Pushing Back on Stigma, Misinformation, and Disempowerment:

Comprehensive Sexual Education as a Possible Key to Sexual Violence

Prevention in Youth

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<u>Abstract</u>

Sexual violence (SV) is a pervasive problem worldwide which impacts people of all identities, ages, and socioeconomic backgrounds. Although we are seeing an increasing amount of literature on comprehensive and rights-based approaches to sexual education, there is very little quantitative or qualitative research focusing on the use of these curricula in preventing SV victimization and perpetration. A recent study, *Let's Talk About Sex [Education],* qualitatively assessed how undergraduate students at UC Los Angeles (UCLA), UC San Diego (UCSD) and UC Santa Barbara (UCSB) feel about their pre-college exposures to sex education and health have impacted their relationships while in college. This paper synthesizes the results from *Let's Talk About Sex [Education]* with current literature on sexual education, sexual violence, and adolescent programming to explore 1) Why is comprehensive sexual education (CSE) our best option? and 2) What does an effective CSE program include? Using these guiding questions and analytical framework, three themes were uncovered, relating to the stigmatization of sexuality, feelings of learning information too late, and needing to conduct personal research. From the previously established qualitative and quantitative work from an array of other studies, it's evident that incorporating CSE into the everyday curriculum for children and adolescents will benefit adolescents and young adults in numerous ways. A significant benefit is the direct and indirect mechanisms that prevent SV in adolescents and adults, including empowerment, increased communication skills, and respect for bodily autonomy. Finally, this paper demonstrates that there is a strong foundation for future research on how CSE can be better utilized to prevent SV perpetration and victimization through these mechanisms as well as policy implications.

Introduction

Following the #MeToo movement the public discussion has increasingly included not only justice for victims of sexual violence (SV), but also how to prevent perpetration in the first place. This discussion has generally plateaued in the major news outlets since the peak of #MeToo, but there continues to be social media activity with Instagram posts and Tik Toks calling out the root of the problem, especially with at-risk populations like LGBTQ youth, college students, and women of color. As conversations in popular media center around Hollywood and American universities, a population often omitted from the dialogue is adolescents (persons age 10-19). Although not often reported or acknowledged, SV is very prevalent in the lives of adolescents. A study conducted with students grades 7-12 across the U.S. found that 56% of females and 40% of males experienced some form of sexual harassment (e.g. unwelcome sexual comments or jokes, spreading rumors, unwanted touching) in that school year (Hill, 2011). A 2013 analysis of three phone surveys found that 26.6% of 17-year-olds experienced sexual abuse and sexual assault in their lifetime (Finkelhor, 2013). Additionally, a study by Ybarra and Mitchell (2013) found that "1 in 10 youths (9%) reported some type of sexual violence perpetration [forced sexual contact, coercive sex, attempted rape, or completed rape] in their lifetime". Clearly, more can be done in order to prevent the victimization and perpetration of SV among adolescents.

While there is an increasing body of literature focused on comprehensive and rights-based approaches to sexual education (SE), there is very little quantitative or qualitative research focusing on the use of these curricula in preventing SV victimization and perpetration. Furthermore, a missed opportunity for improvement in the conversation about SV prevention that being sexually mature is not a requirement to learn and engage in conversation, even the first

years of a child's education can include dignity, communication, and developing relationships that respect both the person and their body will serve to empower youth in taking control of their sexual and reproductive health (SRH) as they grow into be sexually mature adults. Therefore, when students exit high school and enter university or work settings, any sexual harassment and sexual violence training will no longer appear foreign or taboo, but instead a continuation of life-long conversations on the connection between their body, their sexuality, and their wellbeing.

Utilizing the individual interviews (IDIs) from the Let's Talk about Sex [Education] study conducted with undergraduate students at UCLA, UC San Diego, and UC Santa Barbara, this paper will answer the following questions 1) Why is comprehensive sexual education (CSE) our best option? and 2) What does an effective CSE program include? Using these guiding questions and X analytical framework, three themes were uncovered: relating to the stigmatization of sexuality, feelings of learning information too late, and needing to conduct personal research. Ultimately, this paper will argue for the integration of comprehensive and rights-based SE in schools as a means to prevent sexual violence victimization and perpetration in adolescence and adulthood. Taking a life-course approach, this paper will illustrate how a sustained curriculum focused on communication, dignity, respect, and empowerment is the responsible approach in programming for children and youth.

<u>Background</u>

Currently, most SV prevention for adolescents happens as they matriculate into college, but these approaches are ineffective because they happen too late in youth's sexual and social development and are often one-off sessions (Schneider & Hirsch, 2020). In regards to sex and relationships, most youths receive their information from formal education in schools.

