Full Spectrum: Educators' Guide to

Implementing LGBTQ+ Inclusive Sex Ed

Introduction and Background

The goal of *Full Spectrum: Educators' Guide to Implementing LGBTQ+ Inclusive Sex Ed* is to provide a clear and concise list of practices commonly found in health classes that promote the inclusion of LGBTQ+ students, and to identify practices that LGBTQ+ students often find exclusionary. The name "Full Spectrum" reflects that students of all identities, particularly LGBTQ+ students, need and deserve sex education that is appropriate for their lives and identities. It reflects that there is an entire spectrum of human sexuality that is valid and important, and that educators must consider the needs of all of their students when they are teaching the vital information contained in human sexuality courses. The development of this resource is a result of a collaboration between Outright Vermont, Planned Parenthood of Northern New England, and the Vermont Agency of Education.

Included in this guide are 3 distinct sections that promote LGBTQ+ inclusive practices in school-based health education. The first resource is a short list of **Best Practices for LGBTQ+ Inclusive Sex Education** that will brief the reader on the framework for this guiding document. The Best Practices inform the inclusive practice suggestions in the document that follows, **the Assess As You Go Checklist and Reflection**, which is designed to give a comparison of practices that have been identified as exclusionary (not inclusive for LGBTQ+ students) or inclusive. The guide concludes with a list of **Crucial Resources**, online and local, that educators can use to advance their understanding and support inclusive practice implementation.

How to Use the Best Practices for LGBTQ+ Inclusive Sex Education

The **Best Practices** document provides a set of overarching principles for ensuring that sex education is inclusive of the needs of LGBTQ+ students. It lists general principles that contribute to meeting the needs of all students in sex education classes that speak to their lives, health, and safety.

How to Use the Assess As You Go Checklist and Reflection:

The **Assess As You Go Checklist** provides specific content and pedagogy that contributes to sex education that explicitly includes LGBTQ+ students in sex education. It lists Practice Indicators arranged by the 7 content areas outlined in the National Sexuality Education Standards: Anatomy and Physiology, Puberty and Adolescent Development, Identity, Pregnancy and Reproduction, Sexually Transmitted Infections and HIV, Healthy Relationships, and Personal Safety. This framing was chosen to encompass topics taught in sex education and identified in Vermont State Law (16 V.S.A. § 131) as it pertains to comprehensive health education. It is intended as a guideline and not all points will be applicable for all age levels. While the focus of these indicators is on sex education, these practices can be expanded and/or included for other topics in health education classes, including mental health, harassment, and substance use.

Each topic area includes a list of *Exclusionary Practice Indicators* and a list *of Inclusive Practice Indicators* designed to help identify strengths and growth areas for health education that is LGBTQ+-inclusive in content and language. We chose the format of a checklist to help visualize and identify areas for growth: individual, department-wide, and in both existing and potential curricula. We recognize that individuals are approaching this work from different experiences, backgrounds, and training. The Indicators emphasize the importance of incorporating inclusive practices specific to LGBTQ+ youth, who widely feel that they are not being served by sex education. LGBTQ+ youth have unique health needs that must be addressed, and feel ignored and erased in many lessons and stigmatized or shamed in others. Sex education lessons overwhelmingly focus on sexual activity between cisgender, heterosexual individuals. Sex education must include the needs and concerns of LGBTQ+ students in order to best serve the health, safety, and needs of all students.

We encourage you to utilize this checklist to identify strengths and opportunities for improvement and training, rather than to assess performance. We understand that it is rare for any individual, group, or curriculum to check all of the *Inclusive Practice Indicators*. It is possible to view the checked indicators overall for an indication of inclusive practices. There is also a **Reflection** to evaluate which of the 7 content areas already incorporate inclusive practices and which content areas may need additional attention. We did not include any form of scoring as there are not equal numbers of indicators in each column.

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As an Individual Assessment:

Health educators can review each topic area and check the performance indicators that reflect current sex education practices under Exclusionary and/or Inclusive. Sex ed practice should be thought of holistically and reflect what is typical practice in their classroom. The more honest the self-evaluation, the more useful this tool will be.

For example:

Sexually Transmitted Infections (STIs) and HIV

Exclusionary

☐ Identifies condoms as male or female

Inclusive

☐ Uses non-gendered language to refer to condoms: external and internal condoms.

