

# **District Differences in Comprehensive Sexual Health Education (CSHE) Implementation in Washington State**

By

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## **Abstract**

This thesis seeks to understand how the social, political, and economic contexts of four school districts in Washington state create differences in the implementation of comprehensive sexual health education (CSHE), and the way in which LGBTQ sexualities and identities in CSHE are approached by teachers and districts. This is a qualitative research project based on in-depth interviews conducted with teachers, administrators, and other professionals in the fields of public health and public education working on CSHE. In this thesis, I use interview data and feminist methodologies to examine the differences between the Seattle, Lake Washington, Skykomish, and Hood Canal School Districts. Within the scope of the four school districts I examine, I argue that the economic context, specifically how much funding a district has, where that funding comes from, and teachers' access to CSHE training, are the primary factors influencing the efficacy and quality of CSHE. The social context, specifically parents' and caregivers' political ideology, is a significant yet secondary factor. The differences between the four districts impact the implementation of CSHE, disproportionately disadvantage students in poor and rural areas, and affect the types of social and sexual scripts to which youths have access. Finally, I assert that because of the structural and temporal constraints associated with teaching CSHE, all students receive limited information about sexual orientations and gender identities, which serves to further marginalize LGBTQ youth. In this thesis, I argue that despite the passing of the CSHE law at the state level, local differences (re)produce inequalities. This case study underscores the gaps between state policy on sex education and barriers to its actual implementation at the micro level. In pursuing these research aims, this thesis seeks to advance research on sex education at the local level and contribute to the under-researched area of LGBTQ sexualities and identities in sex education scholarship.

## **Declaration**

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word count for this thesis is accurate:

Body of thesis (all chapters excluding notes, references, appendices, etc.): 18,489 words.

Entire manuscript: 23,042 words.

Signed: Sofia Ellis-Curry

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## Table of Contents

|  |            |
|--|------------|
| <b>Abstract.....</b>   | <b>i</b>   |
| <b>Declaration.....</b>  | <b>ii</b>  |
| <b>Acknowledgements .....</b>                                    | <b>iii</b> |
| <b>List of Abbreviations .....</b>                               | <b>vi</b>  |
| <b>Introduction.....</b>   | <b>1</b>   |
| <b>Chapter 1: CSHE Context.....</b>                              | <b>4</b>   |
| 1.1 Definitions .....  | 4          |
| 1.2 Sex Education in the U.S.....                                | 6          |
| 1.3 CSHE Law.....  | 9          |
| 1.4 CSHE in a Local Control State .....                          | 10         |
| <b>Chapter 2: Literature Review and Methodology .....</b>        | <b>15</b>  |
| 2.1 Sex Education .....  | 15         |
| 2.2 The Politics of School Districts, Parents, and Teachers..... | 17         |
| 2.3 LGBTQ Sexualities and Heterosexual Hegemony .....            | 20         |
| 2.4 Methodology.....   | 23         |
| <b>Chapter 3: District Differences and Barriers to CSHE.....</b> | <b>31</b>  |
| 3.1 District Profiles .....                                      | 31         |
| 3.2 Time and CSHE.....   | 33         |
| 3.3 Funding and Teachers.....                                    | 40         |
| 3.4 Funding and Teacher Training.....                            | 45         |
| 3.5 Caregivers and Parents.....                                  | 50         |

|                           |           |
|---------------------------|-----------|
| <b>Conclusion .....</b>   | <b>56</b> |
| <b>Bibliography .....</b> | <b>58</b> |

## **List of Abbreviations**

ACA- Affordable Care Act

ACF- Administration for Children and Families

AIDS- Acquired Immunodeficiency Syndrome

AOUM- Abstinence-Only Until Marriage

CDC- Center for Disease Control and Prevention

CSE- Comprehensive Sex Education

CSHE- Comprehensive Sexual Health Education

DOH- Department of Health

ESD- Educational Service District

FLASH- Family Life and Sexual Health Curriculum

HIV- Human Immunodeficiency Virus

LGBTQ- Lesbian, Gay, Bisexual, Transgender, Queer

OAH- Office of Adolescent Health

OSPI- The Washington Office of Superintendent of Public Instruction

3Rs- Rights, Respect, Responsibility

SEL- Social and Emotional Learning

SHE- Sexual Health Education

SNC- School Nurse Corps

SRA- Sexual Risk Avoidance

STDs- Sexually Transmitted Diseases

STIs- Sexually Transmitted Infections

TPPP- Teen Pregnancy Prevention Program

U.S.- United States

## Introduction

I recall a total of two “lessons” on sex education throughout my K-12 public school education in Oregon in the United States (U.S.). In grade 9, we had a guest speaker that advocated for abstinence until marriage. The speaker equated girls and women who engaged in sex before marriage to “used cars,” explaining that men were only interested in “new cars.” In grade 12 I was taught that if you had sex, you would likely get a disease, and that if you got HIV you would die. I remember the term “lesbian” was consistently hurled at me as an insult, and school was an environment that was rife with homophobia and misogyny. A decade after graduating high school, in the state neighboring the one in which I was born and raised, a very different approach to sex education is slowly emerging.

In January 2019 in Washington State, Democrats in the State legislature proposed Senate Bill 5395, which required comprehensive sexual health education (CSHE) be taught in all public schools (Senate Bill 5395, 2019). Over a year later, in March 2020, Democrats passed a revised version of Senate Bill 5395 (Engrossed Senate Bill 5395, 2020). This was met with intense backlash from Republicans, culminating in Referendum 90, which put Senate Bill 5359 up for a popular vote (Ho, 2020). In November 2020 residents voted to uphold the bill, making Washington the first state in the history of the U.S. to settle a sex education debate via ballot (ibid). The bill became law RCW 28A.300.475,<sup>1</sup> which requires that CSHE be taught at every grade level in all public schools by the start of the 2022-2023 academic year (Engrossed Senate Bill 5395, 2020; Office of Superintendent of Public Instruction [OSPI], 2020a). The curricula and materials used to teach CSHE must be “medically and scientifically accurate, age-appropriate, [and] inclusive of all students regardless of protected class status (including sex, race, color, religion, sexual orientation, gender identity, gender expression, and disability)”

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<sup>1</sup> Referred to from this point on as the CSHE law.



(Washington State Legislature, 2020). Washington has a population of over 7.7 million (World Population Review, 2020) and a total of 295 school districts (School District Information, 2021). Despite the passing of the CSHE law, Washington is a local control state, which means that school districts hold a significant amount of power in determining what they teach and how it is taught (Dorn, 2016) – including sex education. Control at the local level creates fissures across the state: district to district, school to school, and teacher to teacher.

This thesis seeks to understand how the social, political, and economic contexts of four school districts in Washington State create differences in the implementation of comprehensive sexual health education (CSHE), and the way in which LGBTQ sexualities and identities in CSHE are approached by teachers and districts. I argue that within the scope of the four districts I examine, the economic context, specifically how much funding a district has, where that funding comes from, and teachers' access to CSHE training, are the primary factors influencing the efficacy and quality of CSHE. The social context, specifically parents' and caregivers' political ideology, is a significant yet secondary factor. The differences among the four districts impact students' access to the type of CSHE they receive, and disproportionately disadvantage students in poor and rural areas. Finally, I assert that because of the time constraints associated with teaching CSHE, all students receive limited information about sexual orientation and gender identity, which further marginalizes LGBTQ youth.

In pursuing these research aims, this thesis seeks to advance research that focuses on sex education at the local level and contribute to the under-researched area of LGBTQ sexualities in sex education scholarship. CSHE is one of the few tools in public education that has the potential to provide knowledge that can help young people make more informed decisions about their mental, physical, sexual, and emotional health.

This is a qualitative thesis that uses in-depth interviews conducted with teachers, administrators, and other professionals working on CSHE to examine the differences in CSHE

implementation between the Seattle, Lake Washington, Skykomish, and Hood Canal School Districts. These districts are varied in size, geography, racial, economic, and political makeup.

Chapter 1 provides the background of CSHE in Washington State, and situates this local analysis of sex education within the larger U.S. context. I argue that the differences created by local control and the design of public education funding, produce inequalities in the amount and type of funding to which school districts have access. Furthermore, I touch on the classist, racist, and gendered roots of sex education in the U.S. and show that broader policy approaches to sex education at the federal level, impact the type and amount of funding states are able to receive for sex education programming.

In Chapter 2, I engage with some of the scholarly debates on sex education. I argue that the gaps in sex education research about LGBTQ sexualities and identities, and the under-researched area of sex education at the local level, justify the pertinence of this research project. I then use feminist methodologies to examine the limitations of my data and reflect on how my positionality influences my research design and findings.

Using interview data, Chapter 3 examines one similarity and many differences in CSHE implementation between the four districts. I argue that the economic context is the primary factor shaping the differences while the social context is secondary. Finally, in the conclusion I examine further avenues for research on CSHE in Washington State.

## **Chapter 1: CSHE Context**

In this chapter I will provide an overview of terminology and sex education in the U.S., before highlighting important aspects of the CSHE law and public education in Washington. The approach to sex education by the U.S. federal government informs the type of sex education for which states can receive funding. I argue that despite the CSHE law, Washington's local control status creates significant differences in CSHE implementation district to district, and that these variations are even more pronounced due to the way in which public education is funded and designed in Washington state.

### **1.1 Definitions**

Before examining the condition of sex education in the U.S. and the intricacies of CSHE in Washington state, I will clarify the most important terminology used throughout this thesis. I use "sex education" as an umbrella term to refer to the two main approaches to sex education in the U.S. as well as the academic field of sex education. The first approach is "comprehensive sexual health education" (CSHE), also known as "comprehensive sex education" (CSE), or "sexual health education" (SHE) which is defined as "the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health" (Advocates for Youth, 2018). When referring to CSHE in Washington state, I use the state's legal definition, which is "recurring instruction in human development and reproduction that is age-appropriate and inclusive of all students" (Washington State Legislature, 2020). The second approach is "abstinence-only until marriage" (AOUM) or "sexual risk avoidance" (SRA) which is education that only promotes abstinence and "uses shaming tactics that negatively impact students" (Sexuality Information and Education Council of the United States [SIECUS], 2018c).

I use “caregivers” and “parents” interchangeably throughout the thesis in order to include the wide variety of familial/non-familial structures young people live in. I use the definition of “LGBTQ” that stands for Lesbian, Gay, Bisexual, Transgender, and Queer, and is “an umbrella term to refer to the community as a whole” (University of California San Francisco [UCSF] LGBT Resource Center, 2021). I use this version of the acronym except when I am directly referencing literature or interviews that use another iteration of the acronym. “LGBTQIA+” is the version of the acronym that is becoming more commonplace, the ‘I’ for intersex, the ‘A’ for asexual, and the ‘+’ to signify the abundance of sexualities and genders that do not ascribe to the hegemonic binaries of gay/straight, female/male (Mollet and Lackman, 2018; Southern Poverty Law Center, 2021). ‘IA+’ experiences and identities were rarely discussed in the interviews I conducted nor are they a central focus in CSHE. I choose not to use the acronym because it feels like an empty gesture to include the ‘IA+’ only in writing without attending to it theoretically and analytically.

I recognize the multitude of experiences and identities that exist; I operate from the standpoint that genders and sexualities are not fixed identities, rather they are subject to change over time and depending on one’s context (Butler, 1993; Lorber, 1993; Risman, 2009). Using the acronym LGBTQ or any iteration of it presents a host of potential dilemmas: homogenizing the myriad of identities that exist, ignoring the specific cultural and geographical place the term is produced from, or creating an uncritical framing where heterosexuality is synonymized with privilege and LGBTQ sexualities and identities with marginalization. This thesis operates with the awareness of queer theory and critical race theory critiques about the utility of the term LGBTQ (Carbado, 2005; Cohen, 2005; Crockett, 2008; Duggan, 2014; Johnson, 2005; and Somerville, 2005) and also recognizes the importance of using language that is accessible and relevant for professionals in the fields of public health and public education working on CSHE.

