may have been unable to in their high school years. A student's sexual health needs do not cease after high school graduation but are a continued life need well into adulthood. It is a disservice to college students by not

providing them with valuable sexual health education that will further support them in their journey through higher education and beyond.

For queer, transgender, and radicalized communities, social media has become a tool for well-being in addition to sharing experiences about sexuality, especially given that these communities are often left out of the conversation in sex education. Given the popularity of social media, it is no surprise the influence social media has over mediums such as journalism, politics, dating, and well-being. Although individuals feel comfortable obtaining sexual health information online, queer and transgender youth are by far more likely to use online resources for sex education as they often do not have any alternative since those communities are largely left out of sex education (Manduley et al., 2018). Although those in the LGBTQ+ community, BIPOC (Black Indigenous people of color), and QTPOC (queer/transgender people of color) have been excluded from sex education, these communities have found methods to share information about sexual and reproductive health rights. Where inaccurate depictions of minority groups are inaccurate or inexistent completely, the voices gained on social media create space for engagement and allow these groups to take control of their environment. While social media creates space for minority individuals, digital and media literacy are barriers that exist that do not allow equal access to all individuals, either due to disability or lack of access due to poverty, and the majority of those with accessibility issues are BIPOC. Social media possesses the power to create change: it can increase the visibility of a concern, help find community, serves as a form of civic engagement, and offers different approaches to research not previously explored. An example of this was the use of social media after the Latin Night shooting at Orlando's Pulse nightclub; Pulse posted a warning during the massacre and individuals were able to communicate the safety of their friends and family, in addition to a GoFundMe page that raised \$7 million to

support the victims of the Pulse shooting, a direct result of Zoe Colon of the Hispanic Federation drawing attention to the fact that media failed to acknowledge that 90% of the victims were Latinx (Manduley et al., 2018). Social media is a powerful tool for community building, which is especially crucial and beneficial to minority groups that are otherwise excluded and/or invalidated informal and traditional sex education (Manduley et al., 2018).

Research about sex and the internet can be found in a vast majority of disciplines, including “health, biology, sexology, sociology, anthropology, history, computer sciences, law, policy, social work” (Orchard, 2019). The general anonymity the internet provides demonstrates how people use or perform sex online, who they contact or are exposed to, and the ways these sexualities are experienced. The ACE (anonymity, convenience, and escape) model is a framework researchers have used to improve understanding of how these variables promote sexual engagement online versus offline (Orchard, 2019). Online interactions can create situations unlikely or otherwise impossible in real life, which can be empowering and exciting since it allows people to surpass certain boundaries without the same risks if the situation were in person. Within this field, cyberstalking and sexual grooming are a huge focus, more specifically, pedophiles, child pornography, and the methods used to lure children in addition to other vulnerable populations.

The sexual industry most influenced by the internet is pornography, where erotic content and websites make up 15% of all online sites globally as of 2016, which is likely to have increased by then (Orchard, 2019). Research about pornography is astoundingly diverse, and there is even a journal called *Porn Studies*, a large majority of the work highlighting the outcomes of marriage, addictive behaviors and tendencies, and how porn transforms what sex means in positive ways. A subgenre within porn studies is revenge porn, which defines as “the

sharing of sexually explicit images by one partner(s) to morally impair and hurt another partner(s),” (Orchard, 2019) an unfortunate but common practice, especially among younger populations. Sex work and trafficking are two areas also heavily impacted by the internet. For a large population of sex workers, online platforms can offer more flexibility, a larger client network, and can provide more income, in addition to being a more safe method as opposed to print advertisements or street-based approaches. The internet has also influenced dating practices for romantic and intimate relationships, and also the field of sex education as resources can be easily traded among organizations, individuals, peers, and those consuming sex education (Orchard, 2019).

Like with any other education field, online methods and the internet itself have changed how we consume educational content as well as how we distribute said content as educators and creators. Although sexual health organizations may be hesitant in the social media and internet movement, it is imperative for such organizations to grow along with the internet in order to provide much-needed education to the populations seeking it on a variety of platforms. The COVID-19 pandemic has also brought the attention of accessibility while also proving that connection, education, and relationship-building can be founded and built through the internet. As such, my hope is that sex educators and organizations can provide insight on finding reliable and accurate sex education online for individuals to use and look to while also learning how to improve their own presence on social media and online while also being able to provide as many resources online as they are capable of. Ultimately, the internet has heavily influenced the sex industry itself, which allows for analysis of human behavior and society’s relationship with sex.

Current State of Sex Education in Higher Education

An article by Becansen et al. (2018) describes the array of sexual health services among 885 colleges and universities from 2014 to 2015 (482 of which actually participated in the survey), which included data from both two-year and four-year institutions. Of the 482 colleges and universities that participated in the survey, 70.6% of colleges reported having a health center (HC). The summary results are as follows (Becansen et al., 2018):

Service	Percent of HC's with service
STI diagnosis/treatment	73%
Long Acting Reversible Contraception (LARC)	19.7%
Express STI testing	24.4%
Self-collection	31.4%
Condom availability	66.8%
Pharyngeal testing*	54.6%
Rectal STI testing*	51.8%

* *targeted towards men who have sex with men (MSM)*

Institution Type	Services Offered
4-year colleges	STI Diagnosis/treatment (77.9%), contraceptive services (70.1%), HPV vaccination (73.7% for minority serving institutions (MSI), 74.4% for non-MSI)
2-year colleges	STI Diagnosis/treatment (53.1%), contraceptive services (46.4%), HPV vaccination (48.5% for MSI, 58.5% for non-MSI)

The overall conclusion of this study found that two-year colleges have a need for more sexual health services in comparison to their four-year counterparts. An important note to be

made surrounding this study is that the services discussed in this article were mostly health-related and revolved around STI testing as opposed to sexual health education. One aspect of the article I found off was their use of language, specifically to the use of MSM (men who have sex with men). Because it is not just cisgender homosexual men who participate in anal and oral sex, it is strange to use that language as these sex acts are not exclusive to one gender or sexuality. That being said, this article does include two-year colleges in their data, and as a community college graduate, I understand the importance of acknowledging that not every institution is a large university and will have different resources and needs.

The rates of sexual assault are higher on college campuses compared to the national rate of sexual assault (Currin et al., 2019). Coincidentally, conversations about sexual health are largely focused on sexual assault and leave out other important topics within sexual health. A study conducted by Currin et al. (2019) used a focus group of 24 individuals that would highlight three main perceptions about the sexual assault programming at their university: “themes of resistance to traditional programming, a need for holistic sexual health programming, and a desire to have an environment, which normalizes conversations surrounding sex, sexuality, and sexual health.” Research has demonstrated that students want more education on sexual violence, consent, and sexual assault prevention resources while also wanting more information about sexual health and sexuality. Although programs have been shown to offer short-term effects by changing attitudes and raising awareness, few have demonstrated long-term effects in reducing sexual violence. The prevalence and need for sexual assault education and preventative measures while still emphasizing the need for sex education that expands on topics broader than sexual assault is the central goal of my intervention as supported by this article, as is stressing the importance of comprehensive sex education over abstinence-based sex education.