A health educator who typically says "male condoms" or doesn't teach about the use of both condom options would check the first column. A teacher who routinely says "external" and "internal" to describe condom options, and may occasionally use "male" or "female" in response to specific student questions, would likely check the second column. In this example, the performance indicators are mutually exclusive, so that someone would only check one performance indicator or the other; this may or may not be the case for all indicators. When determining which indicator to check, educators should think about which practice is routine or more common in their classes.

Once each topic area has been assessed, individuals can use the **Reflection** at the end to identify areas where they would like more support or training or make a plan to add inclusive practices moving forward.

As a Department Assessment:

In a School District or Supervisory Union where multiple people teach sex education, this tool can be used to help plan professional development in many ways. Health Educators can use the checklist as an individual assessment and compare with others in the department (anonymously or not), can assess one another during observations of classroom instruction, or assess practices for their department as a whole.

As a Curriculum Assessment:

When identifying or building sex education curricula, this tool can be used to evaluate the content of a curriculum. By using each topic area to identify the practices outlined in corresponding lessons, you may find that a curriculum is not LGBTQ+ inclusive or lacks some of the Inclusive practices recommended in this document. At that point, you can determine

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appropriate next steps, which could include looking for a more inclusive curriculum OR using the indicators to edit the language and lessons presented in the curriculum in order to better serve the needs of all students. It is important to note that this checklist was designed with performance indicators for educators, not curricula; we believe that with flexibility and individual interpretation, it can also act as a starting point for assessing curricula, while recognizing that not all performance indicators will be relevant to curriculum contents.

We encourage individuals using this checklist to view it as an opportunity for growth, for professional development, and to set goals for adding LGBTQ+-inclusive practices at all ages and grade levels. We aim to encourage educators to adopt inclusive practices consistently. We emphasize inclusivity so strongly because sex education can feel alienating to many students, particularly students who identify as LGBTQ+, and all students deserve to feel included and addressed by their education.

Crucial Resources

The toolkit concludes with a list of Crucial Resources for Educators and Young People. These resources provide additional information, webinars, and research that individuals may find useful as they seek to broaden their knowledge and understanding of sex education that meets the needs of all students in their classrooms and supports LGBTQ+ students in their schools.

Thank you for taking on the vital work of building supportive learning environments for all of Vermont's youth.

With Gratitude,

Outright Vermont and Planned Parenthood of Northern New England

References:

National Sexuality Education Standards

Vermont Statutes Online, Title 16: Comprehensive Health Education

GLSEN: Summary of 2017 National School Climate Survey

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Best Practices for LGBTQ+ Inclusive Sex Education

Use language that is gender neutral

- Folks, Friends, Y'all, Everyone (instead of "Boys and Girls" or "Ladies and Gentlemen")
- Use "they/them" pronouns by default; include pronouns in introductions for everyone

Consent is primary

- Be clear that sexual activity is not either consensual or non-consensual: There is sexual activity and there is sexual violence
- Embed consent as the correct, normal, and expected approach to sexual contact
- Sexual violence may be prevalent, but it is NOT normal and should not be normalized

Body-first language

- When two people are having vaginal sex (instead of "when a guy and a girl have sex")
- People with uteruses often experience this during puberty (instead of "girls often experience this during puberty")
- External condom and internal condom (instead of "male condom" and "female condom")

Include equal queer & trans representation

- No matter what you're teaching, include LGBTQ+ folks in images, scenarios, etc.

Non-gendered groups/pairs

- When grouping students together, do not make gender the way they divide or pair up, even if an activity specifies gender
- Ask students to "suspend their disbelief" for situations where they might have to role play or analyze a situation as a different gender or sexual identity

Build in confidentiality

- In your ground rules, from day one
- Be sure students know how confidentiality works in your class and with their parents
- Establish group norms or guidelines for class that explicitly recognize and include respect for LGBTQ+ identities

Include LGBTQ+ people in every aspect

- If you aren't explicitly including LGBTQ+ people, you're excluding them

Advance your understanding! (Don't rely on youth)

- There are many places to educate yourself– Outright Vermont, Planned Parenthood, Scarleteen.com, and other reputable online sources
- Take correction, expertise and input from students when and if they offer it
- Students may offer their lived experiences– remember that a story is powerful and also no one person's experience is universal

Assess As You Go Checklist*

Anatomy and Physiology: Provides a foundation for understanding basic human functioning.

Exclusionary

☐ Uses gender-based language to describe anatomy ("male" and "female" reproductive systems).

☐ Uses the term "biological sex."

