

Comprehensive and Inclusive Sexuality Education

NASP supports that all children, including those representing all racial/ethnic backgrounds, genders, gender identities, sexual orientations, abilities, and disabilities should have access to evidence-supported, comprehensive, developmentally appropriate, accurate, and inclusive sexuality education. NASP recognizes that sexuality and sexual health are part of healthy development and that all types of healthy sexual relationships exist. NASP supports nondiscriminatory practices in promoting the sexual health and education of all students, inclusive of those who identify as gender and sexually diverse, lesbian, gay, bisexual, queer, intersex (NASP, 2014, 2017), and those who are transgender (NASP, 2014). It is equally imperative that students with disabilities or diverse learning needs are able to participate in a comprehensive sex education curriculum. School psychologists have a critical role in collaborating with other school-based professionals and community partners to ensure that the sexual health of all students is met in a comprehensive, developmentally appropriate, and inclusive manner.

NASP further asserts that sexuality and sexual health are part of one's healthy development and therefore should be discussed and covered as part of public education curriculum along a continuum of multitiered systems of supports (MTSS). The continuum of supports should begin with systems-level education for all students on the importance of and need for education on sexual health and continue with targeted, individualized, and direct instruction to support comprehensive understanding of the material presented for those with greater needs. Sexuality education should align with established national standards, such as The National Sexuality Education Standards (Advocates for Youth, 2020; Future of Sex Education Initiative [FoSE], 2012, 2020).

Sexual health is defined by the American Sexual Health Association (ASHA, 2020) as “the ability to embrace and enjoy our sexuality throughout our lives.” The ASHA definition of sexual health asserts: (a) sexuality is a natural human experience and goes beyond sexual behavior with emotional and physical aspects; (b) all individuals have sexual rights that need to be acknowledged and honored; (c) unintended pregnancies and sexually transmitted infections should be prevented, and all individuals should have access to healthcare and sexual health education; (d) individuals have rights to experience their own sexuality as desired; and (e) individuals should learn and express open communication about sexual health with their partners and health service professionals.

Sexuality education includes an understanding of one's own body, developmental changes that one goes through, and healthy individual behaviors. Sexuality education's foundation is education—ensuring young people have access to accurate information regarding their own bodies, development, health, safety, consent, pleasure, and ultimately shared pleasure. Unless children are taught early, sexuality education stops being prevention and ends up being intervention. In a comprehensive view, sexuality education is not reserved for adolescents, as students of all developmental levels should receive evidence-supported sexuality education to enable them to make informed decisions about their health and body appropriate for their developmental age (FoSE, 2020; Sexuality Information and Education

Council of the United States [SIECUS], 2004). This is important because knowledge, attitudes, and beliefs about sexuality are formed at an early age, and adolescents comprise half of all new sexually transmitted infections (STIs) in the United States every year (Shannon & Klausner, 2018). The National Conference of State Legislatures (2020) provides an up-to-date listing of state policies on sex and HIV education.

Comprehensive sexuality education includes factual information related to one’s own physical and emotional development (understanding of bodily and hormonal changes), healthy relationships, sexual abuse and exploitation, continuous sexual consent, risk and protective factors for STIs, and access to accurate information about the prevention of STIs and pregnancy (FoSE, 2020).