Abstinence-only-until-marriage (AOUM) SE has been the norm in the US and in many places around the world since SE curriculum was first introduced (Santelli, 2018). In some regions, AOUMSE has been rebranded as "sexual risk avoidance" (SRA) programs, but both curricula teach that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects" and that "a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity" (Planned Parenthood 2021). While proponents of AOUM/SRA education argue for its efficacy, evidence shows that for objectives of SE, such as preventing unintended pregnancy and STIs, CSE yields better results than the AOUM/SRA approach (Kohler, 2008). Similarly, while the AOUM/SRA approaches might reduce rates of some unintended consequences of sexual intercourse when compared to not receiving SE at all, SE can and should have other objectives which promote positive romantic and sexual relationships throughout life. Students cite the lack of preparation for real-world scenarios beyond how to put on a condom, leading them to research information on the internet or having to learn as they participate in relationships (Patterson, 2020). Therefore, in order for SE to have a greater impact on its participants, it needs to connect the biological content to social contexts and recognize the intricacies in achieving true SRH.

A promising alternative to the AOUM approach is the implementation of comprehensive sexuality education (CSE), which would serve as both a provider of accurate sexual health information and as a method of prevention of SV. CSE is defined by the WHO as "a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and adolescents with knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own

well-being and that of others, and understand and ensure the protection of their rights throughout their lives" (WHO, 2021). Meanwhile, "A rights-based approach can be defined as the intersection of four elements: an underlying principle that youth have sexual rights; an expansion of programmatic goals beyond reducing unintended pregnancy and STDs; a broadening of curricula content to include such issues as gender norms, sexual orientation, sexual expression and pleasure, violence, and individual rights and responsibilities in relationships; and a participatory teaching strategy that engages youth in critical thinking about their sexuality and sexual choices" (Berglas, Constantine, and Ozer, 2014). For the purposes of this research, comprehensive and rights-based approaches were considered to be the same as they virtually serve the same goals and purposes.

Methodology

The purpose of *Let's Talk about Sex [Education]* is to qualitatively assess how students at UC Los Angeles (UCLA), UC San Diego (UCSD), and UC Santa Barbara (UCSB) feel their pre-college exposures to sex education and health impact their relationships while in college. A sample of students (n=300) were recruited to complete an online survey that was advertised through physical and digital flyers. Participants were not only selected to achieve a diverse sample of age, gender, and sexual orientation, but were also selected to ensure a diversity of where ((i.e., location and source of SE) and when they received SE. Fifty-nine in-depth interviews (IDIs) with students were conducted between May and December 2019 at UCLA (n=20), UCSD (n=19), and UCSB (n=20). Participants were asked questions on their 1) formal and informal pre-college exposure to education on sex, consent, and healthy relationships, 2) in-college relationships and experiences with consent, and 3) exposure to and experiences of

healthy relationships, sex, and SA programming on their campus. The data that was collected

from the interviews were analyzed and coded using analytical software in order to identify

themes. Through this methodology, we aimed to understand a) pre-college exposure to sex

education and its impact on healthy relationships and SA during college, and b) students'

perceptions of SA and sex education programming on their campus.

For the purposes of this paper, a sub-sample of 15 participants, 5 from each campus, was

selected based on their demographic sampling as proportional to the initial 59 participants as

possible (See Table 1). Each participant was assigned a pseudonym and the 15 interviews were

then coded for more specific themes including stigma, experiences, and memories of SE, and

criticisms of SE. Through this analysis, I aimed to illustrate the need for SE curriculum

re-evaluation and redesign.

TABLE 1: Social and Demographic Data of Participants

		Students who participated in Qualtrics survey (n=300) n (%)	Students selected for IDI (n=59) n (%)	Students selected for paper n=15 (%)
Age		17-40	18-40	n.a
Gender	Male	86 (28.7%)	18 (30.5%)	4 (26.7%)
	Female	207 (69.0%)	37 (62.7%)	10 (66.7%)
	Transgender/Nonbinary	7 (2.3%)	4 (6.8%)	1 (6.7%)
Sexual Orientation	Heterosexual or Mostly Heterosexual	231 (77.0%)	39 (65.3%)	9 (60.0%
	Bisexual	44 (14.7%)	11 (18.6%)	4 (26.7%)
	Homosexual or Mostly Homosexual	22 (7.3%)	8 (13.6%)	2 (13.3%)
Race/ Ethnicity	White	86 (28.7%)	11 (18.6%)	2 (13.3%)
	Asian	91 (30.3%)	24 (40.7%)	7 (46.7%)
	Latino/a/x	59 (19.7%)	8 (13.6%)	3 (20.0%)
	Black	9 (3.0%)	3 (5.1%)	1 (6.7%)
	Middle Eastern	7 (2.3%)	2 (3.4%)	0 (0.0%)
	More than one	42 (14.0%)	8 (13.6%)	2 (13.3%)
	Other	6 (2.0%)	3 (5.1%)	0 (0.0%)
Living w/ a disability?	Yes	20 (6.7%)	5 (8.5%)	2 (13.3%)
	No	279 (93.0%)	54 (91.5%)	13 (86.7%)
State Student Attended High School in	California	86 (28.7%)	18 (30.5%)	7 (46.7%)
	Outside of CA, but in US	207 (69.0%)	37 (62.7%)	6 (40.0%)
	Outside of US	7 (2.3%)	4 (6.8%)	2 (13.3%)
When did you first receive sex education	At home with parents	46 (15.3%)	10 (16.9%)	2 (13.3%)
	Elementary school	109 (36.3%)	22 (37.5%)	4 (26.7%)
	Junior high	81 (27.0%)	15 (25.4%)	5 (33.3%)
	High school	48 (16.0%)	8 (13.6%)	2 (13.3%)
	College (2-year or 4-year institution)	7 (2.3%)	1 (1.7%)	0 (0.0%)
	Never received sexual education	9 (3.0%)	3 (5.1%)	2 (13.3%)