☐ Stresses that there are only two variations in human anatomy.

☐ Only discusses the existence of two (binary) sets of anatomy, without acknowledging naturally occurring variations.

☐ Uses words like "normal" to describe anatomy and bodies.

☐ Conflates transgender and intersex or does not include information relevant to either group of people in discussions of anatomy and physiology.

☐ States or implies that transgender people are "denying" or "going against" biology.

Inclusive

☐ Uses body-first language to describe anatomy ("people with penises" and "people with vaginas").

☐ Uses the term "sex assigned at birth."

☐ Includes developmentally-informed content about intersex people in lessons about anatomy.

☐ Is informed about intersex conditions and acknowledges their existence in a developmentally-informed way.

☐ Uses words like "typical" to describe anatomy and bodies.

☐ Is clear that being transgender and being intersex are different: Intersex has to do with physical characteristics and being transgender is about gender identity.

☐ Recognizes that transgender people are the experts on their lives and identities. Does not imply that there is anything abnormal about transgender people.

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Puberty and Adolescent Development: Addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.

Exclusionary

☐ Uses gender-based language to describe changes that occur during puberty ("males experience X" and "females experience Y").

☐ Refers to pads and tampons as "feminine products."

☐ Describes how puberty prepares human bodies for the potential to reproduce.

☐ Reinforces the binary while trying to stress the similarities between people ("both sexes are more similar than different"; "boys and girls have a lot in common"; "opposite sexes…" etc.).

☐ Uses words like "normal" or "will experience" to describe puberty and adolescent development.

☐ Assumes that all youth have similar feelings about the onset of puberty- either looking forward to or dreading it.

Inclusive

☐ Adjusts the use of body-first language accordingly. When the discussion centers on puberty and hormones, uses "people with testes" and "people with ovaries" when discussing hormones and body shifts; when talking about menstruation uses "people with a uterus."

☐ Refers to pads and tampons as "menstrual products" to recognize that not all folks who use them identify as female or feminine.

☐ Describes how puberty prepares human bodies for the potential to reproduce in a way that stresses that after puberty, anyone with a uterus can become pregnant and anyone with testes can cause a pregnancy.

☐ Emphasizes the similarities and differences between all people of all genders who experience puberty (i.e. "many people experience x during puberty" and "most folks who experience puberty experience x, y, and z").

☐ Includes information for and about transgender people in discussions of puberty.

☐ Uses words like "typical" or "can occur" to describe puberty and adolescent development.

☐ Recognizes that there are a wide variety of emotions youth may be feeling as puberty approaches and that for trans youth in particular, puberty may be especially unwanted and unwelcome.

Identity: Addresses several fundamental aspects of people's understanding of who they are.

Exclusionary

☐ Does not mention LGBTQ+ students at all.

☐ Teaches only one, separate lesson about LGBTQ+ identities.

☐ Does not ask anyone about the pronouns they use. Or only asks students who they perceive as somehow different.

☐ Refers to sexual identities, rather than specific behaviors (i.e. "straight sex" or "gay sex").

☐ Does not acknowledge the existence of asexual or aromantic people when discussing sexual behavior (i.e. "all people want to have sex" or "all people want to have relationships").

☐ Uses limited representation of diverse individuals, or simply writes scenarios with gender neutral names but makes no other efforts at representation.

☐ Asks students to speak as experts for identity groups they may represent. Not only is this inappropriate and unfair, but it can directly endanger students who are not yet "out" to their classmates or families for fear of retaliation and bullying.

Inclusive

☐ Incorporates LGBTQ+ people into each and every sex ed lesson.

☐ Allows students to identify their pronouns (he/him/his, she/her/hers, they/them/theirs). Uses pronouns that students use, state, and affirm for themselves. Does this consistently for all students in all situations. Does not refer to these pronouns as "preferred pronouns."

☐ Uses "they/them" pronouns by default to refer to anyone whose pronouns are not yet known, including when speaking generally about a person (rather than "he/she").

☐ Uses language that recognizes that sexual behaviors may put folks at risk and that those behaviors occur independently of identity (i.e. "penis-in-vagina sex" or "anal sex").

☐ Recognizes that asexual or aromantic students may have different concerns or needs around sexual behavior and safety information.

☐ Uses representation of all identities in classroom activities including photos, scenarios, video clips, etc. Includes racially diverse characters and people, and ensures that Racial and Ethnic Minorities (REM) aren't always the "bad guys."