## 1.2 Sex Education in the U.S.

In order to better understand CSHE in Washington state, it is important to situate it within the broader U.S. context. Currently, there is no national sex education policy in place in the U.S. (SIECUS, 2018a). Each state has different sex education policies, standards, and laws (Garg and Volerman, 2020). Individual state education policies are updated more regularly than state education laws, which means that students receive different information with regards to sexual health, if they receive any at all (ibid). This dynamic is compounded by the fact that a student's parent or caretaker has the ultimate say in whether they can receive sex education. Depending on the state, there is either an opt-in or an opt-out policy for sex education (SIECUS, 2018b). Opt-in requires that a guardian or parent provide written consent in order for a student to receive sex education, while the opt-out version automatically enrolls all students and will only remove them if a parent requests so (ibid). Caregivers and parents can either opt their children out of all of sex education, or certain lessons (ibid).

Broadly speaking, sex education can be divided into the AOUM/SRA approach which has dominated the education system for over forty years, and more recently, the CSE/CSHE/SHE approach, which at a minimum includes information about contraceptive methods other than abstinence (García and Fields, 2017). All types of sex education can be categorized as regulatory policies within the public health sector (Knill and Tosun, 2012, p. 16). Recently, advocates of the CSHE approach have highlighted the importance of including topics such as consent, sexual violence, bodily autonomy, LGBTQ inclusivity, and racial equity within curricula and teaching standards (Planned Parenthood, 2021; SIECUS, 2020; Society of Health and Physical Educators [SHAPE], 2021). CSHE allows some students to see themselves and their experiences represented in educational materials and within the classroom, where previously they were completely neglected. Including sexual orientation and gender identity in CSHE, however, cannot substitute for a critical examination of the sexual, racial, gendered,

and classed inequities that are embedded within the state institutions of public education and public health.

Since its inception, the U.S. has almost always endorsed an AOUM/SRA, approach to addressing sexual health (Hall et al., 2016). This approach is ineffective in reducing rates of pregnancy, STIs, and STDs (Guttmacher Institute, 2017) and produces shameful narratives about sex, sexuality, race, and gender (SIECUS, 2018c). The U.S. government's interest in sex education initially was due to the increased rates of STIs during and post, World War I (SIECUS, 2021a). While some public schools began teaching sex education in 1913 (Moran, 1996), public debate about the “appropriateness” of this education meant that the proliferation of sex education in public schools did not occur until the 1940s and 1950s (ibid).

During the 1980s there was a temporary shift to community-based sex education programs, which momentarily led to a more comprehensive approach (Hall et al., 2016). AOUM/SRA education, however, dominated the 1990s and the early 2000s, and within the span of 1996-2006 alone, the U.S. spent over \$1 billion on abstinence-only sex education programs (García, 2009). The Obama administration [2009-2017] proposed, and the U.S. Congress passed a bill allotting \$114.5 million to fund sex education programs that focused on scientific and evidence-based forms of education at the federal and state levels (SIECUS, 2019). These programs were successfully installed through the Administration for Children and Families (ACF), the Centers for Disease Control and Prevention (CDC), and the creation of a new office, the Office of Adolescent Health (OAH) (ibid) - marking the only time in U.S. history where AOUM/SRA programs did not receive federal funding (ibid). This marked a shift in policy and offered a glimpse of what the future of sex education could look like in the U.S.

During the Trump administration [2017-2021], Congress passed an increase of \$85 million per year to be spent on AOUM/SRA programs (SIECUS, 2019). In addition, the Trump

administration tried to eliminate all sex education programming that was established during the Obama administration. This resulted in a total of eight class action suits brought against the Trump administration with regards to the illegal termination of the Teen Pregnancy Prevention Program (TPPP) (ibid). This number does not include the other legal battles that ensued in response to the unlawful blockage of other sex education programming implemented by the previous administration (ibid).

The Biden administration [2021- ] has reversed the Trump administration's rule that excluded LGBTQ people from the nondiscrimination clause of the Affordable Care Act (ACA) (Sullivan and Simmons-Duffin, 2021). There have not, however, been any policy changes with regards to sex education, despite advocates of CSHE calling on the Biden administration to remove all federal funding presently allocated for AOUM/SRA programming (Keller and Guttmacher Institute, 2021). This brief overview demonstrates that the type of sex education endorsed at the national level directly affects the financial resources available to individual states for sex education, and that the approach most consistently advocated for at the federal level has been the AOUM/SRA approach.

It is also important to think through how LGBTQ youth are impacted differently by the type of sex education that is provided. In AOUM/SRA education, LGBTQ sexualities and identities are often non-existent. This effectively dismisses LGBTQ youth by erasing their realities. In other cases, AOUM/SRA education is explicitly discriminatory because it vilifies and pathologizes homosexuality (Kantor and Lindberg, 2020). Even in states that have CSHE programs, LGBTQ youth are often marginalized through heteronormative discourses. Currently, sex education is taught in public schools in 30 out of 50 states, and the District of Colombia (D.C.) (SHAPE America, 2021, p. 3). Of the 30 states that do teach sex education, only 22 mandate that the materials are medically accurate, which does not account for states differing legal definitions of "medically accurate" (ibid). As of 2020, only 11 out of 50 states

had mandated that sex education be positively inclusive of LGBTQ youth (Gay, Lesbian, Straight, Education Network [GLSEN], 2019; SIECUS, 2020). This means that most LGBTQ youth are not equipped with accurate – let alone affirming – knowledge about their bodies, sexualities, or identities, which can have an adverse effect on their mental, emotional, sexual, and physical health (Garg and Volerman, 2020 p. 10). While the realities of LGBTQ youth cannot be whittled down to statistics, this data elucidates some of the difficulties LGBTQ students face and the ways in which LGBTQ bodies, sex, sexualities, identities, and realities, are demonized, erased, or marginalized in sex education.

### **1.3 CSHE Law**

Having highlighted some of the complexities of sex education at the national level, I will now return to the particularities of Washington state. Prior to the passing of the CSHE law, there was the 1988 AIDS Omnibus Act which requires that beginning no later than grade 5, HIV/AIDS prevention education must be taught yearly through grade 12 (Washington State Legislature, 1988). In 2007, the Healthy Youth Act passed which requires that if sex education curriculum is used it must be scientifically and medically accurate (OSPI, 2020c). Finally, in 2016, the Washington State Department of Education established the “Health and Physical Education K-12 Learning Standards” which created the blueprint for the CSHE bill (SIECUS, 2021b).

The implementation of the CSHE law will happen in two phases (Washington State Legislature, 2020). By the start of the 2021-2022 academic school year, CSHE must be taught “at least twice in grades 6–8 and at least twice in grades 9–12 (ibid). Instruction must include age-appropriate and medically accurate, in addition to affirmative consent and bystander training<sup>2</sup>” (ibid). The following academic year, 2022-2023, CSHE must be taught “at least once

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<sup>2</sup> This “teaches students how to safely intervene when they see bullying, sexual harassment, or unwanted sexual activity” (OSPI, 2020a).



in grades 4-5 and social emotional learning must be taught to students in grades K-3” (ibid). In other words, schools and school districts can decide at what point during the pre-defined grade range they teach CSHE, but they do have to teach it. The new law will require schools and school districts to submit the CSHE curriculum, or curricula, they use to the Washington Office of Superintendent of Public Instruction (OSPI)- which is part of the Washington State Department of Education- to ensure they are meeting the new state standards (OSPI, 2019).

Washington is an opt-out state and the CSHE law outlines that caregivers and parents must be notified before sex education is taught in the classroom. Parents are given information about the topics that will be covered and the curriculum that will be used (Washington State Legislature, 2020). For schools and districts already teaching some version of sex education, the 2020-2021 academic year, which comes to a close mid-June, has focused on ensuring that the current materials used to teach sex education comply with the CSHE law. This includes reviewing content, creating a plan to double the amount of time CSHE is taught for high schoolers (grades 9-12), expanding CSHE to include grades 4-8 (including teaching it twice for grades 6-8), and beginning to plan the implementation of social and emotional learning (SEL) for grades K-3. For schools and districts that have not been teaching sex education, this academic year has centered on selecting a curriculum, or curricula, that meet the state standards, in addition to planning how CSHE will be implemented for all grade ranges. The already complicated process of CSHE implementation has proved to be even more difficult due to the COVID-19 pandemic.<sup>3</sup>

#### **1.4 CSHE in a Local Control State**

Certain states take a standardized approach to education, which means that there is a state-wide curriculum mandate that all schools and school districts must follow (Dorn, 2016).

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<sup>3</sup> See Cardoza, “‘We Need To Be Nurtured, Too’: Many Teachers Say They’re Reaching A Breaking Point.” *NPR*, April 19, 2021. <https://www.npr.org/2021/04/19/988211478/we-need-to-be-nurtured-too-many-teachers-say-theyre-reaching-a-breaking-point>.

In Washington, there is both the district-wide approach, wherein the district decides what curriculum will be used for all schools, and in some districts, individual schools can decide what curriculum will be used (OSPI, 2020d). For sex education, school districts and schools have access to a free CSHE curriculum that meets Washington state education standards (OSPI, 2020d). The Family Life and Sexual Health (FLASH) curriculum (King County, 2021) is free for schools within King County, which includes the Seattle, Lake Washington, and Skykomish school districts. In addition, there is the Rights, Respect, Responsibility (3Rs) curriculum (Advocates for Youth, 2018) which is free to any school in Washington (OSPI, 2020d). Alternatively, schools and districts can select their own sex education curricula which can be purchased, adopted, or created by the school or school district (ibid).

A school district is made up of one or more schools located within a certain area. The role of the school district is to develop, assess, and implement education systems and policies outlined by the school board (U.S. Department of Education, 2018). The superintendent is in charge of a school district, but a district is made up of various administrative and educational staff (ibid). Not only do school districts play a large role in curricula selection, they also determine the staff that is employed and terminated, and how economic resources are allocated within the district (Dorn, 2016). There are of course checks and balances: in Washington, individual schools are responsible to school districts, school districts are overseen by one of nine Educational Service Districts (ESD), and ESDs report to OSPI. Washington's local control context produces significant differences in CSHE implementation. This means that the quality of CSHE for young people is dependent on which district they live in, and for districts that have more than one school, on what school a student attends.

The implementation of where, when, and how sex education occurs plays a critical role in the provision of quality CSHE in Washington. Sex education can be taught as a unit within a health education class, a science class, a social studies class, or in some cases, during an

advisory period.<sup>4</sup> Schools must follow state guidelines about matching content with grade range, but within a given grade range, schools can decide when sex education is taught. These differences in when and in which class it is taught also mean there are inconsistencies in who teaches sex education: it could be a classroom teacher, a school counselor, a guest speaker, or a school nurse, and who teaches sex education influences how the material is taught.

In order to support the CSHE implementation process, Washington state provides some free resources that are available to all schools and districts. The first is OSPI which is available to communicate and coordinate with teachers, administrators, parents, schools, and districts that have questions about the law, implementation, or anything else related to CSHE. In addition, the OSPI website has a list of reviewed sex education curricula and materials that meet the new state standards (OSPI, 2020d). The second resource is the Working to Institutionalize Sex Ed (WISE) toolkit (2021), which is a written guide designed to help schools and districts standardized approaches to implementing sex education.

Finally, there are the Cardea and Washington State Personal Responsibility Education Programs (WA PREP) which work in conjunction. Cardea is a national non-profit that works with health educators and professionals, schools, and youth to promote adolescent sexual health (Cardea, 2021). Their Seattle branch is contracted by the state of Washington to help support teachers, schools, and districts in implementing CSHE (ibid). WA PREP is a program supported with federal funding to decrease “teen birth rates, pregnancies and sexually transmitted infections” for high-risk youth populations (Washington State Personal Responsibility Education Program [WA PREP], 2021). These forms of support can range from helping districts select a CSHE curriculum, to providing targeted seminars for teachers and administrators on how to approach particular aspects of CSHE, or general CSHE training (ibid).