Why is comprehensive sexual education our best option for addressing SV?

First, this paper will focus on why CSE is the superior option to our current practices in providing a higher quality education on sexual reproductive health and the direct and indirect mechanisms which prevent SV.

Targeting SV Perpetration Risk Factors

Considering the already understood risk factors for SV perpetration, CSE can be used as a preventative tool. A systematic review from Tharp (2012) identified 67 factors from 191 published empirical studies. The review included perpetration factors by and against adolescents and adults, by perpetrators of both sexes, and by perpetrators against the same sex or opposite sex. Looking exclusively at the risk factors found to be statistically significant (i.e. excluding those which the review found to be insignificant or mixed), there are 19 factors that can be targeted by CSE, including personal and peer attitudes, sexual behaviors, and sex-reltaed cognition (See Table 2). Similar systematic reviews support the assertion of these characteristics being key risk factors (De Gue et. al 2014; Casey & Masters 2017). As CSE works primarily with students on an individual level and within the classroom (i.e. community) level, a consciously designed curriculum could significantly reduce students' vulnerability to these influences and therefore reduce future risk of SV perpetration. While there are risk factors that can be addressed through CSE, there are others that may not be addressed directly by CSE, including family factor environment and history, family characteristics, and family relationships, but perhaps as more generations participate in the curriculum we could witness indirect impacts. When considering CSE as a sustainable, effective intervention for the prevention of SV, the programming must be conscious of SV perpetration factors as currently, SV prevention is not an

explicit aim of CSE curricula but if designed properly, it can be yet another benefit to the

participants and their communities.

TABLE 2: Summary of [Significant] Factors Across Levels of the Social Ecology

Domain	Factor	Significance
Peer Attitudes and Behavior	Peer approval for forced sex	Significant in 4 of 4 studies
	Peer pressure for sexual activity	Significant in 6 of 7 studies
	Peer sexual aggression	Significant in 3 of 3 studies
Relationship Conflict	Relationship conflict/partner violence	Significant in 7 of 8 studies
Sexual behaviors and other noncognitive sex-related factors	Impersonal sex	Significant in 12 of 13 studies
	Early initiation of sex	Significant in 7 of 7 studies
	Sexual risk taking	Significant in 4 of 5 studies
	SV victimization during adolescence or adulthood	Significant in 2 of 3 studies
	Sexual discomfort	Significant for adolescent sexual offenders only
Sex-related cognitions	Sexual fantasies	Significant in 4 of 7 studies
	Willingness to commit SV	Significant in 7 of 11 studies
	Victim blaming	Significant in 4 of 4 studies
Interpersonal factors	Cue misinterpretation	Significant in 6 of 7 studies
Gender-based cognitions	Rape myth acceptance	Significant in 31 of 36 studies
	Hostility towards women/adversarial sexual beliefs	Significant in 32 of 42 studies
	Traditional gender role adherence	Significant in 19 of 21 studies
	Hypermasculinity	Significant in 12 of 18 studies
Violence-related cognitions	Acceptance of violence	Significant in 9 of 13 studies
	Dominance	Significant in 4 of 6 studies

Adapted from Tharp et. al. 2013

Targeting SV Victimization Risk Factors

Looking at risk factors and protective factors for SV victimization is a challenge, as there is relatively little literature available, possibly because there is a risk in adding to victim-blaming narratives when dedicating a discussion to these topics. However, explicit discussions of risk factors and protective factors can be useful in designing effective interventions and supporting the dedication of resources to those programs. A paper by Hollomotz (20090) applies an ecological model to SV vulnerability, which is a framework that examines the microsystem (an individual's personal attributes and knowledge and their immediate social environment), exosystem (the community), and macrosystem (the greater culture and society). Hollomotz also highlights "self-defense skills" as an important protective factor at the microsystem level as these skills don't just include physical self-defense in case of attack, but includes knowledge, vocabulary, social awareness, understanding of one's rights, self-esteem, and other skills related to protecting oneself against an attacker or perpetrator.