☐ Works to educate self before instructing on diverse identities represented in classroom and lessons and allows students to choose if they would like to share individual perspectives from their experiences when appropriate.

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Pregnancy and Reproduction: Addresses information about how pregnancy happens and decision-making to avoid a pregnancy.

Exclusionary

☐ Uses binary, gendered language to discuss reproduction, like "the man and the woman do X", or "when the man does X, the woman will do Y," etc.

☐ Assumes all people having partnered sex identify as straight and are cisgender (meaning they identify with their sex assigned at birth).

☐ Refers to people who give birth, are pregnant, or have abortions as "mothers" and/or "women."

☐ Only discusses pregnancy in relation to straight students ("heterosexual sex can result in pregnancy"). Does not recognize that LGBTQ+ students may also need to know about pregnancy prevention.

☐ Implies or treats teenage pregnancies as morally wrong, shameful, or bad.

Inclusive

☐ Uses body-first language to teach about reproduction, pregnancy, and parenting.

☐ Recognizes that not all people having partnered sex are at risk for pregnancy.

☐ Discusses pregnancy risk in terms of behavior ("penis-in-vagina sex can result in pregnancy").

☐ Refers to people who give birth, are pregnant, or have abortions as "people who are pregnant," "gestational parent," or other term that recognizes that anyone with certain anatomy can become pregnant, including individuals of all genders.

☐ Includes open discussion of LGBTQ+ individuals when talking about pregnancy, including LGBTQ+ parenting and reproduction.

☐ Lessons are respectful and acknowledge that LGBTQ+ people are at risk of unintended pregnancies and are often excluded by a lack of LGBTQ+ representation in sex ed lessons.

☐ Meets students where they are when discussing pregnancy and pregnancy prevention: does not use shaming or stigmatizing language when discussing pregnancy at any age.

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Sexually Transmitted Infections (STIs) and HIV: Provides both content and skills for understanding and avoiding STIs and HIV, including how they are transmitted, their signs and symptoms, and testing and treatment.

Exclusionary

☐ Identifies condoms as male or female.

☐ Does not mention dams as a potential safer sex practice.

☐ Focuses on identity, not behavior, as a risk ("gay sex is risky").

☐ Only discusses the importance of safer sex practices for LGBTQ+ people in the context of HIV prevention.

☐ Uses graphic pictures to demonstrate STI symptoms, which can reinforce the false belief that symptoms are always present.

☐ Treats STIs as shameful and/or disgusting; reinforces that people who have or have had STIs are at fault for their diagnosis.

☐ Purports abstinence to be the only way to prevent any STIs or HIV at all; mis-reports data about barrier method effectiveness in order to make abstinence seem like the only option.

☐ Centers stories of straight celebrities (e.g. Magic Johnson) when discussing the HIV/AIDS epidemic.

☐ Neglects to discuss biomedical HIV prevention options (i.e. PrEP and PEP).

☐ Does not acknowledge the history of the AIDS epidemic. Fails to acknowledge that populations associated with high HIV rates are those that have historically been given less access to quality healthcare and treatment.

Inclusive

☐ Uses non-gendered language to refer to condoms: external and internal condoms, instead of "male" and "female" condoms; and

☐ Includes equal instruction on dams as an oral barrier.

☐ Ensures that safer sex practices are taught for all sexual orientations and behaviors; stresses that all partnered sex poses some risk and discusses how condoms and dams can be used to reduce those risks.

☐ Teaches lessons on STIs and HIV without sensationalization, shame, and/or stigma; acknowledges that STIs are not inherently shameful.

☐ Asserts that the only way for a person to know their STI status is to get tested; provides information about local testing sites; discusses testing safety, privacy, and process.

☐ States the importance of getting tested to maintain personal and public health; maintains that many STIs may not show noticeable symptoms but can have long term health effects.

☐ Discusses the importance of dual use (birth control + condoms) for students who are at risk for both pregnancy and STIs (e.g. Dual use would be using an external condom and an IUD).

☐ Teaches about HIV and AIDS with respect and without stigmatization; emphasizes that communities with high rates of HIV infection suffer disproportionately because they were and are ignored and oppressed by governing systems, not through faults of their own.

☐ Discusses all methods of HIV transmission, including all forms of sexual contact and non-sexual transmission in terms of risk and behavior, not identity (i.e. "anal sex is a high risk activity").

☐ Includes information about PrEP and PEP and how these medications prevent HIV infection, alone or with other safer sex practices.