Research has demonstrated negative health outcomes in sexual minority populations, but the influence of sex education on these outcomes is unclear (Hobaica et al., 2019). A study created the Perceived Inclusivity of Sex Education Scale (PISES) and administered it to 263 sexual minorities to find the connection between sex education climate and health outcomes. An increase in perceived inclusivity is associated with reduced anxiety, depression, and suicidal ideation, but was not correlated to sexual risk-taking and substance use. It was hypothesized that certain resilience factors would abate these relationships, but no interactions were found and concludes with these findings by providing the possibility to help further guide future sex education research. By pointing out the grave effects of poor sex education for minorities (anxiety, depression, suicidal thoughts, substance use, etc), these findings specifically connect non-inclusive sex education to poor health outcomes for sexual minority students, meaning that sex education has a direct effect to one's health (Hobaica et al., 2019). Even if a student receives sex education, it does not mean the education was inclusive to varying identities, and a lot of curriculums do not discuss LGBTQ+ identities, or if they do, sexuality is more often covered than gender diversity. This key aspect directly connects to my desire to create educational experiences that utilize intersectional approaches; if education or a service does not inform or serve all identities and experiences, it is not education meant to enlighten all identities and lives.

The only downside to this article is that the questions asked in the study were exclusive to sexual orientation and did not include questions about gender. I have found this as a common concern within these studies, where articles will more frequently discuss sexual orientation than gender, or if gender was included, it only included binary genders (men and women), excluding the existence of transgender and non-binary individuals. A study conducted by Ahrens et al. (2019) explores the experiences of transgender and non-binary (TNB) youth and their

experiences with sex education. TNB youth face disparities in sexual health risks in comparison to their cisgender peers. This study took place in Seattle, Washington, and 21 interviews were conducted with non-minor TNB youth (11), parents (5), and healthcare affiliates (5) of TNB youth from Seattle Children's Gender Clinic and local TNB community listserv readerships. Interviews were open-ended, and participants described prior sex education experiences and content needs for TNB youth. Participants described 5 main sources of information: school curricula, medical practitioners, peers, romantic partners, and online media, and recommended 8 areas for content that were recommended for TNB youth: puberty-related gender dysphoria, non-medical gender-affirming interventions, medical gender-affirming interventions, consent and relationships, sex and desire, sexually transmitted infection prevention, fertility and contraception, and healthcare access. This study, in conjunction with previous research excluding gender diversity from their practice, highlight the needs of TNB individuals within sex education that are currently not being met. The ages of the TNB participants being interviewed ranged from 18 to 26, meaning this data can be applied to the needs of college students. A flaw in this study is that all the youth that participated in the study were white and lacking in racial and ethnic diversity. The experiences of TNG people of color will be disproportionately different from their white counterparts, especially considering that transgender women of color are the social group most likely to experience violence as a result of their gender and race, hence why intersectionality and connecting the multiple identities of sexual minorities is necessary for a successful, full understanding of one's lived experiences.

Conclusion

By using the historical context of both sexual health education and higher education, outside factors that connect with higher education literature, and the current state of concern for

my thematic concern, I will apply the above research and concept to the following chapter, focusing on program design and implementation. The following chapter will introduce the intervention, praxis, and professional competencies, relating my own professional experience to my concern, and conclude with my program proposal.

Chapter Four: Slipping into Something SEX-C–Program Design & Implementation

Introduction

This chapter will outline the program design and implementation of the Sexual Education Xploration Center (SEX-C) and will include the following: purpose and goals of SEX-C, praxis and frameworks from chapters two and three, ACPA/NASPA professional competencies that intersect with my intervention, related professional experience from my internships, graduate assistantships, and full-time positions, and will conclude with an outlined program proposal.

Purpose and Goals

My thematic concern is centered around college students' sexual health and well-being through a sexual health education student service center. SEX-C (Sexual Education Xploration Center) will be staffed with three full-time professional staff members and eight part-time peer educators (PEs) where an undergraduate or graduate student is eligible to be a PE. SEX-C (Sexual Education Xploration Center) will provide consistent, comprehensive, trauma-informed, inclusive, and accessible sexual health education to meet the needs of the student population. SEX-C (Sexual Education Xploration Center) will provide programming, events, and community resources to students. It will support the needs of its students by providing a range of sexual health education, even for students who may not be engaging in sexual activity, as sexual health is more comprehensive than sexual activity, sexually transmitted infections (STIs), and pregnancy prevention.

Although sexual health education concerns are most often related to K-12 education as opposed to higher education, rates of STIs and unwanted pregnancies are at their highest between 18-24-year-olds, which are traditionally college-aged students (Astle et al., 2020). Additionally, the rate of sexual assault that occurs on college campuses is higher than the

national average, where approximately 15-25% of college students have experienced sexual assault within their lifetime (Currin et al., 2019), and colleges and universities do not have the tools to educate students on sexual assault prevention strategies or provide support to survivors of sexual trauma.

Intervention and Components

My intervention has three main components: generating a campus sexual health center (SEX-C), hiring and implementing a peer educator program, and developing and executing five core peer educator programs to be facilitated by the student staff members. The overarching purpose of this program is to provide sexual health education year-round to college and university students which will supply students with the tools to make decisions that are in their best interest while being the most informed about all the choices possible. Programming can be altered and introduced to fit the needs of the students, as the program and event examples I provide may not be as requested or needed compared to other topics (an example is a religious institution may opt for programming around emotional intimacy rather than physical intimacy to meet the needs of the population they educate based on the values and choices of students in their romantic relationships).

SEX-C will give students an opportunity to connect with and learn from their peers, have access to educational materials in a non-judgmental environment, and allow PEs to work in conjunction with qualified sex educators, all while normalizing and encouraging the discussion of sexual health and the topics it envelops. When centering and prioritizing health, autonomy, and comprehensive sex education over fear tactics, negative frameworks, and shame-based teaching, a more encouraging space where students are empowered to ask questions and learn about their values and options is able to thrive. A logo for SEX-C can be found in Appendix F.

Program Development and Materials

As a result of my graduate assistantship position and previous experience teaching sexual health education, I have created and organized sexual health education workshops that can serve as guidance and an example of a facilitation guide and presentation. Because this center is proposed to be accessible, all programs will be designed to be executed in-person and remotely, as I have done with Sexpectations, a program created to discuss boundaries and values in relationships. This proposal will also include event ideas for SEX-C (Sexual Education Xploration Center) to organize and develop. The facilitator's guide for Sexpectations can be found in Appendix E.

Sexual Education Xploration Center (SEX-C)

The ideal location for this center would be in a high-traffic area easily accessible and visible to students, but will still allow privacy for the students utilizing SEX-C. Because this center is sex education and not sexual healthcare, SEX-C should not be in close proximity to a wellness or health center. SEX-C will employ three full-time professional staff members which consist of an Associate Director, Assistant Director, and Administrative Assistant. The Associate Director and Assistant Director will work together on day-to-day operations, hiring, training, and supervision of PE staff, build and maintain relationships with on and off-campus resources, managing all social media with the assistance of PEs, and other duties. Job descriptions for both Directors positions can be found in Appendix A. The Sexual Health Education Center will provide programming, large and small-scale events, informal education, social media content creation, and the ability to connect students to off-campus resources that SEX-C (Sexual Education Xploration Center) is unable to provide (testing, medical advice and care, mental health services, etc.). Ideally, this center will collaborate with other student service centers for

larger events in order to engage the campus community on a larger scale. SEX-C will operate on a 9am-5pm schedule with occasional hours outside this timeframe for evening events.

Peer Education Program/Peer Educators

The Peer Education Program will employ six to eight undergraduate or graduate students attending the college/university to serve as Peer Educators (PEs) with a pay of \$15.00 per hour working ten hours weekly. Applications will be ideally housed on a website such as Handshake or Indeed in addition to the college/university's website, and by advertising the job posting through flyers and via email to students. The PE staff will ideally be a mix of graduate and undergraduate students in order to best represent the student population and allow graduate students to participate in this opportunity as opposed to a graduate assistant position. PEs will maintain a GPA of 3.0 or higher and can be studying any major, so long as they have an interest in sexual health education initiatives. PEs will be responsible for facilitating educational programs, assisting with event execution and planning, and serving on a small team for additional education initiatives (social media, informal education, large/small scale events). PE training will occur one week prior to the start of the Fall semester with a mid-year training between Fall and Spring semesters to welcome mid-year PE hires and review any additional content that may benefit the team. PEs will be trained on the larger topics within sexual health education (STIs, birth control methods, contraception types and demonstrations, LGBTQ+ identities, mental health, etc.) and will be interactive among the team and collaborative with the professional staff and non-campus affiliated professionals and speakers. PEs will be compensated for their time during training and be provided meals, and PEs who reside on-campus will be permitted to move in early at the expense of SEX-C. Job descriptions for the

PE position can be found in Appendix A with interview questions in Appendix B. A training outline can be found in Appendix D.