Similarly, a qualitative study conducted with undergraduate students found that "receipt of school-based sex education promoting refusal skills before age 18 was an independent protective factor; abstinence-only instruction was not" (Santelli et. al. 2018, 1). This study, although focused on only one of the self-defense skills identified by Hollomotz, supports that CSE for adolescents can effectively strengthen most or all of these characteristics of self-defense skills. Although Hollomotz does not explicitly discuss the role of sex education, the work of Santelli et. al. is a step in further strengthening our understanding that the link can be made between CSE curriculum and the prevention of SV victimization via the increased knowledge and skills, such as promoting refusal skills, of students. Some study participants also expressed an understanding that preventing sexual assault has less to do with an individual's ability to

physically fight off a perpetrator and more to do with de-escalating a situation or simply leaving

relationships with unequal power dynamics, including the power of self-esteem.

> Chloe: So, my ideal sex education thing would be, first of all, also teaching girls that their body is theirs, because I think a lot of the time, we want to talk about sex, but we don't want to talk about human dignity. And speaking about relationships and how this study is about relationships as well, I think that if girls were taught about how beautiful and wonderful their body is, then they would be more confident in asserting what they want and what they expect in relationships from other people, instead of – I don't know. I don't know, I just feel if you understand how amazing your body is and you love yourself and you love who you are, it's harder for someone to take advantage of you. It's harder for someone to whisper something into your ear, and tell you something that you wish you thought about yourself.

Other participants understood that some sort of preparation for more subtle signs of

unhealthy relations as well as situations that are more nuanced than what one would expect as an

adolescent entering a romantic relationship for the first time.

> Quinn (Q): Yes. It's definitely hard to put into practice. I guess that could be one thing thinking back on it. I don't know what else you would do if you learn about how to say no. That is about it. I was just thinking about some of the experiences I had in high school where I didn't explicitly say yes or no. There are some times where I think I was manipulated into doing anything or did I give consent in this situation. But I didn't mind afterwards, so it was okay, but what if I had minded? I wouldn't know those kinds of things.
> Interviewer: Yes absolutely. You were saying when you were younger people were telling you about how to say no but were they also telling people how to look for yes?
> Q: I think they did. I think it was something I knew. It's like anybody I guess who is having sex should be looking for someone to explicitly say yes and then I had some sexual experiences where I didn't necessarily say yes outright. There were some times where I was caught off guard.
> There was one day were I was assuming we were going to have sex eventually that day but I didn't really expect it to be so forward about it at that point. There is another time where we were spending some time together and I said, "No I don't want to do anything right now I'm kind of tired" and my boyfriend didn't ask repeatedly but he did ask again. I was like is that okay or is that not okay?
> These are things that I wished I had talked about earlier.

Interviewer (I): Thank you. [Did you learn about] sexual violence?
Phoebe (P): Yes.
I: What would you say that looked like?
P: It looks like Law and Order, Special Victims Unit.
I: That severe?
P: Yes.
I: Healthy relationships?
P: Trial and error in my own life.
I: So, just to clarify, sexual violence…you never taught about it in school?
P: People talked about…people talked about rape but never like anything that you felt uncomfortable was sexual violence or harassment. It was more like if he touches you and you say no, well what were you wearing? And types of things like that.

Although they didn't explicitly say they experienced SV and/or IPV, both alluded to such an experience and expressed how navigating those situations was absent from their SE history, noting that it would have been helpful. Many participants reflected on their SE lacking content on healthy relationships and some, like Phoebe, had a discussion of SV but it was brief and hyperbolic, which they found to be equally unhelpful in navigating the relationships in their own life.

Socializing People about SRH and Relationships from a Young Age

Formal education is one of the most common means of cultural socialization, as it typically begins at a young age and continues into early adulthood. Formal education in schools are typically places of relationship building and bonding between peers, and outside of the household, these institutions provide a space in which young people can absorb community values from their instructors (Smelser 2002). Teaching sexual literacy early in a child's life would encompass "the skills needed to combine knowledge in a meaningful way, allowing one to express ideas, make decisions and solve problems...going beyond dispensing knowledge to include the development of personal and social skills" (Shtarkshall, Santelli, and Hirsch 2007). Therefore, it's not difficult to recognize that if a community wants to raise their children to one

day be adults that have healthy relationships and show dignity and respect to themselves and their partners, schools are key institutions to involve in this socialization process.