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Healthy Relationships: Offers guidance to students on how to successfully navigate changing relationships among family, peers, and partners. Special emphasis is given in the NSES to the increasing use and impact of technology within relationships.

Exclusionary	Inclusive
☐ Regards heterosexual relationships as the only examples of healthy relationships; similarly, only includes role plays and scenarios modeling straight relationships.	☐ Includes positive LGBTQ+ representation in all lessons, including lessons about healthy relationships; represents LGBTQ+ couples in pictures, presentations, role plays, scenarios, etc.
☐ Assumes LGBTQ+ relationships do not have power dynamics (e.g. how one partner being "out" and another not being out can affect power) or that LGBTQ+ people do not experience intimate partner violence.	☐ Includes LGBTQ+ relationships when discussing all relationships, including instances of intimate partner violence. Reinforces that intimate partner violence is not limited to one gender or any one type of relationship.
☐ Identifies that LGBTQ+ youth are at higher risk for violence but does not specify why this is the case (discrimination, oppression, marginalization, etc.); does not discuss LGBTQ+ relationship violence at all.	☐ Includes specific, relevant information about LGBTQ+ relationships.
	☐ Identifies that LGBTQ+ youth are more likely to experience interpersonal violence. Stresses that the reasons for this disparity are not the result of identity, but are the result of stigma, bias, discrimination, and social isolation associated with historically unfair and unjust systems, structures, policies, attitudes and cultural norms.
☐ Fails to define consent properly and does not spend enough time on the topic for students to gain a full understanding of what consent means.	☐ Clearly defines consent and implements lessons about consent for all students. Continually emphasizes consent as necessary for a range of interactions and ensures that all students have a full, working knowledge of consent and what it constitutes.
☐ Uses phrases like "non-consensual sex" that imply that consent is not fundamental to sexual activity.	☐ Clarifies that sexual activity is, by definition, consenting; without consent it is sexual violence.
☐ Neglects to inform students about discussions of intimate partner violence and sexual assault prior to teaching these lessons.	☐ Informs students about upcoming class discussions of intimate partner violence and sexual assault, and allows students reasonable accommodations to take care of themselves emotionally.
☐ Disregards technology as a changing mode of communication and does not teach developmentally-informed lessons about it.	☐ Discusses how to hear consent, how to give consent, and how to accept a lack or retraction of consent; discusses how consent cannot be fully present when there is an imbalance of power.
	☐ Includes lessons regarding technology and how it can inform sexual health practices for young people.

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Personal Safety: Emphasizes the need for growing awareness, creation, and maintenance of safe school environments for all students.

Inclusive

☐ Discusses how health and safety look different for many people as a result of stigma, bias, discrimination, and isolation associated with unjust systems, structures, policies, attitudes, and cultural norms.

☐ Establishes group norms or guidelines for class; builds trust and confidentiality so that students are empowered to share openly.

☐ Knows and teaches that respect and inclusivity benefit all students.

☐ Teaches lessons about health and safety disparities for LGBTQ+ youth, REM youth, and youth who hold intersecting identities; discusses adverse conditions imposed on these communities and teaches about disparities with respect and empathy.

☐ Welcomes personal stories from LGBTQ+ and/or REM students about their experiences as appropriate and only when initiated by the young person. Also recognizes that human experiences are unique, and one story is not universal.

☐ Recognizes that parents may not be safe adults with whom to discuss sexuality, particularly for LGBTQ+ youth. Helps all students identify adults in their lives with whom they can talk openly and honestly.

☐ Ensures that resources and referrals provided are informed and supportive for students of all identities.

☐ Actively intervenes in situations where students are using harmful or discriminatory language, bullying, or otherwise negatively impacting LGBTQ+ students and others.

☐ Institutes explicitly LGBTQ+ inclusive lessons; provides a welcoming space for LGBTQ+ students; supports students if they create a student-led Gender and Sexuality Alliance.

☐ Encourages students to perform allyship; e.g. intervening when they hear or see harmful language directed at LGBTQ+ people and supporting students who have been harmed.

Exclusionary

☐ Covers health and safety while assuming all students face similar risks; doesn't acknowledge that LGBTQ+ people, Racial and Ethnic Minorities (REM), and their intersections face higher threat to their health and safety due to racism, discrimination, homophobia, transphobia, sexism, etc.

☐ Does not establish group norms or guidelines for students; fails to emphasize respect and confidentiality during class.