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<sup>4</sup> These are small group classes designed to provide guidance on social and academic issues and future planning skills (Cook-Deegan, 2017).

These free resources are incredibly important and useful yet cannot mitigate the significant economic inequalities that exist district to district, which I argue impacts the implementation of CSHE.

There are four ways public schools are funded in Washington: federal funds, state funds, local funds, and school fees. State funds are split into “General Purpose” “Special Purpose” and “Capital Grants” (Stand for Children, 2019). Washington state supplies approximately 70% of funding to most school districts through state property tax (ibid). The bulk of the funding is “General Purpose”, meaning the only requirement is that the money is used for teachers and curricula (ibid). Each district, however, chooses how to allocate the funds.

There is also a part of school districts’ budgets that comes from local property tax, which continues to be a point of contention throughout the state (Martinell, 2021). While the intricacies of taxation in Washington sit outside the scope of this thesis, it is important to understand that the portion of funds for public schools that come from local property taxes reproduce socioeconomic inequalities, which are, of course, raced and gendered (Avenancio-Leon and Howard, 2020; Chetty and Friedman, 2010; Kendall, 2013). This regressive practice means that districts with wealthy populations receive more money for schools due to the increased value of property. For districts where this is not the case, there are state<sup>5</sup> and federal<sup>6</sup> grants that districts can apply for if they meet various economic and social need indicators.

In this chapter I have shown that even though there is a state-wide CSHE education law and free resources available, local control and education funding create differences between districts. While differences affect every part of education in public schools, I argue that the stakes are even higher when the knowledge in question is about the body. For LGBTQ youth in particular, CSHE can often (re)produce heteronormative and medicalized discourses. These

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<sup>5</sup> The LifeSkills Grant (Botvin LifeSkills Training, 2020).

<sup>6</sup> PREP Grants (Family and Youth Services Bureau, 2020) and TPPP Grants (Office of Population Affairs, 2019).

discourses are also imbued with finite raced, sexed, and classed assumptions, which will be explored in the following chapter.

## **Chapter 2: Literature Review and Methodology**

In this chapter I engage literature from the fields of sex education, gender studies, public health, and public education. Through the literature review, it will become evident that sex education is always a political project, and that there is a lack of research on sex education at the micro-level. I argue that the under-researched area of LGBTQ sexualities in sex education, and the overlooked context of local school districts and sex education, make my thesis a relevant and necessary research project. Using the feminist methodology of intersectionality, I analyze how imbricating structures of inequality reproduce differences in CSHE implementation, and how my own positionality informs my research process and findings.

### **2.1 Sex Education**

Sex education in public schools has a long and convoluted history. Sex education was created as a project to simultaneously “protect” white, middle class, Christian ideals about marriage, sex, and the family, and “educate” poor and low-income students, often students of color, on issues of “morality” (Asher, 2007; Bay-Cheng, 2003, p. 63; Moran, 1996; SIECUS, 2021a). Scholars have argued that sex education has been a classist, racist, and sexist project from its inception (Bay-Cheng, 2003; Flowers, 2018; García, 2009; and Whitten and Sethna, 2014). While my research focuses on the differences in CSHE implementation, the work of these authors demonstrates that sex education itself, even if accessible, is rife with its own set of problematics.

Flowers (2018) in particular questions the theoretical frameworks used to develop CSHE programs, arguing that while research has evidenced CSHE to be successful, its efficacy “was proven through research with a primarily white, heterosexual, cisgender, able-bodied, English-speaking study population” (p. 312). She then goes on to argue that the differences in health outcomes associated with marginalized communities might look different if those communities were centered in research and programming (ibid). If inclusion is to happen in a

meaningful way, the very theoretical foundation of CSHE/SHE/CSE programming needs to be rethought, and the “risk” narratives associated with sex education broadly, and marginalized populations specifically, need to be challenged.

Certain scholars have tried to highlight the demonizing and shaming narratives sex education often produces, and advocate for instruction that includes discourses of desire (Fine, 1988) and pleasure (Hirst, 2013). At the same time, there are scholars that rightfully critique this very approach because it often depoliticizes desire (Allen and Carmody, 2012; Rasmussen, 2012) or synonymizes it with danger (Lamb, Lustig, and Graling, 2013). Regardless of the approach taken, all sex education produces limited knowledge about adolescents and sexuality (Lesko, 2010).

Only within the last fifteen years have LGBTQ sexualities really begun to be discussed in sex education curricula and centered in sex education research (García and Fields, 2017). This is because gender and sexuality have always been at the heart of sex education debates. Griffin and Ouelett (2003) demarcate three historical phases of LGBTQ issues within public schools: (I) the “threat” of gay teachers (and teachers who were perceived to be gay) harming children [1920-1980]; (II) the marking of LGBTQ youth as an “at risk” population [1980-1989]; and (III) public education as an unsafe space for LGBTQ youth [1990-2002]. Their work is incredibly important because it traces the history of transphobia and homophobia in public education, and outlines narrative shifts in discourses about LGBTQ people.

While the second phase stigmatizes LGBTQ youth, the third phase begins to consider institutions (public health and public education) and systems (cisheteropatriarchy and white supremacy) as foundational to creating the environment that puts LGBTQ youth “at risk.” My research findings demonstrate that even in a case where the state sex education law mandates inclusion, and school districts are using CSHE curricula, LGBTQ sexualities and identities are still marginalized in sex education due to structural limitations such as time, economic

conditions such as funding, some teachers' approaches to material, and deeply rooted systems of oppression.

Despite differences in research foci, the aforementioned scholars confirm the fact that sex education, in all its forms, is a highly political project with significant implications for the types of knowledge it produces. Like these scholars, I operate from the standpoint that sex education produces specific classed, raced, gendered, and sexed narratives that can develop or hinder pathways for young people's understanding about their own sexual, physical, emotional, and mental health. Furthermore, scholars argue that even when sex education is mandated, the type of information and the way in which it is framed varies greatly and often reproduces inequalities (Butler, Sorace, and Beach, 2018; Garg and Volerman, 2020, p. 10-11).

My research findings echo these scholars' work and prove that even when a relatively "progressive" sex education law is implemented at the state level, local differences (re)produce inequalities. The scholars I have highlighted utilize critical feminist and critical race approaches to analyzing sex education. Sex education research has primarily focused its efforts at the national and state level; I argue that sex education also needs to be contextualized within the social, political, and economic localities in which it is developed.

## **2.2 The Politics of School Districts, Parents, and Teachers**

Local contexts are particularly important in local control states. Scholars argue that school districts play a significant part in setting parameters for curriculum and education policy (Borman et al., 2003; Chenoweth, 2015, p. 14-15; Supovitz, 2008, p. 461). These authors demonstrate that the political stance and sociocultural attitudes of school districts can act as a hindrance or resource to schools, teachers, and students. School districts dictate the type of curricula selected, the funding that is allocated for sex education, and the support, or lack thereof, that teachers receive when trying to teach sex education (Schaalma et al., 2004). My



research findings also indicate that school districts wield a significant amount of power when it comes to managing curricula and funding.

Some scholars, however, conceptualize the role of the school district differently. Kahle (1997) argues that the school district's job is to align school curricula with an individual school's culture, which decreases the power of the school district (Kiel, 2013) and necessitates oversight of districts at the state level (Schueler, 2019). While my research primarily reflects the dynamics outlined in the section above, I find these scholars' work important because it conceptualizes a different set of power dynamics. The dynamic described above is a top-down approach to power, where districts dictate the type of role they play in relation to schools and teachers. Here, it is a bottom-up approach to power, where an individual school, and the teachers and parents connected to that school, create the sociopolitical culture and environment that acts as the blueprint for the type of curricula and educational practices used by a school (Kahle, 1997; Kessler-Sklar and Baker, 2000; Kiel, 2013). There is a tension within public education scholarship about the extent to which different actors shape the political processes of curricula selection and the role the school district plays overall.

No matter the local and state policies in place or the type of sex education being taught, children's access to sex education is determined by parents and caregivers. Certain scholars argue that parents' power over children's access to sex education is a form of adultism, and a prime example of child discrimination (Bennett Woodhouse, 2001; Greslé-Favier, 2013, p. 723). In her book on the sex education debates in public schools, Luker (2006) argues that sex education will continue to be a divisive issue precisely because parents do not agree on the value of sex education. Yet as other scholars have pointed out, the focus group of Luker's book is extremely narrow (primarily white and middle-class) (Sinikka, 2007) and focuses on parents that hold extreme views on both sides of the political spectrum (Constantine, 2007). More recent research demonstrates that parents and caregivers in the U.S. largely support some

version of sex education in addition to, or instead of, AOUM/SRA education (Barr et al., 2014; Heller and Johnson, 2013; Kantor and Levitz, 2017). A survey conducted by Planned Parenthood Alliance Advocates at the state level polled Washington voters on their opinions about CSHE. The results found that “86% of voters support CSHE, and 70% strongly support CSHE” (Planned Parenthood Alliance Advocates, Washington, 2020). While not all voters are parents, or currently have children in public education, this demonstrates that Washington voters are in favor of CSHE regardless of political affiliation. While I agree with Luker that sex education is always political, I disagree with the framing of sex education as something that is always an extremely divisive issue. My research findings are in line with more recent studies (Barr et al., 2014; Heller and Johnson, 2013; Kantor and Levitz, 2017) about parental perspectives on sex education. In addition, I found that while parents and caregivers did not have a direct effect on curricula selection, they can shape the type of sex education students have access to. These scholars’ work also support my hypothesis that the economic context is the primary factor influencing the differences in CSHE, while the social context of parents and caregivers is a secondary determiner.

Researchers have identified that administrators, parents, funding, and time constraints present major challenges to teachers providing proficient and effective sex education (Combellick, 2011; Dickson et al., 2020; Eisenberg et al., 2012). In addition to external factors, scholars have found that teachers’ cultural, moral, and political views about young people’s sexuality, and teachers’ own sexual experiences, influence their ability to teach sex education inclusively and accurately (Fisher and Cummings, 2016; Schaalma et al., 2004, p. 263-4). Professional development is key for teachers to provide evidence-based instruction (Wilson, 2015) and the deficit of teacher training on how to discuss LGBTQ sexualities and identities is a problem that persists in public education (Crocro, 2001; 2002). Like these scholars, my

findings indicate that there is a wide variety of approaches to LGBTQ sexualities and identities by teachers, and that teacher training is key to closing knowledge gaps about this subject.

Teachers, however, ultimately influence how sex education is framed and students' experiences in the classroom. The range of attitudes, knowledge, and skill sets of staff involved in sex education reiterate the need for consistent professional development, and demonstrate that without teachers who are trained to be attentive to the raced, classed, sexed, and gendered narratives that are produced from sex education, instruction can harm young people's experiences in the classroom.

I have outlined some of the main factors that influence sex education and demonstrated that there are various politic logics behind school districts, parents, and teachers attitudes toward sex education. Teachers are most often the ones responsible for providing information to young people about CSHE. For that instruction to be effective, teachers need sufficient training, the support of administrators, funding, and local and state policies that are coherent.

### **2.3 LGBTQ Sexualities and Heterosexual Hegemony**

The calls by CSHE advocates to include LGBTQ sexualities and identities within CSHE curricula are necessitated by heterosexual hegemony. The way in which sexualities are constructed result in the naturalization of heterosexuality and to various extents, the marginalization of LGBTQ sexualities. There is a gap in research about LGBTQ sexualities and sex education, and at the same time, there are problems that occur when trying to "include" them in sex education (within the classroom and in research).