Additionally, a well-known influence of the socialization of adolescents is their peers. As noted previously in Table 2, peer attitudes and behaviors are important risk factors in perpetration and victimization (Tharp et. al. 2013). Although a student might receive information on consent, gender ideologies, and healthy relationships through formal education and CSE their openness to that information and how they incorporate it into their attitudes, beliefs, and behaviors can be influenced by their peers (Tharp et. al. 2013). One study that investigated the level of peer influence on SV perpetration on a sample of middle schoolers (grades 6-8) "indicated that peer groups play a prominent role in predicting sexual violence perpetration in early adolescence" (Doshi 2014). Again, recent literature is increasing the conversation around why youth commit sexual violence continues to provide supporting evidence that prevention must start earlier than it is currently (typically in late high school or when matriculating into college), pointing us in the direction of CSE as a strong option to reduce SV perpetration.

Education as a Culture-Building Tool

When discussing education we must both recognize its role in socialization, and simultaneously as a tool in which we build a community's culture. If we examine the problem of SV as not only an individual-level or relationship-level issue, but instead recognize the cultural norms which creates communities that are complacent to or supportive of SV, then we can see the potential schools have in being a key setting for SV prevention. Although there is great variation in the degree to which local communities are complicit with or even promote rape culture, there's a general consensus that few communities explicitly promote cultures of consent

(McGuire 2021). Laura McGuire, author of *Creating Cultures of Consent: A Guide for Parents and Educators*, states in a recent op-ed: " If we want a world where interpersonal violence is not tolerated in any form, then we must be clear on what that constitutes [...] Our students are relying on us to be guides on their exploration of what personal autonomy and mutually respectful relationships entail" (2021). While many current SE curricula provide minimal training for instructors, an issue which will be further discussed later, and don't engage parents/guardians much beyond a permission slip, CSE challenges them to be models of this culture. As key figures and role models in their child's life, caregivers' involvement in the SE program and their participation in at-home activities is an important design piece to CSE (Grossman, 2014). Since CSE actively works to involve caregivers in the learning process and in applying what students learn outside the classroom, the previously discussed key factors to prevention, such as attitudes about sex and sexuality and clear understandings of consent, will be strengthened.

Community engagement and the support of CSE programming from the community also encourages conversations about the topic and ways to improve upon the CSE curriculum. Community engagement in schools is shown to improve the experience and outcomes of students through participating in school events as well as in school reforms (McAlister 2013). A 2014 paper from Ioannou et. al. looks at Cyprus and their recently reformed SE curriculum, which is framed as a collective responsibility for health promotion. The two main features of this curriculum identified by the authors are 1) students recognizing environmental factors on sexuality-related issues, such as culture, school community and family, and 2) students are being empowered to handle risky sexual situations through both personal and societal perspectives. Importantly, students are seen as change makers and are encouraged to shape the culture of their community, not to allow it to shape them. Taking culture and socialization into account with SE,

CSE allows for more communication and bidirectional cultural reconstruction around sexuality than the standard or traditional SE which simply dispenses information and doesn't challenge students to critically think about their own sexuality.

De-stigmatizing Reproductive Health and Sexuality

Another benefit from the implementation of CSE is that this form of SE programming specifically focuses on destigmatizing typically "taboo" topics around relationships, sexuality, and reproductive health. Discomfort and stigma were brought up by study participants as they explored their experiences of where they received SE (if they received any at all any), who taught them or provided them with SE, and how they felt about these experiences. The stigma surrounding sex, sexuality, and reproductive health, especially for females, was a significant theme that emerged from the interviews. Some participants shared stories from very early on in their lives that stand out as moments of fear and anxiety.

> Interviewer: Okay, yeah. Let's see. So, I am curious how did you go about teaching yourself and what was the timeline for that? Maybe when you were like 10, fifth grade you started teaching yourself a lot of stuff or even before that?
> Maeve: I was also really terrified of authority and I think I was just paranoid that anyone was watching me and the fact that this was so taboo in our household and I was scared of getting in trouble with my parents, I would look up sex in the dictionary in third grade and then I would stay up all night and I was like, "What if there's a camera in the classroom and they're gonna send it to my parents, a video of me looking up 'sex' in the dictionary".

Participants often highlighted sex and sexuality as being taboo in their households, which made classroom discussion on the topic very uncomfortable. Some participant's parents didn't want them to learn about the topic early on and disenrolled their child from the SE program. Seeing their parents' discomfort with the topic sometimes repelled them from the topic and led them to want to learn more despite being scared of being caught. Additionally, students noticed a

lack of confidence, general discomfort, or explicit disdain for SE from their instructors. All of

these behaviors and attitudes of key adult figures in the sexual socialization of youth create a

stigmatizing and inadvertently shaming culture.