Core Programs of SEX-C

SEX-C will have a set of five core programs with the option to add or alter the programs proposed in this thesis. The five core programs I am proposing this center offers can be found in the chart below. There are an infinite amount of topics to explore within sex education, and these are not representative of the many topics that can be turned into programs but are ones I feel would be beginner-friendly. PEs and professional staff within SEX-C will have the flexibility of introducing new educational programs based on demand and desire as well as the student population they serve (an example is a religious institution may opt for programming around emotional intimacy and relationship building over pleasure or polyamory).

Program Title	Description of Program/Summary
Sexpectations	This peer-led workshop is designed to engage students in communication, consent, implementing boundaries, and setting expectations in relationships. This program will provide opportunities for discussion around decision-making in regards to sexual behavior and challenge one's own understanding of sexual projects (which answer the question, "what is sex for?").
The Menstruation Education You Didn't Get	There is so much misinformation surrounding periods. But why? Sex education in the US varies by state, institution, location, and other factors, but the general sex education in the US is inadequate (Becansen et al., 2018). Menstruation is just one of the many areas within sex education that needs more attention, and not just for menstruators. Even if you don't have a period, you know someone who does, and by being properly educated about menstruation, we can be more

	empathetic humans and understand how bodies operate.
STIigma	The highest rate of sexually transmitted infections (STIs) is at it's highest between ages 18-24 (Astle et al., 2020), and are a normal part of engaging in sexual activity, not a consequence. This program will explore where STI stigma comes from and methods to combat it while examining why certain STIs are more stigmatized than others.
Erasure Series: Queer Sex Ed, (Dis)ability & Pleasure, Rediscovering Pleasure after Trauma	The Erasure Series will have a set of programs dedicated to discussing and exploring the many identities that are erased within "traditional" sex education curriculums, such as queer and transgender identities, people with disabilities, and people who have experienced sexual assault.
Prioritizing Pleasure	<i>Does this feel good? Is the clit a myth?</i> This program will discuss pleasure and the body by exploring pleasure spots, the stages of orgasm, and the effects of pleasure on the body, and provide talking strategies to discuss your desires and likes with a partner. This program will also provide education on different types of sex toys, their uses, and how to properly care for them.

Professional Competencies

The ACPA (College Student Educators, Int.)/NASPA (Student Affairs Administrators in Higher Education) (2016) professional competencies are a tool student affairs and higher education professionals use to measure skills and knowledge across various experience levels and areas within their professions. The competency categories are as follows: (1) Advising and Supporting, (2) Assessment, Evaluation, and Research, (3) Law, Policy, and Governance, (4) Leadership, (5) Organizational and Human Resources, (6) Personal and Ethical Foundations, (7) Social Justice and Inclusion, (8) Student Learning and Development, (9) Technology, and (10)

Values, Philosophy, and History (ACPA/NAPSA, 2016). While my intervention intersects between sexual health education as well as higher education, the ACPA/NASPA (2016) competencies connect with both categories of education.

My intervention will intertwine with each of the ten competencies in some way. The competencies most present within my intervention are Advising and Supporting, Social Justice and Inclusion, Student Learning and Development, Leadership, Advising and Supporting, and Personal and Ethical Foundations. The chart below provides a description of each competency as well as its relation to the Sexual Education Xploration Center (SEX-C).

Competency	Description	Relation to SEX-C
Advising & Supporting	“Addresses the knowledge, skills, and dispositions related to providing advising and support to individuals and groups through direction, feedback, critique, referral, and guidance” (ACPA/NASPA, 2016).	The professional staff members will be providing advising and support skills to the PEs in order to help facilitate their growth and challenge them.
Social Justice & Inclusion	“This competency involves student affairs educators who have a sense of their own agency and social responsibility that includes others, their community, and the larger global context” (ACPA/NASPA, 2016).	Because the SHEC includes education on diverse identities, PEs and professional staff will be responsible for including education on various identities for a diverse population.
Student Learning & Development	“The Student Learning and Development competency area addresses the concepts and principles of student development and learning theory” (ACPA/NASPA, 2016).	Professional staff will provide tools for PEs to understand student learning and development to be used in their educational initiatives.
Leadership	“The Leadership competency area addresses the knowledge,	Professional staff will teach leadership skills to PEs that

	skills, and dispositions required of a leader, with or without positional authority” (ACPA/NASPA, 2016).	will assist in their leadership qualities within their position and for future positions.
Personal & Ethical Foundations	“The Personal and Ethical Foundations competency area involves the knowledge, skills, and dispositions to develop and maintain integrity in one’s life and work; this includes thoughtful development, critique, and adherence to a holistic and comprehensive standard of ethics and commitment to one’s own wellness and growth” (ACPA/NASPA, 2016).	Both professional staff and PEs will be discussing and providing education on topics they may not agree with, but have an ethical duty to provide education on the subject at hand without it affecting their delivery.

Related Professional Experience

My professional experience began during my role as a Graduate Assistant of Sexual Health Education, an internship as a Graduate Residence Director, and is ongoing with my professional role as a full-time resident director and student life coordinator. Within my time as a Graduate Assistant of Sexual Health Education, I was able to hone in on my passion and excitement for creating programming and educational initiatives around sexual health. One project I am especially proud of is the program initiative titled *Sexpectations*, which was an interactive program that discussed relationship building, values and boundaries, and gave participants tools to create their ideal relationships, romantic or otherwise. This program was first presented via Zoom but is capable of being held in person as well.

An additional part of my position involved work around The Ram Box initiative, which is an anonymous, free subscription service available to all students. There are five boxes to choose from, and each is able to be ordered once a semester, with the exception of the sexual health

supplies box. The boxes include Connect-a-Box (building connections with peers), QuitKit (smoking cessation), Sunshine in a Box (gratitude), Stress Detox (stress management), and my personal favorite, the Rubhub (sexual health supplies: internal/external condoms, personal lubricant, dental dams, flavored externals, non-latex external condoms). It was my obligation to record all Ram Box requests and anonymize them for the peer educator staff and Ram Box intern to assemble. Each request has a space where students can ask questions, and the Ram Box intern I supervised would write a response and have it approved by me before they were put into the student's Ram Box. With the growing popularity and demand for not only the Ram Box but also sexual health supplies, the department I worked for decided to begin supplying grab-and-go sexual health supply kits in the case a student is in need of sexual health supplies, but may not have ordered a RubHub or needs sexual health supplies sooner. For these, I created seven different types of to-go condom bags and provided instructions for the student staff on assembling them. This was done to prevent confusion and the risk of misusing a barrier; one type of external condom we offered was flavored externals, for oral sex, which is not meant to be worn for penetrative sex as it can lead to infection, whereas non-flavored external condoms can also be used for oral sex on a fallace or toy, or turned into dental dams for oral sex on a vulva or anus.