Inclusive sexuality education occurs when students receive comprehensive, meaningful, empirical, and applicable information that is inclusive of diverse sexual orientations, sex assigned at birth, gender identity, socioeconomic status, race/ethnicity, disability status, and cultural backgrounds, and provides access to accurate and unbiased information related to supporting sexuality education. Sexuality education is often delivered in gender-segregated classrooms, but there is no evidence that such practices are supported by research. Further, such practices are noninclusive of students who are lesbian, gay, bisexual, queer, intersex, and/or gender diverse (Gender Spectrum, n.d.) and imply that only cisgender, heterosexual relationships exist. Historically, sexuality education was designed to promote “safe sexual behaviors” while “regulating behaviors and values” (Sears, 1992, as cited by Landi, 2019, p. 174), the goal of which was to reduce teen pregnancy and STIs. Although teen pregnancy rates are down, the rates of STIs and teen pregnancy among LGBTQ+ youth continue to rise (Everett et al., 2019). According to *A Call to Action: LGBTQ Youth Need Inclusive Sex Education* (Human Rights Campaign, 2015), inclusive sexual education provides instruction about gender identity and sexual orientation in a developmentally appropriate way, while still providing medically accurate information and discussing romantic relationships and families, including those of LGBTQ+ individuals. Sex education recognizes that sex exists outside of procreation and that interest in or desire for sex or even romantic relationships may vary from person to person and across sexualities. Asexual persons, for example, may have diminished or even no interest in sex, kissing, or physical intimacy. Education should be nonstigmatizing, avoid assumptions of gender or sexuality, recognize that classrooms are likely to include LGBTQ+ youth, use gender-neutral terms, include discussion of intimate partner violence (IPV) and emphasize the need for availability of STI/pregnancy protection for all genders (e.g., condoms are for body parts not ‘male condom’ and ‘female condom’). Concerted efforts must also be taken to ensure inclusivity of those within the LGBTQ+ community who are historically excluded, such as nonbinary, asexual, genderqueer, and gender fluid persons. Finally, inclusive sexuality education must take into consideration the availability of resources in a given location and information regarding a student’s accessibility to prevention and emergency contraception.

Developmentally appropriate sexuality education is that which is offered for the kindergarten, elementary school age, and adolescent populations (FoSE, 2020). Developmentally appropriate sexuality education is provided with instructional materials and content that are appropriate for the developmental age of the students (FoSE, 2020).

BENEFITS OF COMPREHENSIVE AND INCLUSIVE SEXUALITY EDUCATION

There are many benefits to ensuring that all students, inclusive of gender, gender identity, sexual orientation, ability/disability, socioeconomic status, race/ethnicity, and geographic region are provided

with a comprehensive prevention-oriented, and developmentally appropriate sexuality education curriculum. Comprehensive sexuality education takes into account that sexual health is relevant whether or not someone is sexually active and that sexual activity is not exclusive to intercourse. Students benefit from receiving accurate and comprehensive information, provided to them at their developmental level, to help them make informed choices about their sexual health, including content about anatomy/physiology, puberty, adolescent development, identity, pregnancy, reproduction, STIs, HIV, healthy relationships, and personal safety (FoSE, 2012). Inclusive sexuality education with all students is critical to prevent sexual abuse and sexual exploitation.

It is imperative that schools engage in inclusive sexuality education by recognizing the diversity and normalcy of sexual behavior and understanding that same-sex and intergender relationships are part of the human experience. Students who engage in such relationships may or may not identify as sexual minority or gender minority youth, and they may not have any desire to label themselves as such. School staff may not know, nor should they need to know, a student's sexual orientation to provide inclusive sexual health and education. NASP recognizes that youth may engage in sexual behaviors within the context of relationships and outside of them. Therefore, inclusive sexuality education must involve nondiscriminatory practices that teach continuous consent, healthy sexual behaviors, protection, prevention, and education for all students with the understanding that students may engage in same-gender or opposite gender relationships regardless of sexual orientation or identity. NASP also recognizes that nondiscriminatory practices include recognition of the differences between sex assigned at birth and gender identity, expression, and presentation. These practices include inclusive language that does not stigmatize gender based on biological features of a person and that all of the above are part of normal development.

When all students are provided with comprehensive sexuality education, they understand their own development and learn the skills to give continued consent within all relationships (including their decisions regarding sexual relationships). They are also provided with accurate information regarding prevention of STIs and unwanted pregnancy and information to help them understand how to gain access to treatment and resources if these outcomes occur.