Prominent scholars in the field have routinely acknowledged that LGBTQ sexualities and experiences are under-researched and overlooked (Kantor et al., 2021; Kantor and Lindberg, 2020; García and Fields, 2017; Garg and Volerman, 2020). Marginalization persists in part because heterosexuality is normalized in sex education (Atkinson and DePalma, 2008; García and Fields, 2017) and creates a dynamic where LGBTQ sexualities are either

hypersexualized or invisibilized (Atkinson and DePalma, 2008, p. 26). Furthermore, heterosexuality is part of the hidden curricula in schools (Bay-Cheng [referencing Redman] 2003, p. 67) and is “an organizing institution” that points to the particular rationale operating “beneath the surface” (Ingraham, 1994, p. 203, 207).

Despite these scholars working in different academic disciplines and geographical contexts, they all highlight the fact that even when LGBTQ sexualities are discussed and included in sex education, they are foregrounded within a framework that understands heterosexuality as “natural.” Heterosexuality serves as the barometer for the types of relationships and sex that are “appropriate” and “acceptable” to be discussed in school settings.

One tool to disrupt heterosexual hegemony is curricula and teaching that discuss a wide range of sexualities and gender identities in an affirming and holistic manner. This approach can validate students who often feel isolated due to their gender identity and, or, sexual orientation (Page, 2017, p. 678), and improve those students’ academic performance (Kosciw et al., 2013). There is a growing body of research that demonstrates the link between LGBTQ inclusive curricula and LGBTQ students’ perceived sense of safety (O’Shaughnessy et al., 2004; Snapp et al., 2015; Toomey et al., 2011) and the connection between an LGBTQ inclusive curriculum and reduced homophobia in schools (Knotts and Gregorio, 2011; Robinson and Espelage, 2011; Russell et al., 2010). These scholars’ important findings highlight the way in which inclusive CSHE curricula and education can help to mitigate some of the systematic violence that LGBTQ youth experience. Ultimately, I view CSHE as an intervention that has the potential to positively impact LGBTQ students to varying degrees.

The omnipresence of heterosexuality is not a phenomenon exclusive to sex education curricula or sex education pedagogy; it is embedded in the institutions of public education and public health. One prime example of this is the National Survey of Family Growth (NSFG) which is conducted by the CDC and does not “measure whether sex education is LGBT

inclusive” (Kantor and Lindberg, 2020, p. 147). LGBTQ sexualities and identities sit outside of what is “necessary” to measure the effectiveness of sex education. The research the CDC conducts on LGBTQ populations is focused on “risk prevention” (Center for Disease Control, 2019) which, while important, also reinscribes narratives about LGBTQ people as diseased and deviant.

My research shows that the Seattle District receives a CDC grant precisely for risk prevention. While this grant provides a significant amount of their sex education funding, it sets limits on the type of projects for which they can use the money. The focus on research about risk and disease as related to LGBTQ populations continues to be at the exclusion of research that includes LGBTQ people in other ways- such as sex education. If a national public health institution such as the CDC does not incorporate LGBTQ inclusion as an element of sex education research, it normalizes exclusion and justifies ambivalent approaches to sexual orientation and gender identity in sex education at the state and local level. This is also an example of how homophobia, transphobia, and heterosexual hegemony are institutionalized in research.

When LGBTQ inclusivity does occur in sex education, another set of problematics come into play: LGBTQ sexualities and identities “are typically introduced as vocabulary terms” (Jarpe-Ratner, 2020, p. 293) instead of incorporating LGBTQ experiences throughout sex education materials and training. If the only mention of sexual orientation and gender identity is the acronym “LGBTQ”, inclusivity remains superficial. Kantor and Lindberg (2020) demonstrate the need for accurate measurements of assessing LGBTQ inclusion within sex education. Jarpe-Ratner (2020) articulates that the language of inclusion is often reductive. These scholars’ work demonstrates that there must be systematic changes not only in the way sex education is taught and programming is developed, but in the very research conducted about sex education.

This literature review touched on some of the ways in which sex education in the U.S. has been discussed and researched within academia, while also pointing out that all sex education produces specific and somewhat limited sexual scripts that are sexed, raced, gendered, and classed. The state institutions of public health and public education, along with communal and individual actors, all influence the type of sex education that is taught and the materials that are used to teach it.

## **2.4 Methodology**

The aim of this qualitative research was to understand how the social, political, and economic contexts of four school districts in Washington state create differences in the implementation of CSHE, and the way in which LGBTQ sexualities and identities are approached by teachers and districts. In order to answer this question, I conducted twelve semi-structured in-depth interviews from March to May 2021 with professionals in the fields of public education and public health. I used convenience and chain referral sampling methods (Penrod et al., 2003), which are often used in research with hard-to-reach populations, and when dealing with sensitive research topics (ibid). I sent out research participant requests to school districts throughout Washington state as well as professionals working in public health. Most research requests to people working in public health went without a response, of the people that replied, almost all cited COVID-19 as the reason they were unable to participate in the research. Teachers at the school and district level often declined to be interviewed but forwarded the research request on to administrators which more often than not, went without response. The impact of the COVID-19 pandemic on professionals working in the sectors of public health (Murata, 2021) and public education (Cardoza, 2021) is evident, and impacted the amount of data I was able to collect for this research project. Therefore, the chain referral method was the most effective because once I secured my first interview, and that interviewee had a positive experience, they put me in touch with other contacts. Three of the interviewees

worked only in schools; three worked in schools and simultaneously held a position at the district level; one worked solely at the district level; three worked at the state level; one was retired but had held positions at the school, district, and state level; and one worked at the national level.

Qualitative interviewing offers the opportunity for the interviewees and the researcher to “serve as ‘co-participants’ in the process of constructing meaning and knowledge” (Hesse-Biber, 2014; Linabary and Hamel, 2017). I selected interviews as my method because I wanted to gain insights from people currently working on CSHE: the teachers who provide sex education, the administrators at the district level making decisions about how to implement the law, and directors at the state level who are tasked with oversight and compliance. A qualitative method lent itself to examining differences, not just in terms of the four districts’ social, economic, and political makeup, but also in the perspectives and strategies used by people working on various aspects of CSHE.

For interviewees at the school and district level, the interview questions primarily focused on the specificities of their district; for interviewees at the state level the material consisted of broader trends and barriers faced by districts across Washington. The interview discussions focused mainly on the first phase of CSHE implementation for grades 6-12. This can be explained by the fact that the first phase needs to be complete by the following academic year, which means that it is at the forefront of teachers’ and administrators’ agenda.

Aside from the first interview which was transcribed by hand, all interviews were transcribed using the software Otter.ai. Interviews were conducted in English using the video conferencing platforms Zoom and Teams. Due to the COVID-19 pandemic, interviewees were familiar with these online platforms which was an advantage in the data collection process. Feminist scholars such as Van Doorn (2011) and Linabary and Hamel (2017) recognize the

value of online interviewing and argue that physical and visual cues are not lost in digital spaces.

I paid close attention to how the interviewees expressed themselves through nonverbal cues, moments of silence, or hesitation. After each interview, I would listen to the audio recording and read the transcription simultaneously to correct any discrepancies. These included grammar mistakes, words incorrectly captured by the software, and phrases that were missed by the software. After editing the transcripts, I read each one a minimum of three times and coded my interviews in two phases. Drawing on the techniques of Emerson, Fretz, and Shaw (1995), I began my analysis with open coding (p. 143): I went through each transcript line by line and wrote down any elements that stood out to me. After this process I transitioned to focused coding (ibid) where I began to develop themes and sub-themes based on the transcripts.

All participants gave informed written consent for the interviews to be recorded, transcribed, and for excerpts of the interviews to be used for this research. The research was designed in accordance with Central European University's Ethical Research Policy (Central European University, 2018). Three of the interviewees requested pseudonyms, while the other nine consented to their names and titles being used in the research; each interview lasted approximately one hour.

Aside from providing details about the research project, I did not disclose any personal information unless interviewees asked. The only question routinely asked was about my research focus on Washington state, given that I was attending university in Austria. In these exchanges I disclosed that I was from the Pacific Northwest and that I was a Washington voter at the time of Referendum 90. My perception is that my "insider" status put interviewees at ease; they spent little time describing the politics of Washington state and instead delved directly into their insights about sex education. I made the decision not to disclose my



queerness, although it is possible some interviewees made assumptions based on the questions I asked about LGBTQ sexualities and identities.

Certain feminist scholars, Mullings (1999) and Naples (2003), critique the “insider/outsider” binary because the positionality of both the research and the research participant is always in flux. No shared identity or experience with research participants can supplement for interviewees’ own expression of their experiences and opinions, or entirely shift the power dynamic of researcher and participant (Hesse-Biber and Piatelli, 2012). This thesis operates with the knowledge that while feminist methodologies aim to reduce the “exploitation of research subjects” (Naples, 2003, p.13) my role as the researcher, my interactions with research participants, and the way in which I frame the interview data are all embedded in larger systems of power. My aim was to highlight interviewees’ particular approaches and experiences at a school, district, and state level, and refrain from making generalist claims about sex education in Washington.

The four districts examined in this thesis are the Seattle District, Lake Washington District, Skykomish District, and Hood Canal District. I selected the Seattle District and the Lake Washington District because they are the two largest school districts in the state of Washington (Lake Washington School District, 2020; Seattle Public Schools, 2018). While they are close in geographic proximity, they serve communities with different political makeups and have differing economic resources. I selected the Skykomish and the Hood Canal School Districts because they are both small, rural, and have a higher percentage of families experiencing poverty. In addition, the Hood Canal District is just beginning the sex education implementation process whereas the other three districts are already teaching sex education. I wanted to highlight both ends of the spectrum in regards to the phase of CSHE implementation, rural and urban, poor and affluent, conservative and liberal, the largest districts and the smaller

districts in the state. By selecting these districts, the aim was to understand what barriers were similar regardless of a district's individual context and what differences exist between districts.

The primary limitation of this research is the geographical range of the districts I analyzed. I had hoped to include at least one school district in Eastern Washington, which has a much more conservative stance on sex education. Despite reaching out to several districts on multiple occasions throughout the research process, very few people responded. From the people who replied, I was able to schedule two interviews, but both interviewees canceled and did not respond to my further attempts to contact them. A probable explanation is the hesitancy very conservative districts feel around the subject of sex education, and as mentioned earlier, the added stress and workload due to the COVID-19 pandemic.

At the core of sex education and this thesis are issues of power, social inequities, and knowledge production. I used intersectionality as my methodology because it allowed me to talk about the structures of inequalities that continue to (re)produce disparities. These include the raced and gendered dynamics of public education funding, the geographic disparities for youth living in rural areas, and the negative health impacts LGBTQ youth are more likely to experience which are further exacerbated along race and class lines. Intersectionality is inextricably linked to the work (past, present, and future) of black feminists and black feminisms (Collins 2015, p. 7-9) and it is therefore vital to recognize the intellectual labor of black feminist scholars (Bilge 2013, p. 418-19; Taylor 2009, p. 38). Cho, Crenshaw, and McCall (2013) argue that intersectionality encourages thinking about "the problem of sameness and difference and its relation to power" (p. 795). Intersectionality is not about fixed identities, rather, it is about the structures of power that produce them (p. 797). Privilege and marginalization operate in the same space simultaneously and they are not static conditions but are context-specific.

The aim of this thesis was not to evaluate the “success” of CSHE rather it was to understand the contexts and structures that create differences in the implementation of CSHE. I drew on McCall’s (2005) approach to intersectionality, specifically what she defines as an intracategorical methodological approach. This methodology “begins with a unified intersectional core” and pays particular attention to social groups at neglected points of intersection (p. 1773, 1787). McCall argues that this approach recognizes the material experiences that are produced from socially constructed identities, while also maintaining “a critical stance toward categories” (p. 1774). This foregrounded my analysis of school districts’ social and economic contexts and complicated the categories of “poor” and “wealthy” districts. I found that it is not just about the amount of funding a district receives, it is about where that funding comes from and the politics that inform how that money is spent. Applying an intracategorical approach to my analysis of parents and caregivers revealed that there are a wide range of raced, classed, and political dynamics that influence caregivers’ decisions to opt children out of CSHE.