Challenges

A challenge that I foresee with this concern involves cost and feasibility. A fact of sexual health education is that sexual minorities (BIPOC, people who experience poverty, queer, transgender, people with disabilities, sex workers, and victims of sexual assault) who need sexual health education the most either do not receive adequate sex education, or are educated on sex education that erases their identity, existence, and educational resources needed for them to make

safer choices for their sexual health (Hobaica et al., 2019). Many curriculums do not discuss any sexual relationship other than one with a cisgender and heterosexual man and woman, and the effects of poor sex education for minorities have a direct effect on their physical and mental health, including anxiety, depression, suicidal thoughts, and substance use (Hobaica et al., 2019). If sexual minorities do not have access to sex education that includes them, it is a detriment to their livelihood (Hobaica et al., 2019). That being said, colleges and universities that may not have access to funding for proficient foundational student services may find this center extremely difficult, or even impossible to implement; a study by Becasen et al. (2018) found that two-year colleges require more sex education and sexual health services in comparison to four-year colleges and universities.

Another challenge for this concern is that the United States is divided on topics surrounding the body: abortion, contraception, and birth control, all of which fall under the topic of sex education, which alone has its own divide of abstinence-only or comprehensive sex education (Kramer, 2019, p. 501). In geographic areas where policies surrounding sexual health are moral-based instead of evidence-based argue for abstinence-only sex education that will protect and prevent young adults from STIs and pregnancy. Moral-based arguments or opposers would most likely disapprove of this concern as sexual activity is connected to one's value and worth instead of health. Often, these values are connected to religious values, viewing "healthy" as free from STIs and "whole" as not engaging in sexual activity until marriage, invoking the connotation that sexual activity is negative and immoral (Kramer, 2019, p. 501). Because sex education is viewed as one or the other, this concern will be unsupported by those in support as abstinence-only sex education would not be provided in this center, as the objective is to advocate for health.

An additional challenge I anticipate is defining the characteristics of a qualified sex educator and maintaining the separation between a sex educator and a sex therapist. Degrees in sexual health are niche and often expensive, so a candidate may have studied women's and gender studies for their degree, but would not technically qualify as a sex educator without the sexuality degree credential in addition to the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), as it has specific requirements to join and maintain membership through continuing education programs facilitated by AASECT supervision. Because sex education involves discussion around sensitive topics and trauma, it is crucial to reiterate that the purpose of SEX-C (Sexual Education Xploration Center) is to educate and not to provide treatment and support that a sex therapist or counselor would be able to provide.

Conclusion

By using my praxis from chapters two and three, drawing from the ACPA/NASPA (2016) competencies, and my own experience, my intervention would be created based on the values, ideologies, and experiences during my time as a graduate student. The following chapter will outline the implementation and evaluation of my intervention. Within this chapter, the following will be addressed: implementation of the intervention, assessment and evaluation of the program, limitations and looking ahead, and closing remarks for this thesis and intervention. Appendices and references will be following chapter five.

Chapter Five: *Was it Good for You?* Implementation & Evaluation

Introduction

This chapter will discuss the implementation of my proposed intervention. In this chapter, I will address an implementation plan, a leadership strategy, the implementation and evaluation for my intervention, consisting of implementation, assessment, limitations, and aspirations for the future of this intervention. Following this chapter will be appendices, which will provide materials discussed in this thesis.

Implementation

Implementing a large-scale intervention takes time. Therefore, it may take at least a year of planning before an official launch. On most campuses, a center of this type would be located in the wellness or health center, but because sex education and sexual healthcare are two different services, ideally, the center would be in a different location than a health center. Because the Fall semester has a larger incoming class size, SEX-C will be open and operating in the Fall semester. Below is an estimated timeline for training, onboarding, and opening of SEX-C.

Milestone	Timeline
Post 3 professional staff positions, hiring	Job posting to begin advertising Fall semester (August), Pro-staff hired to begin in January
SEX-C space set up and organized	Ongoing - furniture and office supplies to be ordered Mid-January-early February
Pro-Staff advertise PE position, hire PEs	Advertise in March, hire by the end of Spring semester (estimated mid-late April, early May)
Pro-Staff plan and finalize training for PEs	Begin planning mid-late June, finalize mid-July
PE training	August, one week before Fall semester begins

Fall semester event dates/times solidified	Mid-August
Grand opening of SEX-C	Within first 2 weeks of Fall semester

Funding & Budgeting

Ideally, SEX-C will eventually financially afloat with the support of donors and sponsors rather than relying on funding from student fees, but SEX-C would likely have an easier feat receiving funding from student fees initially given the topic of the center. With the hopeful growing popularity and use of the center by students as SEX-C grows after its introduction, donors may feel more inclined to support and contribute upon seeing the positive effect the center's existence has on its campus. Marketing and recruitment will be executed in traditional ways such as through social media and email, but also by using creative and unique approaches such as a video advertisement asking random college students about topics within sex education to show that most college students did not receive adequate sex education to help them where they are currently in life. Methods to encourage donors and sponsors to give to the SEX-C center could be through allowing them to allocate where funding goes (towards training, purchasing contraception, purchasing clothing for the staff, etc.), sending thank you gifts from SEX-C, or an extravagant yearly event to honor donors and sponsors and encourage their continued support for years to come. The budget outlined in Appendix C includes estimated costs for salary for the PEs (annually and training), staff t-shirts, office supplies in kind, and the cost of barriers SEX-C would hypothetically supply to its students. Included is also the cost for demonstration materials for programming, such as a cervix model and wooden condom demo.

Leadership & My Intervention

For leadership to be effective, leadership itself must be possible regardless of a formal position of power within an organization. It must also be genuine and strive for the bettering of a

community, organization, or other entity, and address issues and concerns within said area. For leadership to be effective, the leader must be receptive to the input of their peers and supervisors to best facilitate areas of growth and continue to build on the strengths the leader possesses. For successful leadership to occur, the leader should be able to develop and grow regardless of position or ranking within their organization. An effective leader uses communication, has strong ethics, listens to those around them, empowers others, values feedback, and provides support for their team. Effective leadership will also operate from a social justice standpoint and will be cognizant of how power and privilege connect to identity.

Transformational leadership has two main principles: “change is the central purpose of leadership, and leadership transcends one’s position in an organizational hierarchy” (Harrison, 2011, p. 45). The word “transformational” itself aligns with the first principle of this type of leadership, where change is the central work and purpose of leadership. Transformational and transactional leadership differ in the same way in leadership and management, where power and politics are acknowledged more openly in the latter. Because transactional leadership and management acknowledge systemic power, they serve as the driving force where transformation and leadership are feasible. Knowledge of power is crucial for effective transformational leadership to occur, as Harrison (2011) states in their article *Transformational Leadership, Integrity, and Power*, “Without both an acknowledgment and understanding of how power works in higher education institutions, individual student affairs practitioners are left with a mandate to affect change, but no tools for translating this vision into reality” (Harrison, 2011, p. 46).

The second principle separates leadership from power hierarchy and coincides with the concept that everyone has the ability to lead regardless of position. What comes to question within this principle is what occurs when those without a formal position of power attempt to

make a change. Harrison conducted a study on how student affairs professionals addressed power in institutional change efforts and found that “...they were labeled troublemakers, passed over for promotions, victims of low morale, and, in the most extreme case, terminated for challenging systemic power in their respective institutions” (Harrison, 2011, p. 47). Without acknowledging how power plays a role within leadership, one cannot lead with honesty, and individuals with the potential to make a change may decide that placing their jobs in jeopardy is the only plausible means of encouraging change within their organization.

Effective leadership and transformational leadership share similarities and differences. A central theme within transformational leadership is change and growth, and in order for effective leadership to happen, a leader must be open to change for the leader to grow within their leadership. Both forms of leadership also need honesty for successful leadership to transpire. For leadership to be effective, it does not necessarily need to be transformational, as a leader can continue developing their skills without a drastic change in leadership. However, a leader should remain open to change within their role to best serve their community's needs .