Multiple resources exist to support and facilitate the use of evidence-supported practices around the implementation of comprehensive sexuality education in school settings (e.g., Centers for Disease Control and Prevention, 2012; FoSE, 2012, 2020). Free school-based curricula that meet the National Sexuality Education Standards (FoSE, 2012) are available (e.g., Rights, Respect, Responsibility). National standards for higher education institutions are available to utilize in preparing teachers who provide K–12 instruction in sexuality education (SIECUS, n.d.). In addition, guidelines for best practices exist for school nurses and school-linked health professionals, including school-based mental health professionals (e.g., school psychologists, school social workers, and school counselors; Advocates for Youth, n.d.). Information about STIs including, but not limited to, HIV should be included in comprehensive sexuality education as STIs affect youth at alarming rates. HIV curricula, specifically, should reflect the latest advances in HIV medicine, including a focus on treatment as prevention, nonstigmatization, developmentally appropriate information about pre- and postexposure prophylaxis, and the importance of HIV testing for adolescents. Given that HIV-related stigma is a known barrier to HIV testing, treatment, and retention in care, educators should incorporate strategies for reducing stigma into their sexuality education programs. For more information about HIV, please see NASP's position statement on HIV/AIDS (NASP, 2019).

SPECIAL CONSIDERATIONS FOR INCLUSION OF STUDENTS IN SPECIAL EDUCATION

Individuals with disabilities face discrimination due to a misperception that they are not sexual beings and are only viewed through an ableist lens of their perceived disability, which results in exclusion from critical sexuality education. Education and advocacy are needed to dispel these myths in the broader educational community and society to ensure immediate access of students with disabilities to developmentally appropriate and inclusive sexuality education. As one example of ableism, the World Health Organization (2018) reports that students who have intellectual disabilities are more likely to be excluded from sex education programs; yet their sexual interest and needs do not differ from same-age peers (Leutar & Mihokovic, 2007). Further, young people with intellectual disabilities acquire less knowledge of the physical changes related to puberty, gender-specific differences, and mechanisms of sexual intercourse and contraceptive methods, leaving this population, along with others who have disabilities, at greater risk for unwanted pregnancies, STIs, and abuse (Isler et al., 2009).

Differentiated instruction for students with different learning abilities, such as the resources compiled by RespectAbility (2021), is imperative for youth engagement, understanding, and learning. Special considerations should be given to persons who have disabilities as they may require access to more instructional time in sexual education for several reasons. One reason is that individuals with disabilities often miss out on incidental learning opportunities to have access to better understanding about relationships and unwritten social rules, due to separation from same-age peers through exclusion.

Individuals with disabilities face disproportionate rates of sexual abuse and exploitation, making their inclusion in sexuality health education absolutely essential. As some examples, education is needed to address understanding relationship status differences (e.g., peer, friend, colleague, romantic partner), socially appropriate interaction with different relationships, and social rules related to sexuality. Another reason is that additional time is needed to address consent and vulnerability risks due to higher rates of sexual abuse for individuals with disabilities to encourage safe sexuality and decision making. Some suggestions for strategies for instruction include use of concrete language and models such as visual materials, social stories, video modeling, anatomically correct dolls, and models of sexual organs. Many learners will benefit from concrete and clear information, without the use of jargon, and language that may explicitly state, rather than just imply, meaning.

ROLE OF THE SCHOOL PSYCHOLOGIST

1. School psychologists have a critical role in advocating for state and federal legislation that supports comprehensive, developmentally appropriate, and inclusive sexual health. School psychologists are school-based mental health professionals in a unique position to convey the importance of a comprehensive sexuality education curriculum to their local and national decision-makers.
2. School psychologists can apply their training in consultation and collaboration to work with other school-based professionals (e.g., teachers, school nurses, school counselors, and school social workers) to facilitate the development and delivery of a comprehensive and preventive sexuality education curriculum aligned with national standards (SIECUS, n.d.). Specifically, school psychologists can advocate for comprehensive and inclusive sexual health education from a multitiered framework to support all students and decrease the stigma surrounding sexuality, sexual health, and sexual behavior as shown in Table 1 below.