On the surface, sex education in Washington state is about ensuring that all schools are using a comprehensive curriculum and districts are complying with the law. Beneath that, it is evident that economic inequalities, geographic disparities, and the structure of public education all contribute to the inequities found in this comparative analysis. By using intersectionality, my aim was to avoid a reductive framing of school districts as more or less “progressive” based on their CSHE implementation and instead highlight the structural barriers that contribute to limited access to CSHE.

A cornerstone of feminist methodologies is reflexivity (Haraway, 1988). Ideally, through rigorous self-reflection, the researcher becomes more aware of their own limits and assumptions about the knowledge they are producing (Naples, 2003). My research processes and findings are influenced by my positionality as a white queer feminist, and I also take

seriously that feminist reflexivity is much more than listing off some of the identities I occupy (Hesse-Biber and Piatelli, 2012). Carbado (2005) argues that “the racial transparency of whiteness creates the effect of whiteness as objective” (p. 156). By examining some of the raced dynamics of economic inequalities and sex education, including marking whiteness as raced, I aim to disrupt – even if momentarily – the “transparency of whiteness” (ibid). At the same time, one of the systemic advantages to whiteness is the ability to pick and choose when and to what extent race is used as a critical analytical focus. In other words, even during the points in this analysis when I engage race, there is the risk that I am re-centering whiteness instead of deprivileging and disrupting its association with power (ibid).

Growing up without resources about bodily autonomy, violence, and sexuality informs both my identity as a queer feminist and my belief that CSHE can be a vital tool for young people. Knowing this, I tried to be attentive to the points in my analysis that operated from an already assumed position of “truth” and justice. I relied on the work of Rasmussen (2010) who highlights that CSHE is often characterized as “good”, secular, and neutral (p. 710) when in fact secularism, like religion, is an ideology. The former is touted as a beacon of “progressive” and rationale ideals, while the latter is framed as questionable at best (Mahmood, 2008; Rasmussen, 2010). I use these scholars’ work to challenge my own epistemological assumptions about sex education and to resist reinscribing what Butler identifies as “hegemonic conceptions of progress” (Butler, 2008, p. 1). My analysis on caregivers found that parents across the political spectrum opt their children out of CSHE: this surprise at my own research findings underscores the political logics I associate with CSHE.

In analyzing the various approaches to gender identities and sexual orientations, I recognize that there are many people and experiences that are not reflected in CSHE. By discussing my own positionality, I aim to avoid presenting the data as objective and my analysis as impartial. Haraway (1988) describes this move away from feminist empiricism and toward

partial understanding as “situated knowledges” (p. 581). From this feminist perspective, I as the researcher cannot be separated from the analysis I produce nor from the power dynamics implicit in the way I choose to frame the data.

In this chapter, I have engaged with some of the relevant literature on sex education in order to highlight gaps in sex education research and justify the relevance of my thesis. Beyond that, the literature I highlight demonstrates the tensions around the role and utility of sex education and the types of raced, classed, gendered, and sexed knowledges it produces. Finally, in using intersectionality as my methodology, I aim to produce a critical analysis that examines the varied power dynamics present in the implementation of CSHE.

## Chapter 3: District Differences and Barriers to CSHE

This chapter uses twelve in-depth interviews to analyze the factors that create differences in CSHE implementation across the Seattle, Lake Washington, Skykomish, and Hood Canal School Districts. I begin this chapter with a brief overview of district demographics, before examining a barrier that all four districts face: time constraints. Next, I look at the challenges associated with funding and finding skilled teachers, and subsequently analyze funding and teacher training. Finally, I assess the role of parents and caregivers in CSHE. I argue that the economic context is the primary factor that explains the differences in CSHE implementation, while parents and caregivers are an important yet secondary factor. The differences between these four districts and in the barriers they face influence the way in which LGBTQ sexualities and identities are approached by teachers and districts.

### 3.1 District Profiles

In order to understand the differences in how these four districts navigate the implementation of CSHE, I will provide a brief background for each school district. The Seattle Public School District is the largest K-12 school system in all of Washington state; in 2018 they served 47,000 students (Seattle Public Schools, 2018). The city of Seattle is known as one of the most progressive and LGBTQ-inclusive places in Washington. Even so, it is far from a queer utopia; income inequality (Balk, 2017) continues to be a defining characteristic of the city, and violence against LGBTQ people is alive and well (HRC, 2020; Seattle Government Database, 2020). Approximately 36% of students in the Seattle School District qualify for the National School Lunch Program (NSLP) program<sup>7</sup> (Seattle Public Schools, 2018). This is the primary way districts indicate the poverty level of their student population (U.S. Department of Agriculture, 2021).

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<sup>7</sup> This is an entitlement program that provides reduced or free lunch to low-income students (U.S. Department of Agriculture, 2021).

Of the students in the Seattle School District, 14% are African American, 14% are Asian, 12% are Hispanic, 12% are multiracial, 1% are Native American, and 47% are white (Seattle Public Schools, 2018). It is politically fairly homogenous, with 88.45% of the population registering as Democrats (Seattle Government Demographics, 2020). Seattle public schools have been teaching a version of CSHE since 1991 (Love, email exchange with author, 2021a). They take a district-wide approach to curriculum which includes teaching about sexual orientation and gender identity, and use the FLASH curriculum (King County, 2021; Seattle Public Schools, 2018).

The Lake Washington School District is in an affluent suburb outside of Seattle. It is the second largest school district in Washington serving 30,675 students in grades K-12 (Lake Washington School District, 2020). Approximately 11% of its students qualify for free or reduced lunch (U.S. News and World Report, 2018a). The student population is 32.1% Asian, 10.3% Hispanic, 8.1% multiracial, 2.1% African American, 0.1% Pacific Islander, and 47.3% white (Lake Washington School District, 2020). In comparison to Seattle, the Lake Washington District is slightly more conservative, with only 75% of residents registered as Democrat (Kirkland Data, 2021). For the past nine years, the district has been teaching sex education. Like Seattle, it uses FLASH and takes a district-wide curriculum approach, which includes sexual orientation and gender identity (Kyle, email exchange with author, 2021b).

On the other end of the demographic spectrum is the Skykomish School District, which is located in the mountains of Central Washington (Skykomish School District, 2021). It is small, rural, and 60% of its residents are registered Democrats (Cubit, 2019). The student population is 7% Native American, 7% Hispanic, and 86% white (Public Review, 2018b). The Skykomish District is not a high-income area with approximately 77% of students qualifying for free or reduced lunch (U.S. News and World Report, 2018b). There is only one school in the district which is K-12 and serves a total student population of 57 (Skykomish School

District, 2021). Up until four years ago, there was no sex education in the Skykomish District; now, they too use the FLASH curriculum and incorporate sexual orientation and gender identity into sex education (Kelly, email exchange with author, 2021b).

The Hood Canal School District has only one school which is K-8 (Hood Canal School District, 2021). It is rural and leans conservative with only 46.3% of residents registered as Democrat (Ballotpedia, 2021). In 2020, the district had a student population of 313 (Hood Canal School District, 2021). The district is located on the Skokomish reservation, which is the home of the Skokomish people (Skokomish Indian Tribe, 2014). The Hood Canal District is 27% Skokomish, 16% multiracial, 12% Hispanic, 1% Pacific Islander, and 44% white (Public School Review, 2018). A large percentage of the students and families within the district are either low income or experience poverty, with 88% of its students' qualifying for free or reduced lunch (ibid). Sex education is not currently taught; therefore, the district is in the process of implementing CSHE for the first time for the following school year (Bruni, interview with author, 2021; Hanson, interview with author, 2021; LeClair, interview with author, 2021). They plan on using the 3Rs curriculum (Advocates for Youth, 2018) which, as mentioned in Chapter 1, is a comprehensive curriculum and they plan to teach about sexual orientation and gender identity.

### **3.2 Time and CSHE**

A new requirement outlined by Washington state law is that CSHE must be taught twice in grades 9-12 and twice in grades 6-8 (Washington State Legislature, 2020). One key challenge is that the law does not define what "twice" means. Although the amount of required sex education has increased, no adjustments have been made to course schedules, the time allotted in a school day, or credit requirements. The harsh reality of time constraints is a barrier all four districts are facing. Kyle (pseudonym), who teaches part time as a Health and Physical



Educator (P.E.) and works part time at the district level in Lake Washington, reflected on the logistical dilemma the new law presents. He explained:

I think a lot of school districts are just gonna say teach it once in September and then teach it again at the end of the semester... So that's not the spirit of the law and everybody knows that, but it's like they have no other choice (Kyle, interview with author, 2021a).

As Kyle discussed, the vagueness of this legal requirement is creating problems, even for a district like Lake Washington, which has sufficient funding and has been teaching sex education for nine years. Teachers cannot increase the amount of sex education taught unless adjustments to public education structures change, or unless teachers reduce the amount of class time they spend on other subjects.

The challenges associated with time restraints were also identified by Lisa Love, the Manager of Health Education for all of Seattle Public Schools. Lisa has been working in the Seattle School District for the past 25 years. She explained the difficulties this portion of the law presents:

That has been a huge challenge for us, thinking through logistically where do we fit more time of instruction into our existing schedules, and I know it sounds crazy but those are the kind of things that kill really good ideas (Love, interview with author, 2021a).

What Lisa's reflection demonstrates is that there are gaps between the intent and the design of the law. Her comment also hints at the time it takes to navigate the intricacies of CSHE implementation, and time is money.

The lack of clearly defined language in reference to teaching CSHE "twice" exacerbates an underlying issue with the efficacy of CSHE implementation: when and in which class sex education is taught. Since Washington is a local control state, as long as CSHE occurs within the grade range outlined by the law, schools can decide when and in which class it is taught. This variation matters because it means that in some cases there are instructors without a CSHE background teaching sex education which impacts the quality of CSHE. In addition, students

often need resources on sex, sexuality, violence, and other CSHE information long before they receive their CSHE course. In other words, depending on where a student goes to school, and how that school handles CSHE implementation, sex education may not be able to be used as a preventative tool in the life of that young person- which is one of the central goals of CSHE (Taylor, 2021).

In order to graduate high school in the state of Washington, students need to earn a .5 credit/semester of health education (OSPI, 2020b). For the Seattle, Lake Washington, and Skykomish School Districts, sex education at the high school level is taught in the health education course; whether that health education course is in grade 9, 10, 11, or 12, varies school to school. Health education is not a requirement for grades younger than high school and therefore, if classes are provided, it is reflective of the value a district assigns to health education and its financial resources.

In the Seattle School District, due to budget cuts in 2010, health education courses for middle schoolers were eliminated in most schools (Manuel, email exchange with author, 2021b). This meant that the only sex education most younger students were receiving was the mandated HIV/AIDS prevention education<sup>8</sup> taught in science courses grades 6-8 (ibid). The economic context of the district (budget cuts) influenced the efficacy of CSHE implementation and halted sex education opportunities for students grades 6-8, despite the district's social and political ideology (belief in the value of, and the desire to provide CSHE to younger students). While the CSHE law is now requiring age-appropriate sex education be taught to younger grades, the difficulty of deciding when and where that will happen is still a major barrier, especially considering that no more time has been allotted for CSHE.

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<sup>8</sup> See Chapter 1.

In contrast, funding allows the Lake Washington School District to provide middle school students with health education classes. Kyle explained that, “Sexual education is taught once in middle school and once in high school by a health teacher” (Kyle, email exchange with author, 2021b). While this does not, provide any advantages in terms of the actual amount of time allotted for teaching CSHE, it does save the additional step of figuring out in which class students will be taught sex education.