> Interviewer: Okay. So, tell me a little about in your family or in your family's culture, how sex and relationships are treated?
> Leo: We never talked about it. It was like…I mean my dad once tried to have the talk with me but what he asked me was like…did you learn this in school? And I was like, yes and then he was okay, then I don't have to teach you. And I was like okay, yes. So, I never really had like the talk so that was different. But sex wise, I feel like just like the sex education wise, I feel like they didn't really teach me anything and I feel like it was a taboo to even talk about it with it. And I probably could've but I was just like…I don't know, but it made me feel really uncomfortable talking with them but I mean that's every kid so yeah.

Addressing stigma and, more specifically, shame is another important factor to SV

prevention. Shame is described as "a painful emotion caused by the consciousness of guilt,

shortcoming, or impropriety" or " a condition of humiliating disgrace or disrepute" ("Shame"

2021). In recent decades, there has been a rise in conversation concerning the connection

between women's menstrual shame and higher levels of sexual risk (Schooler et. al. 2005). So,

even if a SE program doesn't explicitly talk about gender ideologies or healthy relationships,

working to normalize SRH for everyone can reduce the risk of SV victimization in the future.

Additionally, the destigmatizing and reducing shame of survivors of SV could increase the

likelihood that they will utilize recovery and reporting resources as survivors often struggle with

shame in the form of self-blame, humiliation, or fear of public scrutiny and these sentiments

often prevent survivors from getting help or speaking out against their perpetrators (Weiss 2010).

Destigmatizing conversations around SRH is key to increasing the likelihood of young people

utilizing resources as shame, embarrassment, and fear have been long-understood barriers to

speaking up (Mennicke et. al. 2021). Considering CSE, which utilizes programming that supports survivors and destigmitizes sex, it could improve the likelihood of utilizing resources as the survivors would know that their peers and teachers (i.e. some of their most personal social circles) would not blame or scrutinize them. Breaking down these barriers to receive help and support is one of the less explicit goals of CSE, however, it is a key characteristic when focusing on the potential impact on SV in communities. Simultaneously, CSE actively works to not be oppressive and instead destigmatize, normalize, or even celebrate SRH and so this programming empowers students instead of shaming them. Utilizing these two strategies in unison should promote both healthy relationships in addition to improved responses to SV by peers and community members.

Education as Empowerment

Unsurprisingly, among the relatively few studies available on CSE a key factor that is woven throughout changing a community's culture and supports the other previously discussed factors is empowerment. Broadly, health empowerment is a dynamic process that builds self capacity in individuals (Crawford-Shearer 2009). Grose et. al. presented findings from a community-school collaborative SE program that evaluated pretest and posttest results (2014). The authors state that the results from this study support the assertion made by previous research that the gender differences in ideologies reinforcing traditional sex scripts manifest in adolescence. Their findings "demonstrated that although differences in gender ideology are apparent among boys and girls at an early age, education aimed at empowering youth can shift traditional ideology in a manner that leads to empowering outcomes among both boys and girls" (2014, 10). They go on to describe that these findings suggest this curriculum that helps students

think critically about gender ideologies may lay a foundation for developing "the motivation and efficacy to control other aspects of personal sexual health and well-being" (2014, 10). These findings are notable because there is a two-fold result that supports our understanding of CSE as a tool for SV prevention: 1) traditional gender ideologies have been identified as a risk factor and therefore, by reducing the attitudes there is a reduction in risk of SV perpetration and victimization and 2) as increasing students' critical thinking skills on the topic of gender ideologies may improve motivation to control other aspects of SRH then students' may feel more aware of their bodily autonomy.

Considering another study that looked at the effects of a rights-based curriculum, data analysis supports that there are positive effects immediately and one year after, stating "higher levels of sexual health knowledge, self-efficacy, communication, access to sexual health information, awareness of sexual health services, and more favorable attitudes among students"(Rohrbach et. al 2015, 404). Changes in sexual health behaviors were more marginal, but they did find positive effects on the use of sexual health services and condom carrying. Decker's (2018, 3) study on "IMpower teaches boundary recognition and boundary setting (e.g., name harmful behaviors, warn about consequences), negotiation and diffusion tactics, verbal assertiveness (e.g., yell if threatened), and physical defense skills, with the self-efficacy to implement these skills". In comparison to the control group, those who received the intervention reported reductions in past-year sexual violence from baseline to follow-up, and increases in self-defense-related knowledge. The paper points to power, self-efficacy, and confidence as possible mechanisms behind this difference between the two groups, not the knowledge of these skills alone ("Decker et. al. 2018). Another recent study explored women's empowerment as a protective factor against IPV in Bangladesh by collecting qualitative data from four village

communities. The team found that in order for social empowerment to be protective against IPV, it had to be paired with economic empowerment (Schuler 2017). So although the phrase "sexually empowered" might scare parents, it doesn't mean that this curriculum will increase the likelihood of students engaging in sexual activity but is actually focused on being knowledgeable about one's own body, one's sexual and reproductive rights, and the socio-cultural context around SRH that we all must navigate. Whether it be gender identity, relationships, or anything else, CSE is not about telling teenagers to "go have as much sex as they want" but giving them the tools to thrive and make informed decisions about their bodies and their relationships.