For my intervention, effective and transformational leadership will be utilized in the implementation and foundation of my proposal. My proposal itself is a form of transformational leadership, as this development of a new office will be a reconstruction and introduction of new leadership. Those within the office will use the qualities of effective leadership to better serve the student population to put the students’ best interest, health, and well-being at the forefront. The characteristics of effective leadership will be reflected in both the professional and student staff as well as within the relationship between all staff members and their students. The purpose of leadership is to facilitate growth and change, and with transformational leadership combined

with the criteria for effective leadership, both the students and staff members will learn and benefit from both types of leadership for this intervention.

ACPA/NASPA Competencies and Leadership Style

Both my leadership style and approach to leadership have been influenced since being introduced to the ACPA/NASPA competencies. The ACPA/NASPA competencies summarize standards for higher education professionals in a way that is measurable while providing guidelines for educators and professionals to gauge their level of skill and outlining the practices that professionals can strive towards in order to reach advanced standing (ACPA/NASPA, 2021). Because the competencies are sorted into ten categories with dimensions for each sub-category, the rubric itself is easy to follow and encourages progress and growth.

The ACPA/NASPA competencies influenced my leadership style and approach by addressing areas within the higher education profession that I initially did not connect to the field. The main areas within higher education I expected to build upon and learn about were leadership, advising and supporting, and social justice and inclusion, when in reality, the field of higher education encompasses more subjects than I had previously believed before being introduced to these competencies, such as technology and human resources. The competencies allowed me to reframe my understanding of higher education, as well as my understanding of the various “hats” a professional wears in order to be a successful educator (ACPA/NASPA, 2021).

Each of the ten competencies has a role within my intervention, the most obvious likely being social justice as a core belief within sex education is that anyone has the right to comprehensive, inclusive, and scientifically accurate sex education regardless of identity, economic status, or any other obstacle that would prevent someone from receiving sex education. For the staff, advising and supporting, organizational and human resources, assessment,

evaluation, and research, and law, policy, and governance are the areas that will contribute to the relationship and work the office itself completes, in addition to the relationship between staff members and Peer Educators (PEs) in order to keep the office in operation. The remainder of the competencies (leadership, personal and ethical foundations, social justice inclusion, student learning and development, technology, and values, philosophy, and history) will likely be exhibited in the relationship between the office/staff and the students relating to the actual distribution of education and resources to students. However, this is not to say that the competencies are exclusive to one purpose or the other but is rather to say that the competencies will be exercised in different ways and may be more visible in one relationship than the other. The elements of leadership that center one's decision-making are values and personal and ethical foundations. Decision-making for students is rooted in their values and ethics for their social, interpersonal, and academic success. These foundations develop through reflection, cultural influences, wellness, and other factors. The decisions a student makes are a reflection of one's morals, which has a direct effect on their success. Leadership styles have influenced the way I envision the center operating between administration, staff, students, and the community.

Assessment and Evaluation

Evaluation and assessment play a critical role in successful program development regardless of program type and content discussed. Feedback and conversations with participants and facilitators will allow space for revisions, additions, and even removal of portions in a program, but is all in the name of education, community, and involvement through listening. Rather than planning and executing programming that Pro-Staff and PEs may feel will be most successful for their college student audience, it is best practice to directly ask the audience what their wants and desires are. I feel the most effective assessment and evaluation is done in fewer

quantities with higher quality and robust questions and methods as opposed to a survey for every single program, as participants may provide less valuable feedback. Additionally, I value feedback that is not numerical in the form of scores or scales. SEX-C will utilize a dialogue and/or open-ended-based assessment framework rather than a scale or multiple-selection option approach. Yearly, around early April, SEX-C will send an email to all enrolled students with one grand survey to collect data on participation, feedback, and use of the center. The success of a program will be evaluated by feedback, participation, and requests for the program to be held again. Students are over-surveyed, and in April may not be paying attention to their email, or may simply not have the time to sit down and do a survey around the end of the Spring semester. Incentives do help with surveys, so a raffle, gift card, or some sort of monetization would encourage students to complete the survey. Staff members of SEX-C should also consider keeping track of the number of visitors to the center as well as in each event and educational program, as decision-makers and funders respond to numbers, and also like to know that a service is being used by students.

Assessment and evaluation for the PE staff should also be considered to gauge their learning and experience during their time in this position. Training and experience for PEs should be assessed yearly, as should the rate of PEs that choose to reapply for the position for the following year(s). Semesterly group meetings with structured questions to understand their experience and learning should be utilized, and surveys after each training should also be considered (what they liked, found valuable, what they would change, etc.).

Limitations and Looking Ahead

Although briefly mentioned, a limitation of this intervention surrounds two-year community colleges and smaller institutions. Smaller institutions and community colleges are

often left out of the narrative when researchers discuss college students within the higher education and student affairs field. While this intervention would be ideal to implement across all college campuses regardless of location, size, and type, it is simply not feasible to propose an intervention to this extent for every college and university due to funding, space, and support. I thoroughly enjoyed my time at community college and the growth and opportunities that were given to me then allowed me to succeed now, the resources I had access to at my large public university upon my transfer. This is not to say that is the fault of my community college, but community colleges and smaller universities should receive adequate funding and support to provide more resources to their students that may not ever transfer to a larger school.

Another population I would have liked to further research is sex work and sex workers. College students often explore or participate in sex work as means of income to pay for tuition or as a stable income, and this topic should be discussed in college sex education. There are facets within sex education that are stigmatized and therefore avoided, but avoiding a topic and not discussing it does not mean that information is not important, nor that there will not be students in need of that information. As many students may consume pornography, I feel that learning about the industry itself would benefit students, such as understanding laws around sex work, forms of sex work, and ethical ways to consume pornography. As I continue to explore my thematic concern and hopes for the future, the challenges I foresee are acknowledging the resources that would go into this center will not allow this intervention to be something easily introduced, implemented, and sustained in all colleges and universities. I constantly think about the communities that need these resources the most and are usually unable to receive them, either for reasons of poverty, fear, shame, or other reasons. I also foresee myself navigating this thematic concern through the lens of a religious institution and further investigating the values of

said university and how they connect with my intervention in a way that includes individuals with a belief system and how that may change how a student navigates sex education. Secondly, I would have liked to further examine Historically Black Colleges and Universities (HBCUs) to further research and assess the needs in HBCUs in respect to sexual health education that was missing within my research. In addition, I believe any change in a system can cause discomfort or confusion, and I foresee myself exploring leadership systems within higher education and how they interact with each other. Higher education and student affairs operate by being a cohesive unit that works together for its students. Leadership styles I foresee encourage the heart and enable others to act (Kouzes & Posner, 1983). Creating an atmosphere of trust and respect will be a core value within the center as the content the center will work with can be sensitive topics and need to be treated with care. Recognizing contributions to the common vision will also be important, as I feel that recognizing the work of those within sex education is necessary in order to emphasize the value this work has and that it is often not recognized.

Conclusion

To conclude my entire thesis and intervention, my hope for the future within higher education and student affairs is for institutions to not only normalize the discussion of sexual health but encourage curiosity, and question-asking the same way it is welcomed in the classroom. I chose this topic for my intervention as I strongly feel that sex education has a place in higher education, and should be in constant discussion the same ways that mental, physical, and emotional health are, and normalized. College aged students continue to grow, develop, and discover themselves during their time in academia, and education must reflect that in order to allow them to reach their fullest potential.

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Appendix A
Job Descriptions

Associate Director, Sexual Education Xploration Center (SEX-C)

[College/University Name]

[Location]

Type: full-time

Salary Range: Is commensurate with years of experience.