In the case of the Skykomish School District, Lynne Kelly, the district’s Registered Nurse (RN), goes into teachers’ classrooms to provide CSHE instruction. She recalled:

In the beginning, I would always go to the PE/Health teacher’s room. Then other teachers began to invite me to do presentations to their classes, such as the reproductive cycle for the Biology teacher. I did a Safe Touching class for kindergarten and 1<sup>st</sup> graders and that took place in their regular classrooms... Even the teachers who don’t want to teach it themselves say there isn’t enough time allotted for it to be taught properly (Kelly, interview with author, 2021a).

Lynne’s reflection demonstrates the difficulties of trying to teach sex education in a quick and condensed manner and shows that many teachers do not feel comfortable or equipped to teach it. As Lynne discussed, in the Skykomish District, there is not a set structure or schedule for sex education which means that it is largely dependent on teachers inviting Lynne and coordinating with her to come into their classrooms. In our interview Lynne expressed her desire to do more: “It kind of kills me that I don’t teach this class [sex education] routinely and regularly and I really don’t, it’s quite sporadic” (Kelly, interview with author, 2021a). The language of the CSHE legislation tries to rectify this very problem of inconsistent sex education, but without structural changes in class time, credit requirements, and funding, CSHE will not come to its full fruition. The fact that the district is not in a high-income area and is underfunded (U.S. News and World Report, 2018b), means that many teachers are occupying various roles, including Lynne, who – as she explained to me – is the district’s registered nurse first and sex educator second (Kelly, interview with author, 2021a). In this instance, an

underfunded district creates the necessity for staff to take on multiple positions, which creates even more time constraints with regards to the implementation of CSHE.

Such is the case with the Hood Canal School District, where historically and currently there is no sex education taught or health education class provided. This means that the district is confronted with trying to create internal systems for implementing CSHE whereas the other districts in this study are altering the systems they already have in place. Vernon Bruni, the Principal at the Hood Canal School, expressed the difficulties associated with providing sex education in an educational environment that is confined by time restraints. He explained:

You know [with] our limited schedule our middle school students only had like two or three electives to choose from, none of which were health, and so there's really no health class beyond PE... so that's one thing we've proposed is to include this like 10-week health class that you know hit some health standards, learning standards, as well as the sex ed standards for our middle schoolers (Bruni, interview with author, 2021).

The plan to implement a health course will help ensure that CSHE can begin being taught to students, yet like the other districts, Hood Canal is unclear as to how to comply with the mandate of teaching CSHE “twice.” The lack of sex education in the district can partially be explained by the fact that it is an incredibly poor district, which means it does not have the resources to create extra electives such as health education. This would require hiring more teachers or shifting part time teachers to full time positions to compensate for the additional electives. In addition, the political demographic is more conservative compared to the other three districts in this study, which possibly explains the reluctance to teach sex education in years prior. The district also has high rates of teacher and administrative turnover which makes establishing systems and courses even more onerous.

The time allotted for CSHE and the new CSHE mandate for teaching sex education “twice” have created massive obstacles for teachers, administrators, schools, and districts, and impacts the amount of CSHE instruction students can access. There are inevitable challenges in providing CSHE, which makes the avoidable problem of poorly defined language feel like

another way teachers, administrators, schools, and districts are left behind by the state. Even for those who remain optimistic and are dedicated to implementing the new CSHE requirements, vague wording makes it difficult for any school to fully comply with the law. Local control about when and in which class CSHE is taught, and limited time for class scheduling, means that many students do not receive sex education until long after they need it.

When sex education is taught, time constraints affect the quantity and quality of knowledge about LGBTQ sexualities and identities- despite the fact that three of the districts currently teach about these topics, and the fourth plans too. Sarah (pseudonym), works at the state level for Planned Parenthood Alliance Advocates and was closely involved with the campaign to pass the CSHE legislation. In our interview, she reflected on why LGBTQ inclusion in sex education is necessary. She explained:

People are suffering every day because of school bullying, the rates that are so disproportionate for LGBTQ youth are completely unacceptable. They impact graduation rates, their student achievement, [and] impact mental health for life. They impact risk of sexual abuse and sexual assaults, it kind of goes on and on...Sex education can be such a profound tool for helping to ameliorate some of those things (Sarah, interview with author, 2021).

Sarah's reflection highlights the marginalization many LGBTQ youth experience and in doing so, shows the ways in which CSHE can be a preventative tool for the sexual, physical, and emotional violence many students currently experience. It also reiterates the fact that not having the time or tools to provide coherent education on sexual orientation and gender identity has long lasting impacts far beyond the classroom.

Even when teachers are well aware of the importance of LGBTQ inclusion, outside factors influence the type of sex education they can provide. Jannette Manuel is a Health Education teacher at Garfield High School in the Seattle District and has been working in public education for over 21 years. Jannette has a background in Health Education and is a member

of the National Education Association (NEA).<sup>9</sup> They also worked as part of the Safety Bias and LGBT Cadre and spent four years training teachers and administrators across the U.S. on LGBTQ issues, including safety and sex education curriculum and policy (Manuel, interview with author, 2021a). Jannette explained that because of time constraints, they include sexual orientation and gender identity in the other sex education lessons they teach: “So birth control, STDs, condoms, pregnancy, those things get covered, and then any other FLASH materials, is sort of sprinkled, is sort of infused in, in other ways, in the classroom” (ibid).

This captures the difficulty in trying to teach sex education in such a short amount of time. Jannette is the ideal candidate to be teaching CSHE generally, and LGBTQ identities and sexualities specifically. Not only are they passionate about the subject, but they have years of professional experience and expertise in training other teachers and administrators about LGBTQ topics. Even so, time limits the extent to which subjects can be covered and therefore, LGBTQ sexualities and identities are added on to the subjects that are centered in sex education.

In the Skykomish District, a similar approach to gender identities and sexual orientations occurs. As Lynne explained: “I try to mention both topics in whatever class I am teaching so that it can be viewed as normal” (Kelly, email exchange with author, 2021b). While I question the logic and the rhetoric of “normalizing” LGBTQ sexualities and identities, the point I wish to highlight is that it is not possible to teach entire units on sexual orientations and gender identities in the time currently allotted for CSHE.

In the Lake Washington District, Kyle explained: “we have lessons included, we do have lessons in FLASH that do talk about it” (Kyle, interview with author, 2021a). Here, the fact that FLASH incorporates elements of gender identity and sexual orientation throughout

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<sup>9</sup> The NEA is the largest labor union in the U.S. and is comprised of public educators who share the aim of supporting and advocating for teachers rights and equitable education (National Education Association, 2021).

the curriculum offers districts the opportunity to touch on these topics even though they do not have the time to expand on them. Finally, in the Hood Canal District, sexual orientation and gender identity will begin to be included when the district starts teaching CSHE next year.

Despite the law stating that CSHE “must be inclusive to all students” (Washington State Legislature, 2020), the current time allocated for CSHE makes this task nearly impossible. My research findings about time as a major barrier to sex education implementation is similar to research conducted on sex education and public schools in the states of Minnesota (Eisenberg et al., 2012), New Mexico (Dickson et al., 2020) and California (Combellick, 2011). Research that links time constraints to pedagogical practices about sexual orientations and gender identities, however, proved difficult to find. The presence of a CSHE law and the use of CSHE curricula alone, are not sufficient for creating inclusive sex education. Structural factors such as time and funding continue to marginalize LGBTQ youth and hinder all students’ access to knowledge about sexual orientations and gender identities. This is important because as Sarah explained: “kids who don’t identify as LGBTQ need to also understand this [information] so that they can be better friends and better humans in their community” (Sarah, interview with author, 2021). In other words, despite the fact that sexual orientation and gender identities are deprioritized due to both structural and political factors, the information is relevant for all youth. The lack of time allocated for CSHE and the impossibility of fulfilling the new requirement of teaching CSHE “twice” is a similarity that runs through all four school districts.

### **3.3 Funding and Teachers**

There was no funding attached to the CSHE legislation (Washington State Legislature, 2020) which I argue presents significant challenges to implementing CSHE. There is \$200,000 available for CSHE support and the money is a portion of the 2020-2021 state operating budget (OSPI, 2020f). Beyond that, districts are required to draw from their existing financial resources in order to ensure successful CSHE implementation. As noted in Chapter 1, there are

free curricula available and the four districts featured in the study are using, or will use, this resource. Free comprehensive curricula are essential for the efficacy of CSHE implementation; as studies have shown, (Crocro, 2001; 2002; Fisher and Cummings, 2016; Schaalma et al., 2004; Wilson, 2015) teachers are too. I argue that funding is one of the largest determiners in the type of CSHE provided: funding affects the number of qualified CSHE teachers a district can hire and the amount of supplemental CSHE activities a district can afford.

The type of funding a district has dictates what that funding can be used for. A significant part of the Seattle District's funding for CSHE is made possible by a federal grant. Lisa explained the impact of federal funding: "So we actually only get away with doing what we are doing [quality CSHE] because I have funding through a major grant through the Center of Disease Control" (Love, interview with author, 2021a). If Lisa did not apply for funding every grant cycle, or if at some point the district would stop receiving this grant, "people would just say 'well kind of make it happen without funding'" (ibid). This "make it happen" attitude is what is occurring in a lot of smaller and poorer districts, including the Hood Canal District. The funding from the CDC at the federal level must be spent on risk prevention while money that would enable Seattle to hire more teachers has to come from state funds, the amount of which has remained the same since the passing of CSHE. Lisa explained why hiring more teachers is vital for CSHE:

When you get endorsed at the university level you get a stamp on your teaching certificate that says you can teach health and PE, so colleges have not necessarily separated those well. So when you get put into a school and you're hired and they look around and say 'Who has that endorsement?' and they land on the PE guy, again total stereotype on my part, and the PE guy is like 'Fuck I like playing basketball but this sex ed biz whattt?' And then they do it poorly and they do harm. And there is no funding to say 'Let's actually spend the money on people who intended to teach health, who have the sensitivity, the skill set, the, you know, interest to teach sex ed that you know supports and celebrates all students.' We have not done a good job of making sure that those quality health teachers are the ones doing the content, so that's one place where I think we lack funding (Love, interview with author, 2021a).



Lisa acknowledged that this is not reflective of every PE teacher; furthermore, she spoke highly of teachers throughout the Seattle District. As Lisa pointed out, however, hiring more teachers with a background in sex education would ensure that a wider range of information is provided and that tactful pedagogical practices are employed when engaging with students on such a complex subject matter. This shows how important it is to have enough funding at every level: not only because it increases the overall amount of money a district has, but because where the funding comes from dictates how it can be used.

Funding would also improve the type of CSHE teachers could provide. In our interview, Jannette explained how funding has affected the types of activities they have been able to include in their sex education lessons over the years. They stated:

I used to bring panels of young people who are LGBTQAI, um just to speak to my class about their experiences. I used to bring [in] speakers who were HIV positive, and they would talk about their experiences and that particular aspect of their lives. As you know over the years, things such as budget happens and what not. And so, like I said, depending on the resources that I have available, then they kind of reflect what I do in the classroom. So all of a sudden, like, the HIV positive panels that were coming to the classroom well, it wasn't working anymore with the budget and then I lost that opportunity (Manuel, interview with author, 2021a).

Jannette's comment demonstrates how a lack of funding restricts the quality of sex education provided. They went onto explain that "whatever I feel I could get, I will bring to my class because I always feel that if I don't make sure that I bring it up, especially to my family health kids, the chances of them being exposed is really slim" (ibid). In order to compensate for budget cuts, Jannette now plays YouTube videos of a similar ilk to ensure that students are able to access this information (ibid). This shows the innovative strategies some teachers employ to ensure young people have access to a variety of information, and emphasizes why having funding for extra materials and guest speakers is so important. Considering that there are fewer opportunities for young people to be exposed to experiences and materials that positively center LGBTQ realities and experiences (GLSEN, 2019), losing an activity like the LGBTQ panels

is particularly discouraging. While Jannette's story highlights the dedication and creativity many teachers practice no matter the budgetary constraints, it also shows that funding can facilitate more profound and diverse CSHE learning opportunities for students.