However, when focusing on empowerment we cannot just focus on female participants, but need to include males in the conversation as well. SV against men is also highly stigmatized and one study argued that male victims against SV experience higher levels of shame than female victims (Shorey et. al. 2011). Males should also be empowered to resist and work against "toxic masculinity", or the negative attributes of masculine expectations such as aggression, dominance, lack of emotion, and low empathy ("What to know about toxic masculinity" 2021; Messerschmidt 2000). Therefore, we can draw the connecting line directly from CSE to SV prevention as well as indirectly via an SRH empowerment process, while also recognizing that there are larger systemic conditions that play an equal if not larger role in making individuals at risk of SV and wherever CSE is implemented, it should be tailored to that social context.

What does "good" CSE look like?

_____A program can be called CSE without actually being CSE, due to not having the proper

foundations, a truly holistic approach, or not being taught consistently, and so

when asserting the importance of this approach in preventing SV, we must also articulate not

only the intention but what the content should contain as voiced by participants.

<u>Foundations</u>

When building CSE programs it is essential to establish key principles which will set the

foundation for the design and implementation of the program. A paper from 2019 outlined five

key principles in the delivery of SRH initiatives, which this paper argues can and should be

applied to SE of youth. These principles are equity, quality, accountability, multisectoral, and an

emphasis on human rights (Engel, 2019). Beginning with these principles and then working

strategically and even opportunistically at the local, regional, and national levels has been

recognized as a superior approach to attempting to immediately implement a comprehensive

curriculum as not all communities have the resources to do so (Plesons, 2019). However,

although there should be flexibility in how a community builds its curriculum, contemporary

literature is not lost on the necessary components which CSE should include in order to achieve

its goals of empowerment, self-efficacy, and advancing gender equality and human rights. These

key components also support the less explicit outcome of quality CSE of preventing SV

perpetration and victimization.

One participant was able to clearly articulate key elements in SE that they would like to

see more of, but they identified their friends as their main source of SE until arriving at

university; it was getting involved at their campus that provided them with this advanced

knowledge on the topic.

> Interviewer: Thank you. So, in your opinion what does good sex ed look like?
> Phoebe: Well I like to think that sex ed emulates that with the four pillars. Our four pillars are communication, pleasure, consent and sexual health and I feel like those four branches really umbrella everything. And we do our best to emphasize each equally but if…I feel like if everybody, as in every school, took time to really get into those that would be most beneficial.

Two important pieces came out of this conversation. This participant could clearly

identify the qualities of healthy relationships, but only after learning it in college (which is too

late for most students) and secondly, two of the four pillars they described, communication and

consent, can be taught to children before entering puberty.

Start Early and Sustain Through Higher Education

Another essential component to CSE is having sustained programming for students. The

study's participants all had unique experiences of when they began and how often they received

SE. Some only had it once or twice briefly, some only when they came to college, most had it

once in middle school and once in high school, and very few had more than three exposures to

formal SE in their lifetime. Although there is hesitancy among many populations in providing

children and young adolescents with "sexual education" due to the risk of over sexualizing them

and pushing them to become sexually active too early, there are many themes and topics that can

be introduced to these younger populations which can be covered in terms separate from sex and

sexuality. Some age-appropriate and well-timed topics include bodily autonomy, respect,

communication, bystander training, peer pressure, emotions, and decision-making autonomy

(Kemigisha, 2019). Furthermore, it's well understood by educators that in order for students to

fully grasp any concept, even those regarding their own health and wellbeing, it must be revisited and reiterated which is why having consistent engagement is a central component to the success of CSE.

Instructors

Who is teaching the content is arguably just as important as what is being taught as many participants explained how their instructors impacted their experiences. They described the discomfort, the lack of knowledge, and the appearance of apathy from the people assigned to teach them about SRH.

> Quinn: I feel I didn't feel as comfortable in [my new school in comparison to my last school] and felt like the teacher may have been trying to just check off boxes and say we have to cover this unit.

> Jenny: During the sex education thing, they had a bucket you could put notes in, like questions but then as the teacher was pulling them out there was a lot that he was like, this is inappropriate and he threw it in the trashcan. He was like, this is inappropriate. There were so many questions that he was saying weren't appropriate. And I think the only ones he answered were related to periods, and why we have to wait until marriage and that kind of stuff. Yes. He threw away a lot of them and didn't really make sense why you're throwing away so many questions. I get it, there's going to be people who are going to write stupid questions but I don't think all of those were stupid questions. So, it's kind of weird.