Job description summary:

The Associate Director of the Sexual Education Xploration Center (SEX-C) works with graduate and undergraduate students that serve on a staff of 6-8 Peer Educators. They will run the Peer Educator program (hiring, training, and supervision), represent the Center, work in collaboration with an Assistant Director, build and maintain relationships with on and off-campus resources, and provide sexual health education to the student population through formal and informal educational initiatives.

Job duties:

- Assist in day-to-day operations within SEX-C
- Works directly with graduate and undergraduate Peer Educator staff
- Run and coordinate the Peer Educator program (hiring, training, supervision)
- Build and maintain relationships with on and off-campus resources
- Act as a campus resource

- Co-supervise small team Peer Educator groups with the Assistant Director (informal education, social media, events)

Qualifications:

BA/BS in Gender Studies, social work, psychology, education, or related field plus 2-3 years related experience/education required. Master's degree in related field required. Demonstrated understanding of the complex issues surrounding gender and sexuality, interpersonal violence, intersectionality, social justice, and college-age populations (undergraduate and graduate).

Experience advising students and student groups as well as creating, implementing, and evaluating programming. Ability to work collaboratively and effectively with student, faculty, and administrative partners. Strong oral, written, and technological skills.

Assistant Director, Sexual Education Xploration Center (SEX-C)

[College/University Name]

[Location]

Type: full-time

Salary Range: Is commensurate with years of experience.

Job description summary:

The Assistant Director of the Sexual Education Xploration Center (SEX-C) works with graduate and undergraduate students that serve on a staff of 6-8 Peer Educators. They will run the Peer Educator program (hiring, training, and supervision), represent the Center, build and maintain relationships with on and off-campus resources, and provide sexual health education to the student population through formal and informal educational initiatives.

Job duties:

- Assist Associate Director in day-to-day operations within SEX-C
- Works directly with graduate and undergraduate Peer Educator staff as direct supervisor, assisted by the Associate Director
- Run and coordinate the Peer Educator program (hiring, training, supervision)
- Build and maintain relationships with on and off-campus resources
- Act as a campus resource
- Co-supervise small team Peer Educator groups with the Associate Director (informal education, social media, events)

Qualifications:

BA/BS in Gender Studies, social work, psychology, education, or related field plus 1-2 years related experience/education required. Master's degree in related fields preferred. Demonstrated understanding of the complex issues surrounding gender and sexuality, interpersonal violence, intersectionality, social justice, and college-age populations (undergraduate and graduate). Experience advising students and student groups as well as creating, implementing, and evaluating programming. Ability to work collaboratively and effectively with student, faculty, and administrative partners. Strong oral, written, and technological skills social media experience preferred.

Peer Educator, Sexual Education Xploration Center (SEX-C)

[College/University Name]

[Location]

Type: part-time

Pay: \$15/hour

Supervisor: Assistant Director of SEX-C

Positions available: 6-8

Job description summary: Peer Educators are expected to work ten hours per week. The hours worked include, but are not limited to, time spent staffing SEX-C and SEX-C sponsored events and programs. Evening hours and some weekend hours will be required. Peer Educators are paraprofessionals of [college/university].

Job duties:

- Support the development and/or the delivery of programming, including but not limited to the topics of sexual health, including violence prevention, LGBTQ+, pleasure, relationships, contraception, social justice, etc.
- Provide resources to visitors of SEX-C
- Complete 5 office hours a week to be held at the SEX-C
- Distribute posters, flyers, brochures, and other materials
- Serve on a small team, collaborating with other Peer Educators (social media, informal education, events)

- Attend weekly 1:1's with Assistant Director
- Assist in maintenance and organization of SEX-C common space
- Provide classroom, organizational, and/or athletic team presentations as assigned

Qualifications:

Currently enrolled undergraduate or graduate student of any program. Must maintain a GPA of 3.0 or higher. Ability to work on a team. Experience with Microsoft Office (Word, Excel, PowerPoint, etc.). Comfort delivering presentations to large groups on sensitive topics. Understanding of the structures of power, privilege, and intersectionality.

Interview process:

Applicants will complete the attached questions and email them to [SEX-C email address] as well as submitting a resume and contact informations for two references. An interview will follow with both the Associate and Assistant Director of SEX-C.

Appendix B

Application Questions, Peer Educator Position

Peer Educator, Sexual Education Xploration Center (SEX-C)

Application Questions

Name:

Pronouns (optional):

Race (optional):

Ethnicity (optional):

Gender (optional):

In 300 words or less, please answer the following questions:

1. What interests you most about the Peer Educator position? What past experiences can you draw upon for programming you would like to facilitate in this role?
2. How would you describe your leadership style?

Appendix C

Sex-C Budget

<u>Item</u>	<u>Estimated Cost (annually)</u>
PE salary: 6-8 employees, \$15/hour, 10 hours/week, 15 weeks a semester x2	\$13,500-\$18,000
PE training pay: 6-8 employees, \$15/hour, 8 hours a day, 5 days x2	\$7,200-\$9,600
PE training: lunches for PEs, 6-8 PEs, \$20 per student, 5 training days x2	\$1,200-\$1,600
Staff gear (t-shirts): 3 pro staff, 6-8 PE's, \$20 per shirt	\$180-\$220
Office supplies in kind: cleaning, stationary, etc., \$70 a month per 3 pro staff, 12 months	\$840
Sexual Health Supplies (Pricing from Global Protection Corp) <ul style="list-style-type: none"> - <u>External condoms</u>: Trojan ENZ case of 1,000 for \$275 x2 - <u>Internal condoms</u>: FC2 Internal Condoms case of 1,000 for \$1,425 x2 - <u>Personal lubricant</u>: ONE Move Lube 3mL satchels, pack of 500 for \$150 x5 - <u>Dental dams</u>: Satin Latex, box of 100 for \$80 x5 - <u>Flavored external condoms</u>: ONE Condoms FlavorWaves case of 1,000 for \$250 x2 	\$5,050
Demonstration materials <ul style="list-style-type: none"> - Uterine Model Transparent Female Reproductive System Model for Teaching Aids, \$60.54 (Walmart) - Saalt menstrual cup, \$29.00 - Condom demonstrator, \$14.69 	\$104.23

Total estimated cost: \$26,874.23-\$35,414.23

Appendix D

Peer Educator Training Outline, Sexual Education Xploration Center (SEX-C)

Day 1: Introduction day

Morning	Introductions to SEX-C, overview of training week
Afternoon	University/college services, about your university/college, who's who
Evening	Staff bonding: PowerPoint party

Day 2: The Basics

Morning	Sex ed basics (contraception, identity, relationships, consent), condom demos
Afternoon	Review core programs and descriptions, small team overview and selection
Evening	How-to's of event planning and execution

Day 3: Mental Health/Reporting

Morning	Counseling center representatives present on services
Afternoon	How-to's of reporting, practice report writing, privacy vs confidentiality
Evening	What SEX-C does and when to refer outside SEX-C, off-campus resources

Day 4: Leadership

Morning	Presentation strategies, leadership skills and styles, StrengthsFinder activity
Afternoon	Staff bonding activity: tie-dye t-shirts, how to reserve spaces for events

Evening	Setting dates for Fall semester programming, break out into small teams to coordinate weekly meeting time/brainstorming, finalize semester office hours
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Day 5

Morning	Select common read for the semester, vote on SEX-C gear (t-shirts/jackets)
Afternoon	Brainstorm large/small scale events as a team, vote on events, finalize dates
Evening	Full team dinner

Appendix E

Sexpectations Facilitation Guide

Workshop Title: Sexpectations

Created by Jai-La Aponte

Last Updated April 2021

Topic: Sexual Health

Description of Program: This peer-led workshop is designed to engage students about communication, consent, implementing boundaries, and setting expectations in relationships. This program will provide opportunities for discussion around decision-making in regards to sexual behavior and challenge one's own understanding of sexual projects (which answer the question, "what is sex for?").