In the case of Lake Washington, fortunately money is not an issue. Kyle explained: "It's very affluent. I mean we have like, we're in Microsoft country. We have a campus, we have Microsoft students, we have Amazon, we just have a lot of big clienteles in our area" (Kyle, interview with author, 2021a). This is a potent example of the relationship between wealthy neighborhoods and well-funded districts. Kyle went on to explain how that translates into assistance for staff: "I mean if teachers like need any support or anything I go out and I get the money like I have a budget so it's pretty easy for that" (ibid). What Kyle's comment demonstrates is that an ample budget lessens the strains associated with CSHE implementation. In the Skykomish District, all sex education is taught by Lynne Kelly, the district's Registered Nurse (RN) who has secured donated funds for sex education through the School Nurse Corps (SNC) (Kelly, email exchange with author, 2021b).

CSHE implementation in Lake Washington is supported by a healthy budget, Seattle with a federal grant, and Skykomish with donated funds. Even though all three districts use the same comprehensive curriculum and include sexual orientation and gender identity in their CSHE, the amount and type of funding each district has is completely different which impacts the implementation and quality of CSHE.

The process of implementing any CSHE is a huge project to take on, especially when you are starting from square one, which is the case in the Hood Canal School District. Vernon noted the irony of trying to implement the new legislation without sufficient funding: "So it's just a weird thing that they're asking us to do it [CSHE] without, you know, funding it... We plan to deliver with the resources we've got" (Bruni, interview with author, 2021). As discussed in Chapter 1, there are some free resources available to districts, but the fact that administrators

at the school and district level are not aware of these resources speaks to the incongruencies in outreach about CSHE. Although some gaps in communication between the state and school districts are due to the COVID-19 pandemic, I argue they are intensified by the state's local control status.

Even if administrators in the Hood Canal District were more acquainted with the resources available, it would not solve the problem of an understaffed district. Vernon vocalized his commitment to seeing the implementation of CSHE through, yet the stress around how to accomplish this with limited financial resources was palpable:

I was gonna say if we, if we had like proper funding and support from the state, we would have number one, a full-time nurse. Number two, we'd have, a full-time health teacher that would, teach health at age specific levels... um, if we could afford it, I mean a whole other teacher actually to be here doing that kind of thing full time I think that would be, you know, the most appropriate, but obviously that's a dream (Bruni, interview with author, 2021).

Vernon's comment demonstrates a clear and thoughtful plan for how resources would be used if they were available. In order for CSHE to successfully be implemented, qualified teachers need to be in place. While this point may appear obvious, what my research demonstrates is that a basic necessity like having enough teachers is still a major barrier to implementing CSHE. Similar to the Seattle District, the Hood Canal District expressed an explicit desire to use funds to hire teachers. The difference, however, is that the Seattle District wants to hire more experienced sex education teachers, while the Hood Canal District does not have any health education teachers, let alone sex education teachers. Funding is important for all districts, but it is especially vital for districts that are beginning the implementation process from the ground up.

The differences between districts demonstrate that higher income areas will always have more funding to begin with, as is the case with the Lake Washington District, yet whether that funding is used for CSHE is determined by the social and political values of the district and school community. Conversely, the social and political ideology of a district can only

influence how resources are used up to a certain point because there are guidelines attached to funding, as highlighted by the Seattle District. Then there are poorer districts, like the Skykomish District, that have funds donated through the SNC. While it is possible that the Hood Canal District could secure grants and funding in the future, for now they have minimal resources upon which to draw. Three of the four districts, albeit to varying degrees, teach CSHE and have some support when it comes to funding. The type and amount of funding that districts have dictates the number of teachers that can be hired, and the types of activities teachers can bring into their classroom. Both of these factors effect CSHE implementation, the quality of CSHE delivered, and thus the impact it has on students.

### **3.4 Funding and Teacher Training**

The obligation to teach sex education can, for some teachers, be overwhelming which is why teacher training is crucial. Elizabeth Reis worked in sex education for thirty-one years and was one of the creators of the original FLASH curriculum. She was also the Co-Chair at the Safe Schools Coalition, which began in the 1980s and was the first organization in Seattle to make visible the bullying and violence LGBTQ youth were experiencing in public schools. She related that part of the difficulty teachers face in trying to teach sex education is that “most teachers get nothing about health education, never mind sex education, in their teacher preparation program and it’s scary, especially for young teachers” (Reis, interview with author, 2021). Teachers are expected to teach a complex and often controversial subject, and do it well, perhaps without ever having been formally trained in the subject.

Even when teachers want to serve their students, comply with the state law, and are using a comprehensive curriculum, they may not have the language or knowledge base to approach certain topics. Lynne, from the Skykomish District, reflected on how training helped her teach CSHE more inclusively. She explained:

I’m 60, and I would have very easily said something like ‘there’s LGBTQ sex and then there’s normal sex.’ Well oops, you know,

LGBTQ sex is also normal sex. I could have easily said something like that had I not taken the course (Kelly, interview with author, 2021a).

Lynne's reflection highlights the way in which heterosexual hegemony is codified into public education. In this instance, teacher training was a tool to challenge and disrupt heteronormative teaching practices (Ingraham, 1994; Sanjakdar et al., 2015). Furthermore, cisheteropatriarchy produces the effect of sexual orientations and gender identities being relatively "new" topics in sex education – especially in comparison to subjects like pregnancy or STIs (Snapp et al., 2015). This comment also demonstrates the importance of teacher training sessions: even in situations where you have educated, dedicated, and caring instructors, who strongly believe in the value of sex education, there is the need to provide training. The small size of the Skykomish District, in this case, worked to their advantage because they only had to train one person. This example underscores the fact that having a comprehensive curriculum alone is not enough to ensure the efficacy of CSHE broadly and topics on LGBTQ sexualities and identities specifically.

The costs associated with training include: the teacher's time, travel and transportation, a substitute for that instructor, and the professional development itself (Odden et al., 2002). Teacher training for sex education should be occurring on a regular and consistent basis (SIECUS, 2018a). Often, however, teacher training is on the other side of the state and lasts multiple days, which was the case for Lynne in the Skykomish District (Kelly, interview with author, 2021a). Laurie Dils works for OSPI and is the CSHE Program Supervisor for the entire state of Washington. In our interview, she discussed complications that can arise regardless of a district's finances. She explained, "It's not just about the cost of substitute teachers: 'Do subs even exist?' And you know in some rural small communities in particular there may not be a big enough pool of substitute teachers to fill the need" (Dils, interview with author, 2021). Here, even if the economic context does not hinder teacher training, the social context can – and this is one way that rural districts are disadvantaged. Perhaps one of the few useful things

to come out of the COVID-19 pandemic is the fact that now, teacher trainings and capacity-building are online.<sup>10</sup> While funding is a big piece of the puzzle for all districts, the particular difficulties that rural districts face should continue to be highlighted in order to provide targeted support.

Even when teachers have access to similar types of training, there is a certain amount of liberty teachers can take in the classroom. In the Seattle District Lisa explained that “As much as we’d like to think that there’s guidance from central office and all teachers do the same thing, the reality is they close their door, and they do a little bit of what they want” (Love, interview with author, 2021a). As Lisa pointed out in our interview, this does not necessarily negatively impact the quality of CSHE; there may be teachers who feel more confident to engage sex education subjects or bring in extra materials. What it does indicate is that there are limits to a district-wide approach to curriculum because teachers have a lot of leeway about how they approach a topic. This of course includes variation in how sexual orientation and gender identity are taught. Jannette explained:

I can tell you that I have another person in my building that teaches family health. And there’s things that we do that are very similar, but the way I cover FLASH and the way she covers FLASH is very different. And that’s the thing, depending on the comfort level of the teacher, the comfort level of that adult, to be able to bring in those topics, and cover things a certain way, is really dependent on that adult. So then yeah there’s really just different approaches (Manuel, interview with author, 2021a).

If there is a wide variation in approaches to CSHE happening just within one high school, it is likely that the range of approaches happening throughout the district and in between districts is even more profound.

While minimizing damage should be an aspect of all education, I argue that it is particularly important when educating young people about topics such as consent, sexual and physical violence, sexual orientations, gender identities, sex, and bodily autonomy. Sufficient

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<sup>10</sup> See Training and Staff Development (OSPI, 2020g).

funding in the Lake Washington District means that some harm is mitigated. Kyle explained what might occur if a teacher did not feel comfortable teaching about sexual orientation and gender identity: “I would think they would just get a sub for that day. I have not heard any of my health teachers [that] feel uncomfortable in any of our topics during trainings or one-on-one conversations” (Kyle, email exchange with author, 2021b). Having the resources to hire a sub for the day is incredibly useful, although it is not something that all districts can afford. Furthermore, it is quite possible that a substitute teacher will not have the expertise to teach sex education. There may also be instances where teachers do not feel confident in admitting to their superior that they are uncomfortable teaching particular sex education lessons.

Teachers’ personal and political views on the value of sex education in general (Schaalma et al., 2004), and sexual orientations and gender identities specifically (Fisher and Cummings, 2016), affect their ability to provide affirming, accurate, and effective CSHE. Teacher training is cheaper than hiring new teachers, which is why it is a key component to sustain, and is yet another example of how funding creates barriers to CSHE implementation.

In the Hood Canal District, the desire to have teacher trainings is not only so that the students can receive quality CSHE, but also so that teachers and administrators can untangle fact from fiction.<sup>11</sup> Vernon explained:

What’s crazy about that, when this thing passed and there was all that propaganda going around about like, oh, ‘we don’t want our kindergarteners learning sexual positions and stuff like that’, our own superintendent got swept up in that stuff and like actually started to believe some of these things and I was like, ‘Nikki [the superintendent] stop, hold on a second, you gotta take a look at what the law actually says’ (Bruni, interview with author, 2021).

Vernon’s comment demonstrates that teacher training is indispensable to ensuring the sex education being taught is accurate and free of hyperbolic and shameful rhetoric. In a political

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<sup>11</sup> There were targeted misinformation campaigns waged against Senate Bill 5395 to dissuade voters from passing CSHE (Smith, 2020).

and cultural climate that is increasingly inundated with misinformation (Bialystok et al., 2020, p. 331), CSHE teacher training can be an educational tool for adults as well as youth.

If administrators and teachers do not understand the potential value of CSHE, its efforts and implementation are much more likely to be undermined, which further demonstrates the necessity for ample training. Kelly Hanson, the Middle School Counselor at the Hood Canal School District, also discussed the necessity for teacher training to cope with misinformation.

She explained:

I mean this would be if we had funding but I would actually love all the teachers to be trained as well. Just because of misinformation and propaganda, like, I'd love for them to like have an immersive intensive experience to like go through the curriculum themselves and really understand it. Yeah, so yeah sponsored training time, you know, to pay teachers for their time to go, and their educators to go through the training (Hanson, interview with author, 2021).

Here, Kelly highlights another link between funding and teacher training: paying the teachers to attend the sessions. Kelly's interest in providing all staff with CSHE training – not just the teacher assigned to teaching sex education – is an important idea: the clearer all staff is on the content and aims of CSHE, the less likely it is that misinformation will permeate a school district's culture and negatively impact the CSHE implementation process. As Kelly points out, however, this idea is contingent on funding that does not exist.

Economic and geographic inequalities were also discussed during my interview with Gabrielle Doyle who works for the Sexuality Information and Education Council of the United States (SIECUS). She explained: "We know that in larger urban areas and cities students are receiving more comprehensive instruction; rural students deserve comprehensive instruction just as much as any other student" (Doyle, interview with author, 2021). Gabrielle's comment emphasizes that the disparities in access to sex education are informed by geographic context. It also reiterates the fact that there are a multitude of intersecting factors that produce unequitable access to CSHE.



All districts are navigating the implementation or expansion of CSHE, without additional state funding. Nevertheless, the differences between the four districts demonstrate how poor and rural districts are disadvantaged. Both the Hood Canal and Skykomish districts are operating with fewer teachers who are fulfilling multiple roles. Funding affects every aspect of CSHE, from the number of qualified teachers a district can hire, to the consistency with which a district can provide professional development training for teachers.