3. School psychologists can work in collaboration with other professionals to provide workshops and psychoeducation with families, parents, community members, and school boards as decisions are made about sexual health curriculum. They can also support interagency collaboration with outside agencies, such as local hospitals, community health centers, and school-based health centers.
4. School psychologists have a key role in supporting and advocating for the sexual health of all students, particularly those who have been excluded from sexual health information (e.g., persons who are LGBTQ+, students with disabilities, and those who are culturally and linguistically diverse). School psychologists may be pivotal in increasing a school’s understanding that sexuality and sexual behavior are part of growth and development and that, although youth are physically capable of making decisions, they may also need support and guidance in understanding the consequences of their choices and in developing healthy relationships outside of and including sexual relations.
5. School psychologists should be familiar with state, local, and national standards for health/sexual health curricula. They should advocate for sexuality education that is of appropriate scope and focus aligned with established national standards, such as the National Sexuality Education Standards (FoSE, 2012) and best practices (e.g., consultation with parents and counseling of students) may include questions regarding relationships and sexual health (ASHA, 2020; FoSE, 2012; Gender Spectrum, n.d.; SIECUS, n.d.). Although school psychologists should be prepared to give referrals to designated school staff when needed (e.g., health teacher, social worker, school nurse), it is also expected that students will come to them with questions or concerns. School psychologists should proactively review state and local guidelines for how to answer and address questions while being mindful of NASP ethics (NASP, 2020) and the recommended guidelines of this statement.

Table 1. School Psychology MTSS Practices to Support Effective Sexuality Education

	Society		School level		
	Public	Families & Communities	Schools & Districts	Classrooms & Groups	Students
DIRECT INTERVENTIONS	Lead focus groups with community members discussing local sexual health needs and concerns	Present to PTAs on importance of comprehensive and inclusive sexual education	Serve on district and school-level curriculum writing and review teams	Guest lecture in health classes on healthy relationships; lead psycho-ed groups for pregnant/parenting teens	Provide counseling support to students who have questions about relationships and their own health
INDIRECT INTERVENTIONS	Review local health department data on sexual health and sex trafficking	Preview curriculum online before implementation	Consult with curriculum writing teams, teachers, and nurses. Maintain a Healthy Relationships Bulletin Board	Consult with sexual health education teachers and nurses to better understand student needs	Share resources with students such as Amaze, Scarleteen, and RAINN.

CONCLUSION

The highest priority of a school psychologist is to protect children's rights, interests, and welfare (NASP, 2020). As such, "school psychologists are ethically obligated to speak up for the interests and rights of students and families even when it may be difficult to do so up for the needs and rights of students even when it may be difficult to do so" (NASP, 2020, p. 50). In addition, school psychologists are aware of their own values, attitudes, and beliefs and how these affect their work with clients, families, school administration, staff, and the community. School psychologists' professional decisions, recommendations, and activities are guided by the evidence base and by best practices. (NASP, 2020, p. 52).

Although advocating for inclusive and comprehensive sexuality education and sexual health education may seem outside the bounds of one's job, on the contrary, school psychologists "act to benefit others," "use their professional expertise to promote changes in schools and community service systems that will benefit children and other clients" (Standard IV.1.2), and "use their expertise to cultivate school climates that are safe and welcoming to all persons" (Principle 1.3: Fairness and Justice). Prevention, education, and intervention remain at the forefront of our roles and advocacy for, and on behalf of, children are essential. Comprehensive and inclusive sexual health education remains essential for promoting students' healthy development, positive relationships, and decision-making which has both short- and long-term consequences. School psychologists can—and should—act as consultants, trainers, and advocates in the development and implementation of a comprehensive and inclusive sexuality education curriculum.

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Acknowledgment of position statement writing group members: Pamela Fenning (Chair), Amy Cannava, Tiffany Chenneville, Gina Coffee and Kasee Stratton-Gadke.

Please cite this document as:

National Association of School Psychologists. (2021). *Comprehensive and inclusive sexuality education* [Position Statement].