Learning Outcomes:

As a result of participating in this program, students will

- Identify the definition of consent.
- Recall two communication strategies to articulate expectations in their relationships.
- Identify the difference between an STI and an STD.
- Recognize the connection between values and sexual projects.

Supplies:

- Risk Continuum signs
- Let's have Pizza Slides/Handouts
- Pizza worksheet
- Pre-test/Post-test
- Pens
- Markers
- Timer
- Large post-it sheets
- *Contraceptive Method Cards*

Prep Instructions: Collect the materials for the workshop ahead of time. If it is in an online format, practice using the breakout rooms so groups can participate in the activities in small groups. Signs can be used in a printed format or can be used electronically through the slide deck associated with the presentation on Canva. Print the pre-test/post-test evaluations ahead of time.

Program Introduction:

Hi, my name is **{insert name}** and I am a **{insert role in the office}** in the Sexual Education Xploration Center (SEX-C). In our office, we provide education and individual dialogues with students to empower them to build skills to guide them in making healthy lifestyle choices within sexual health. SEX-C is located [location here].

Before we get started, we'd like to review our community agreement to ensure that the space we are in together remains positive and productive for learning. We would like to make sure that:

- What is said here, stays here. What is learned should be shared. We are not confidential campus resources so please know that as facilitators we have the responsibility to report threats of harm to self or others as well as reports of sexual misconduct. We can all ensure privacy and respect for what is shared.
- Respect the learning of others. This can be done by silencing your phones and remaining from side conversations.
- Ask for the consent of another person to share their story before sharing it.
- What else would you like to add?

Today we are going to talk about some basics around sexual health including sexual behaviors on college campuses, communication, consent, and boundaries. We understand that not everyone may be sexually active, but all participants will leave today with ways to become better communicators, regardless of if the relationship is sexual or not, as these skills can be applied to any connection. A connection can be a friendship, relationship, “situationship,” or any other form of a relationship that may not be exactly like the ones mentioned. Communication and understanding are crucial to any relationship, and especially in a sexual relationship; consent must be freely given throughout the experience, and each partner should be enthusiastic about participating!

Pre-Test/Post-Test:

- What is consent?
 - **a knowing and voluntary agreement to engage in specific activity at the time of the activity communicated through clear actions and/or words that are mutually understood.**
 - The absence of a “no” during sexual activity
 - Being in a relationship is consent for a sexual activity
 - Previous sexual activity is consent
- What are two communication strategies to articulate your expectations in a personal relationship?
 - **Listen with an open mind**
 - Not sharing your emotions/thoughts with your partner
 - **Never assume your partner’s feelings**
 - Lack of compromise
- T/F: STIs and STDs are the same thing.
- T/F: It’s best to get tested for STIs before engaging in sexual activity with a new partner
- T/F: The only 100% safe way to prevent STIs is by using a condom
- T/F: Sexual projects shape our sexual values

Discussion: Sexual Projects

Play: Sexual Projects

Sexual projects answer the question, “what is sex for?” Projects are framed by family and community and shape our values when it comes to sex. What are some reasons as to why people have sex?

- For pleasure
- For intimacy

- To connect
- To have children
- For fun
- Expressing love
- Being curious
- Attraction to the person
- To show affection
- Desire to please partner

Next, I'm going to give you some time to reflect on your own sexual projects and reasons for wanting to engage in sex. Take 8 minutes to journal and think about your own desires in your relationships. Here are some questions to reflect on:

- What are your wants and needs?
- What are you trying to accomplish with sex/sexual expression?
- Who/what influences your sexual projects?
- What do you value?

Transition: In any relationship, setting boundaries and expectations are crucial to a happy, healthy relationship, no matter the type of partnership: friendship, romantic relationship, or sexual relationships can all benefit from implementing healthy boundaries

Setting Expectations in your Connections

- Figure out what your expectations and boundaries are
 - o What type of relationship do you want with this person? What do you like/want? Are you exclusive? You must think about your own desires and expectations before bringing them up in conversation. This way, you know exactly what you want to discuss with your partner, and you can communicate clearly and effectively your needs and desires.
- Give your partner time to explore their expectations and boundaries as well
 - o Before having this conversation, bring the subject up to your partner. Similar to how you need time to think about this, your partner deserves the same grace. If both parties are prepared to have this conversation where you stand, you'll have better chances of communicating with each other!
- Listen with an open mind
 - o Setting boundaries and expectations are healthy practices when it comes to relationships, no matter the dynamic. Everyone's needs and desires should be expressed, and each need be respected. Don't shut down the moment you hear something you don't like; listen to them and their reasons before you respond.
- Never assume your partner's feelings
 - o Making assumptions can create misunderstandings. It is always best practice to ask and never assume, no matter how well you think you know your partner.
- Try the sandwich approach
 - o Compliment, criticism, compliment. Starting out with a compliment can prevent your partner from getting defensive
 - "I love having sex with you, it's an incredible part of our relationship. I find that I'm usually in the mood in the morning before work, and at night I just want to sleep. Can we keep having the best sex ever in the mornings?"

- Use “I” statements
 - o “I” statements help you own your feelings and will put your partner at ease. Instead of “You need to do this” or “You should always,” try phrases like “I feel” or “I would like it if you...”

Setting Relationship Boundaries

- Communicate your thoughts
 - o Be honest, but respectful when sharing your thoughts and feelings with your partner. Of course, take time to gather your thoughts, but do not avoid the conversation.
- Follow through on what you say
 - o Setting boundaries but not executing them allows the other person to think they can continue to overstep your boundaries. You shouldn’t make exceptions for your own boundaries as you may find yourself compromising on things that are unacceptable to you.
- Take responsibility for your actions
 - o Hold yourself accountable instead of immediately blaming your partner. Think about the choices you’ve made in the relationship.
- Know when it’s time to move on
 - o You can only state how you want to be treated, you can’t be responsible for your partner’s feelings and communication. If your partner can’t respect your boundaries, it may be time to end the relationship.

Consent & Communication Activity (Let’s Have Pizza)

Communication and shared meaning is important when it comes to relationships. Our next activity is going to focus on the way people communicate and how they say yes or no to things. This will include how you express yourself and your wishes to others, and how you listen to and understand what others communicate to you about what they want.

Instructions:

- I am going to break you all up into pairs. Your pairs’ goal is to create a pizza you will all enjoy.
 - o This means that you will have to figure out what your partner likes and your partner will have to figure out what you like, but there’s a catch.
- You will take turns asking ONLY yes-or-no questions to figure out how you would like the pizza prepared and what you would like on it first.
 - o You will each have the opportunity to ask FIVE questions at a time and then you will switch.
- Ask the questions verbally.
 - o The person doing the questioning can speak and use words to try to find out what the other person wants.
 - o Make it fun and try to ask questions that invite new possibilities.
 - For example, in addition to asking “Do you like pepperoni?” you might ask, “Are you willing to try kale?”
- All replies are NONVERBAL.
 - o Here’s what is tricky. The person responding to the questions will do this non-verbally. This means you CANNOT speak. You also CANNOT use standard nonverbal

communication, such as nodding yes, shaking your head no, smiling, frowning, or giving a thumbs up/thumbs down.

- Instead, you will be asked to answer the questions using two gestures you will make up. One will mean yes, and one will mean no. You CANNOT tell your partner which gesture is which ahead of time.
- Challenge yourselves by thinking up non-obvious signals. For example, you might touch one side of your nose for yes and the other side for no.
- If you get stuck, you can start over.
 - If you feel frustrated at some point, work with your partner to find a solution. Your goal is to work together, not against each other. You do NOT want to trick your partner, but you do want to see what it's like to try to understand some new nonverbal ways to communicate. Remember, it's OK to laugh.