### 3.5 Caregivers and Parents

Unlike other subject areas in public education, caregivers and parents have the ultimate say in whether their children receive sex education at school. Julia (pseudonym), a person working at the state level to support schools and districts in the implementation of CSHE, explained that despite the fact that “only 2% of the actual parent/guardian population of students that attend [a] district” are against CSHE, their voices are often the loudest in the room and can affect the quality of CSHE for all students (Julia, interview with author, 2021). This aptly describes a situation that occurred in the Skykomish School District: Lynne stated that generally, she does not have problems with caregivers, but there have been instances that resulted in parental pushback. Lynne experienced difficulties after answering a student’s inquiry from an anonymous question box, a technique endorsed by the FLASH curriculum. She explained:

I said ‘okay, well, a dildo is a fake penis, and that is considered a sex toy.’ And then I moved on to the next question. Well, I got a lot of feedback later that a parent heard I was teaching a class on sex toys, and that took a lot of you know ‘okay everybody calm down I didn’t teach a class on sex toys.’ And for a long time after that, I wasn’t supposed to do the anonymous question box and that was awful (Kelly, interview with author, 2021a).

This example highlights how one parent’s fear and anxiety about sex education denied students access to a vital CSHE tool (the anonymous questions box) for over a year. Ideally, these sorts of outbursts will be quelled through school districts’ newfound legal obligation to teach CSHE.

In the case of the Seattle District, there was not as much resistance, due to the fact that they had already been teaching CSHE for quite some time. In discussing what community outreach could look like, Lisa stated:

I think the vision is that we're going to partner with some community agencies that have culturally specific audiences. So, like our Somali moms' group in the South end of Seattle, we have a connection there that said 'Hey I would love to co-lead those' (Love, interview with author, 2021b).

This demonstrates the range of attitudes parents and caregivers have toward CSHE. It is also worth considering what families “count” as “culturally specific audiences.” In our interview Lisa explained that “Muslim families are um most common, [the] reasons that they opt their kid out is that it just does not align with their cultural and religious values” (ibid). White conservatism and Christianity are also religious and cultural reasons that explain parents’ and caregivers’ choice to opt their children out of CSHE. Yet in the case Lisa described, Muslim parents were willing to engage and discuss how materials could be made more culturally relevant. This highlights that religious and cultural reasons are not necessarily a prohibitive factor to providing CSHE.

In the Lake Washington District, Kyle managed opt-out requests from parents and caregivers through an online survey. He found that of the approximately 30,000 students his district serves, only 200 families opted out (Kyle, interview with author, 2021a). At the same time, Kyle received flyers from parents stating that schools were going to be teaching kindergartners how to have sex (ibid). Once again, while the numbers overall indicate minimal resistance, teachers at the school and district level, and administrators at the district and state level, are having to dedicate time to engage with the misinformation brought before them. While research shows that across the U.S. most parents support some version of CSHE (Kantor and Levitz, 2017; Barr et al., 2014), and that in Washington there is overwhelming support for it (Planned Parenthood Alliance Advocates, 2020), at the local level parental and caregiver pushback creates yet another obstacle for school districts.

Another barrier to providing parental and community outreach is language translation. In my interview with Kyle, he explained that the state offers services to translate parent letters and informational materials, this includes Arabic, Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish, Tagalog, and Vietnamese (Washington State Office of Education Ombuds, 2020). The problem is that state services do not have CSHE outreach materials translated into all the languages needed, “I have in [an] elementary school 67% population who are Indian and like there’s no translations for other languages” (Kyle, interview with author, 2021a). If a district as well off as Lake Washington is having trouble translating all of the materials needed for families, it is almost guaranteed that this problem is worse in areas with fewer resources.

Caregivers and parents who have access to English are much more likely to voice their opinions, even more so if they are financially situated to have time to visit the school and speak with administrators. While there is research on the ways that sex education systematically marginalizes non-white bodies and realities (Flowers, 2018; García, 2009; Whitten and Sethna, 2014), and the ways in which Black and Latinx families discuss sex education in the home (Murray et al., 2014; Pluhar and Kuriloff, 2004), and the need for sex education to be culturally relevant for students (SIECUS, 2020), there is hardly any research on the necessity for sex education informational materials to be linguistically accessible for caregivers. What my research demonstrates is that families going without information due to a lack of availability of translation services may serve to further isolate and marginalize these communities.

The politics of misinformation, and the value caregivers and parents assign to sex education, both influence the level of difficulty school districts face in implementing CSHE. In the Hood Canal District, there are some parents who have already noticed resistance to CSHE. Julie LeClair sits on the Hood Canal school board, but in the context of our interview,

spoke from her position as a Skokomish tribal member and Hood Canal School parent. She also clarified she was only speaking for herself and not the tribe as a whole. Julie explained:

I hope I can talk without, I don't want to offend anybody, but it's the non-native white communities that really seem to get up in arms... I know they want to protect their kids but they just go running over the edge thinking like we're gonna show soft porn to these kids or something. I've heard some of the most ridiculous comments made by people outside of our reservation community (LeClair, interview with author, 2021).

The misinformation to which Julie referred is almost identical to what Kelly and Vernon in the Hood Canal District described, and what Kyle in the Lake Washington District dealt with. Unlike Kelly, Vernon, and Kyle, however, Julie named race as a predictor of parental pushback. One explanation for this is that the other three interviewees are white; white people often struggle to understand themselves as raced (Carbado, 2005) and therefore it is probable that white interviewees read white parents just as parents. Julie described the fact that within the Skokomish community, women breastfeed in public and people make jokes about sex. She stated: "It's our comfortability with one another, our kinship and just the way that we grow as a community" (LeClair, interview with author, 2021). Julie pointed to race and culture as explanations for ideological differences caregivers hold about sex education. Despite the fact that parents can opt their children out of sex education, caregivers' political and social views continue to influence the ease with which CSHE is implemented within a school district.

There are also parents opting their children out of sex education because it is not comprehensive enough. The logic behind their choice is different from that of parents who are not in favor of CSHE, despite the act of opting out being identical. When LGBTQ sexualities and identities are excluded or marginalized in CSHE curricula, Elizabeth explained that "there are lesbian and gay and certainly transgender parents who know that their families are being disrespected at school and object to their child participating" (Reis, interview with author, 2021). First, Elizabeth's comment demonstrates that students are not the only ones negatively affected when LGBTQ sexualities and identities are left out of CSHE. Second, there are

varying degrees of “comprehensiveness” in a sex education curriculum’s use of language, and in the ways gender identities and sexual orientations are discussed. Third, it shows how important it is to have school districts and schools that recognize LGBTQ students’ and families’ experiences. (In addition, more accepting environments also improve the experiences of LGBTQ teachers and administrators). Fourth, it makes evident the fact that conservative parents are not the only ones opting their children out of sex education. I argue that this is a particularly salient point because it ruptures the classist narrative that only uneducated, rural, conservative parents opt their kids out of CSHE. The information on parents and caregivers that surfaced during the interviews reveal different tactics: the passive approach (opting their children out of CSHE) and the active approach (escalating concerns to the administration).

During a meeting I attended about CSHE and caregiver concerns, one family mentioned that the CSHE being taught was not inclusive because the curriculum gendered body parts. This demonstrates how difficult it is for districts, schools, administrators, and teachers to adopt a curriculum and create a space where the needs of all students and parents, both conservative and liberal, are met. In thinking about securing the future of CSHE and reducing the barriers young people face in obtaining it, three interviewees mentioned legal action as a way caregivers and parents could ensure CSHE is implemented:

Some people will still not do it [CSHE] and will defy the law, and there will have to be lawsuits brought by parents for access for their child. But I think there will also be a lot of people who will use this [the passing of CSHE] as an opportunity to do the right thing (Reis, interview with author, 2021).

This half pessimistic, half optimistic attitude aptly illustrates both ends of the spectrum. There are cases in which caregivers raising their concerns ends up limiting the amount and quality of CSHE taught. Contrastingly, there are also situations in which parents making noise can result in students having access to CSHE where there was none before.

Caregivers and parents will continue to intervene in matters related to sex education. Therefore, outreach, dispelling myths, listening to communities’ concerns, and maintaining

channels of communication are all critical to ensuring more young people have access to CSHE in school. Both parents' and teachers' actions influence the types of information taught in the classroom, while the political context of a school or district can inform the lengths to which teachers and parents may go in order to advocate for their students or children.

This chapter has demonstrated the various ways in which local contexts inform and shape school district's CSHE implementation. I have shown that the legislation's requirement to teach CSHE twice without adjustments to credit requirements and time allotted for CSHE creates an unnecessary burden on teachers and administrators. The economic context, specifically how much funding a district has, where that funding comes from, and teachers' access to CSHE training, are the primary factors influencing the efficacy and quality of CSHE implementation in school districts. The social context, specifically parents' and caregivers' political ideology is a significant yet secondary factor that informs differences in CSHE- even more so now that school districts are legally required to provide it. Finally, all of these barriers shape the way in which LGBTQ sexualities and identities are approached in CSHE by teachers and districts.

## Conclusion

The significance of this thesis is that it underscores the gaps between state policy on sex education and its actual implementation at the micro level. Policy and practice follow data, therefore elucidating these differences at the local level, can help guide politicians and lawmakers to improve the CSHE law and other educational policies that impact the efficacy of sex education. Temporal and structural constraints within the law and public education, limit the extent to which LGBTQ sexualities and identities are taught in CSHE. This reiterates the fact that comprehensive curricula cannot be solely relied on to achieve equitable and inclusive sex education.

I have demonstrated that despite the free resources provided and the efforts to improve sex education in Washington state, there is variation in the amount and types of funding that school districts have for sex education, and that economic factors are the primary determiner influencing CSHE implementation, while caregivers are secondary. In this study, students living in poor and rural areas did not have the same access to CSHE as their peers in urban areas. Inequalities also existed in caregivers' access to CSHE informational materials that were linguistically relevant. By studying local differences in sex education, this thesis has illuminated the fissures and inequities between and within school districts.

The important insights from this research are confined to the school districts featured in this study. This limitation warrants future research on the social, economic, and political contexts of other school districts in Washington in order to determine whether this case study is a microcosm of larger trends across the state. Another area of research worth exploring is how CSHE curricula impacts LGBTQ safety and inclusivity in classroom environments. Finally, future research should study the long-term effects of Washington's CSHE efforts on

the culture of violence<sup>12</sup>, investigating any correlations between the prevalence of rape<sup>13</sup> and other forms of sexual violence in school settings.<sup>14</sup>

The absence of comprehensive sexual health education in my own public schooling and the violence, homophobia, and misogyny that I experienced growing up are not unique. They are quotidian acts, so normalized that they often go unrecognized and become deeply internalized in the lives of countless students across America. If district differences in CSHE implementation persist, students access to knowledge about bodily autonomy, sex, sexualities, and identities will remain elusive.

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12 See Kamb, Lewis. "Ex-Teaching Assistant Charged with Raping Child at Seattle School Kept Job despite Trouble-Plagued Employment." *The Seattle Times*. July 14, 2018. <https://www.seattletimes.com/seattle-news/crime/ex-teaching-assistant-charged-with-raping-child-at-seattle-school-kept-job-despite-trouble-plagued-employment/>

13 See Broom, Jack. "\$700,000 Settlement Reached in Garfield High Field-Rape Case." *The Seattle Times*. October 8, 2014. <https://www.seattletimes.com/seattle-news/700000-settlement-reached-in-garfield-high-field-trip-case/>

14 Duggan, James Lawler. "Sexual Assault Reports Increased at k-12 Schools." *The Washington Post*. October 15, 2020. <https://www.washingtonpost.com%2Feducation%2F2020%2F10%2F15%2Fsexual-assault-k-12-schools%2F>



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