> Chloe: And just kind of relying on each of those six grade teachers to kind of relay the same information is interesting, because you don't know. One teacher could have a better approach to teaching this stuff, and could have more experience with talking about these things with young kids. And the other one could just be someone who didn't ask to have that be part of the curriculum, but has to teach it, because they're sixth-grade teacher. And let's say there was an organization that came to those three schools, but specialized in talking about these things, and have sort of a curriculum that was fun and that was really cool and focused on things that a younger person in middle school would want to hear when it comes to reproductive health.

Interviewer: Okay, so, in your opinion, what does your ideal sex education program look like?
Maeve: In my ideal situation it would be a collaborative effort between educators and sex education people and people who are working in reproductive rights and everything just to make sure it's comprehensive and relevant and not disconnected from political realities. Like we never really learned what abortion was or anything like that.

Students from the greater study had numerous stories to share of ill-prepared homeroom or physical education instructors that couldn't or wouldn't answer the students' questions which had poor impacts on the student's relationship to SE in the short term and the long term. There are two avenues that school communities can commit to solve this glaring issue: 1) bring in professionals to execute the entire program and/or 2) provide more training to instructors. The next section will further elaborate on the benefits of including healthcare professions in at least part of the program but first, this section will examine teaching training.

Few studies have been conducted which focus on SE teachers and what factors can support or inhibit their success. However, one project surveying Canadian teachers revealed that the most significant factor to make teachers less willing to teach SE was "anticipated reactions from parents" (Cohen 2012). Understanding this inhibitor for teachers' work and the success of any SE program leads us to again conclude that the CSE is the superior approach as not only the content is more holistic but the design is considerate of all participants. Additionally, building parent support is essential to the success of the program not only for their participation but to signify to students their approval of participation as well as to teachers.

Multi-sectoral, multi-level

Like many health interventions, having a multi-sectoral, multi-level approach will increase the efficacy of CSE. Sexuality is more than biology and therefore the design and content

should reflect the different disciplines of sociology, critical gender studies, psychology, etc. A CSE program study conducted in Kenya described the role of nurses as not only educators, but as advocates at various levels, especially as several of the programs received pushback from teachers, parents, and other community members (Agbemenu 2011). The paper also briefly discusses the potential for nursing students as educators for a bi-directional learning opportunity in health education and communication. It can then be argued that professionals and students from numerous fields would find personal and experiential value in supporting the design and implementation of CSE programs in order to create a truly holistic approach to increasing SRH in youth. Furthermore, in order to properly educate children and adolescents in an age-appropriate and well-timed manner about healthy relationships and SV, these students need a foundation beyond the biological understanding of sexuality.

<u>Limitations</u>

A key limitation to the study in regards to assessing the potential relationship between SE and SV victimization and/or perpetration was that the interviews were very broad and exploratory providing a great deal of rich data, but due to IRB limitations, we were unable to focus on SV or any kind of IPV. Additionally, once we started conducting these interviews, we discovered that many of the participants were either in long-term relationships or had been single for a long period of time and so if this study were to be replicated, it would be important to ask potential participants about their relationship histories and current relationship status. Furthermore, several interviews fell short with data collection in that participants were not probed or asked follow-up questions to brief answers. Finally, an important limitation in this study to emphasize is the bias of our participants as those interested in SE, healthy relationships,

etc. would generally be more likely to participate in a study called "Let's Talk About Sex [Education]".

Future Directions and Conclusion

More research must be conducted to further explore the direct and indirect mechanisms between sexual education and SV victimization and perpetration. More mixed methods, quantitative, and qualitative studies are especially needed to track the impact of CSE from childhood into adolescence and adulthood in order to garner further support for the implementation of the curriculum. The field is especially in need of more long-term studies on long-term effects (i.e. following up after 2, 5, and 10+ years) as most studies don't have data beyond 2 years. Furthermore, improved metrics are needed to measure these long-term social impacts which can consistently be applied (Constantine, 2015). Additionally, more attention is needed outside the U.S. and Europe so as to effectively understand the impact of CSE across a variety of cultures as well as the most effective means of implementation. Finally, a significant question from many teachers, caregivers, and researchers is what content is age-appropriate and although there may not exist a perfect answer, in order to more effectively and efficiently push for local communities and national governments to implement CSE, they need data.

At the same time, there is beyond sufficient evidence to inform present policy on the path forward for SE programming worldwide. The world is already seeing improved SRH outcomes from greater global investment (Chandra-Mouli 2020) and it's important to keep the momentum going on this work. SV can be brought down to significantly lower levels if given sufficient attention to prevention and teaching our youth about communication, dignity, and respect.

<u>Acknowledgment</u>

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