Discussion Questions:

- How did it go? Are you both excited about the pizza you are going to order?
 - *Ask a few pairs to describe their pizzas.*
 - *Note whether a pair agrees about their pizza or whether there has been some miscommunication along the way.*
 - *Ask student to discuss the communication process.*
- What worked well? What was challenging?
 - *Affirm that nonverbal communication may not always be easy to understand.*
- What did your team do when things become difficult or confusing? Did any of you stop and start over? Was the second time different? How?
 - *Allow teams to share their experience and things they did to try to improve the communication.*

Explanation:

You've just played a game that challenged you to find new ways to communicate so you could come up with a plan that worked for both people—in this case it was around ordering pizza. You probably did some negotiating or compromising along the way, and, if things worked out well, both partners got a pizza they liked.

There are many different situations where people might use some nonverbal communication. One is in romantic or sexual situations. These experiences you had in the pizza game can help you think about communication in romantic situations, especially when partners are making choices about sexual activities.

It is very important in these situations to speak up about what you want, and to listen to a partner's verbal and nonverbal communication. Remember, sex is like pizza. When do we want pizza? We want it when we're hungry. We check in with ourselves, sense a physical desire, and choose whether or not we want to act on that desire. Step two? Figure out if we want to eat pizza with someone else, or if we want to dine alone. Sometimes eating pizza by yourself is great! You don't have to dress fancy or even leave your couch, and you get to choose exactly what you want on it. But it's also nice, sometimes, to share pizza. The best way to find out if someone wants to eat pizza is to ASK THEM.

What are some of the things you've learned from the pizza activity and our discussion?

- *Look for and affirm answers such as:*
 - *Non-verbal communication may not be easy to understand*

- o *People do not like being pressured to do something they really do not want to do*
- o *Sometimes people aren't sure how to speak up about their preferences*
- o *It is important to speak up about what you want and listen to a partner's verbal and nonverbal communication.*

(https://www.wcupa.edu/_admin/diversityEquityInclusion/sexualMisconduct/whatIsConsent.aspx)

- The University defines consent as a voluntary decision to engage in specific types of sexual activity communicated through clear actions and/or words.
 - o Consent is required each and every time there is sexual activity.
 - o At any and all times, when consent is withdrawn or not agreed upon through actions or words, the sexual activity must stop immediately.
 - o A current or previous dating or sexual relationship with the initiator (or anyone else) does not constitute consent
 - o Bodily movements and non-verbal responses such as moans are not consent
 - o Silence, passivity, or lack of active resistance is not consent
 - o Intentional use of alcohol/drugs does not imply consent to sexual activity
 - o Seductive dancing or sexy/revealing clothing does not imply consent
 - o Anyone under the age of 16 cannot give consent
 - o Use of agreed upon forms of communication such as gesture or safe words are acceptable but must be discussed and verbally agreed upon by all parties before sexual activity occurs.

Play: Tea Consent

Transition: When it comes to making decisions around sexual activity, it's important for people to speak up about their limits and preferences. However, it's even more important to pay attention, listen to, and respect a partner's verbal and nonverbal communication. In return, all individuals involved can have an enjoyable experience. Now that we've covered consent and communication, it's time to build on those themes. When engaging in sexual activity, there is a risk for contracting an STI. We're going to discuss strategies you can use to talk to your partner(s) about getting tested for STIs.

As we discussed in this activity, communication and mutual understanding are important when discussing sexual behaviors. Each person has a unique perspective and, in many cases, may have a different definition of a behavior as well as belief regarding the risks associated with engaging in that behavior. When we talk about sexual health, we often use the term safer sex instead of safe sex as well as these acts and behaviors do exist on a risk continuum that is often unique to each individual or group of individuals engaging in the behavior. The only 100% risk free way to engage in sexual activity is not to participate in it. As we move forward, we will discuss safer and less risky ways if you choose to engage in sexual activity.

How to talk to your partner about STI's (Planned Parenthood, 2020)

It is best to get tested BEFORE engaging in sexual activity with a new partner. Sometimes, bringing up STIs in conversation can feel awkward or intimidating – these feelings are normal since there is stigma related to contracting an STI. But, you will feel better once you do have this conversation.

Discussion: Why might people hold off on talking to their partner(s) about STI testing? What harm can happen from not being tested?

What's the difference between STIs and STDs?

- STI: Sexually Transmitted Infection; infection occurs when the body has been invaded by microorganisms such as bacteria, viruses, or parasites. A sexually transmitted infection occurs when these microorganisms are transmitted from an infected partner to an uninfected partner through oral, vaginal, or anal sexual activity; though previously STI and STD were grouped together, recently public health communities have begun to refer to them as infections to highlight the fact that people may be infected with a microorganism, such as Gonorrhea, and not know it.
- STD: Sexually Transmitted Disease; sexually acquired infection that has impaired normal functioning of a body part and is apparent by certain signs and symptoms; signs and symptoms serve to alert the individuals to something being “not right” which may prompt them to seek out medical attention

Because STIs sometimes do not show symptoms, it's especially important to get tested regularly for your health as well as the health of your partner. Here are some ways to bring up the conversation:

- I have something I want to talk about even though it may feel awkward, it's important for us to discuss. How do you feel about us both getting tested for STIs?
- I got tested for STIs last month and I didn't have anything. Have you ever been tested for STIs? I care about you and your health.
- I want to be honest with you. I was tested for STIs last month and tested positive for chlamydia. I took medicine and I don't have it anymore. It made me realize how important it is to get tested. Have you ever gotten tested?
- Getting tested for STIs can be scary. What if we went and got tested together?

Once you get tested, you will feel more relaxed knowing whether or not you have an STI. The sooner you get tested, the better – and most STIs are easily curable with medication. There are also treatments for STIs that can't be cured to help ease symptoms and lower the risk of passing it to your partner. If your partner does not want to be tested, you may have to think about if this is the right partner for you.

Play: How to Talk STIs with a New Partner

Campus Resources & Wrap-Up:

What are some resources on campus that are available if you have sexual health questions?

- Student Health: located in Commonwealth Hall, ground level
- Wellness Promotion: located in Commonwealth Hall, ground level
- Center for Women & Gender Equity: located in Lawrence
- Title IX: Located in the Office of Diversity, Equity and Inclusion on 114 W Rosedale Ave.
- Center for Trans & Queer Advocacy: Located in Sykes

Have students complete the posttest prior to concluding remarks.

Ask the group: what is the importance of communication? Each person in a has a right to express their preferences and needs and in return be listened to by their partners. The act of communicating not only helps meet your needs, but it also helps you to build connections.

We hope that you gained some additional knowledge today around communication, and sexual health. If you are interested in learning more about these topics, follow us on social media at [@ here] or check-out our program offerings at [website here].

Pre-Test/Post-Test:

- What is consent?
 - **a knowing and voluntary agreement to engage in specific activity at the time of the activity communicated through clear actions and/or words that are mutually understood.**
 - The absence of a “no” during sexual activity
 - Being in a relationship is consent for a sexual activity
 - Previous sexual activity is consent
- What are two communication strategies to articulate your expectations in a personal relationship?
 - **Listen with an open mind**
 - Not sharing your emotions/thoughts with your partner
 - **Never assume your partner’s feelings**
 - Lack of compromise
- T/F: STIs and STDs are the same thing.
- T/F: It’s best to get tested for STIs before engaging in sexual activity with a new partner
- T/F: The only 100% safe way to prevent STIs is by using a condom
- T/F: Sexual projects shape our sexual values

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Appendix F
SEX-C Logo