☐ Avoids creating an inclusive classroom.

☐ Fails to connect disparate health in LGBTQ+ and REM communities to complex factors including lack of access to healthcare; fails to dismiss racist theories that blame marginalized communities for their own oppression.

☐ Asks LGBTQ+ students and/or REM students to share about personal experiences with their identities without checking in with them or getting consent to do so.

☐ Assumes all young people consider their parents trusted adults or have primary caregivers identified as parents.

☐ Provides resources without ensuring cultural competency or support of students' identities.

☐ Asks youth to do the work and teach instructor about LGBTQ+ experiences. Does not complete any prior research; expects students to do emotional labor if they want their sex ed class to include them at all.

☐ Ignores or tells students to ignore harmful language or teasing regarding identity or orientation (e.g. telling a student "that's so gay" isn't harmful or to just ignore it).

☐ Does not include LGBTQ+ people in lessons. Does not support Gender and Sexuality Alliances or similar clubs.

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Assess As You Go Checklist Reflection

Before reviewing the checked performance indicators, think about what this experience was like. Did you find it difficult to assess yourself? Were there sections where you felt surprised, unclear, confident, etc.? Think about what that might mean for you.

1. In which of the 7 content areas are most of the Inclusive performance indicators checked?
   a. Anatomy and Physiology
   b. Puberty and Adolescent Development
   c. Identity
   d. Pregnancy and Reproduction
   e. Sexually Transmitted Infections and HIV
   f. Healthy Relationships
   g. Personal Safety

2. What does this tell you about your strengths at LGBTQ+ inclusive practices at this time?

3. In which of the 7 content areas are most of the Exclusionary performance indicators checked?
   a. Anatomy and Physiology
   b. Puberty and Adolescent Development
   c. Identity
   d. Pregnancy and Reproduction
   e. Sexually Transmitted Infections and HIV
   f. Healthy Relationships
   g. Personal Safety

4. What does this tell you about areas where you could work on LGBTQ+ inclusive practices?

5. Based on this Reflection, set a goal to improve your LGBTQ+ inclusivity practices in class. What is one thing you can begin implementing right now to ensure that you are responding to the needs of LGBTQ+ students?

6. What is one change that you would like to make that requires additional training or support? How will you make that happen? What resources from the Crucial Resources Guide would support that change?

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Crucial Resources

For Educators:

GLSEN -The Gay, Lesbian & Straight Education Network. Read their **2017 National School Climate Survey**, watch their webinars, and read about LGBTQ+ Inclusive Sexual Health Education.

Human Rights Campaign- The largest LGBTQ civil rights advocacy group in the United States. Read the **2018 LGBTQ Youth Report**, and **Inclusive Sex Ed Brief**.

Dean Spade, "About Purportedly Gendered Body Parts" - Essay "suggest[ing] an alternative to language that is invested in the myth of biological binary gender".

Gender Spectrum - A holistic resource for families, allies, and educators who want to expand their understanding of gender. This easy 12-part guide will help ensure a gender-inclusive classroom setting.

Youth Risk Behavior Survey - National and statewide data demonstrates that LGBTQ youth experience disparate health outcomes when compared to their cisgender, heterosexual peers. Explore **National data**, and the **Vermont report**.

Trans Student Educational Resources - "A youth-led organization dedicated to transforming the educational environment for trans and gender nonconforming students through advocacy and empowerment."

3 Rs K-12 Sexuality Education Curriculum

For Youth:

Scarleteen.com: Inclusive, comprehensive, supportive sexuality and relationships info for teens and emerging adults.

Answer, at Rutgers University, "A national organization that provides and promotes unfettered access to comprehensive sexuality education for young people and the adults who teach them." Read **Sex, Etc.**, their magazine and website on teens' reproductive health, written by teens, for teens. Watch Answer's **AMAZE** videos, developmentally-informed animated videos for adolescents ages 10 to 14, and resources for their parents and educators about important sexual health topics.

Outright Vermont, SASS Textline: Youth can text any question about sex, sexuality, or gender identity and get a confidential answer back from an advocate within 24 hours! Text 724-888-SASS.

Planned Parenthood - For Teens: A guide of what to expect at Planned Parenthood, as well as resources, links, and helpful information for teens and emerging adults.

Healthline LGBTQIA Safe Sex Guide - A guide dedicated to "understanding the nuanced, complex, and diverse gender identities, sexual orientation, attractions, and experiences that exist in our world, which vary across cultures and communities."