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Innovation and Integration of Sexuality in Family Life Education

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Abstract

As a fundamental aspect of the human experience, sexuality is experienced at every stage in the lifespan. Sexual values, behaviors, and health are important components of individual and family well-being. Educating about such a fundamental aspect of life is both obvious and crucial. In this article, we consider the potential of sexuality education in the field and profession of family life education (FLE). We critique sexuality education in the United States, and we critique the marginal place of human sexuality in the FLE field. We then offer recommendations for incorporating lifespan, socio-ecological, family systems and intersectionality into sexuality education, and recommendations for FLE and sexuality education research and practice. We argue that educating about sexuality in the context of FLE—and activating the profession of FLE for sexuality education—will strategically advance sexuality education, sexual health, and the field of FLE.

Keywords

Family Life Education; Sexuality Education; Sex Education

Sexuality is a fundamental aspect of the human experience. Sexuality is experienced at every stage in the lifespan, and intersects with feelings, experiences, and practices at all levels, from intrapersonal to interpersonal, social, and cultural. Further, sexuality is an important component of public health, individual health, and of healthy families; educating about such a central aspect of life is both obvious and crucial (Satcher, 2001). Yet in the United States, education about sexuality (or “sex education”) has been contested for decades (Schalet et al., 2014). We believe the field and profession of family life education (FLE) is positioned to play a more central role in sexuality education than has been the case to date.

In this article, we argue that strategically educating about sexuality in the context of FLE—and activating the profession of FLE for sexuality education—will advance sexuality education, sexual health and well-being, and the field of FLE. To make this case, we begin with a review of theories that are foundational for both FLE and sexuality education. We then critically analyze both U.S. sexuality education, and the position of human sexuality in

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the field of FLE. Those critiques illuminate gaps that FLE could fill with respect to sexuality education. We conclude that lifespan and intersectional diversity are crucial approaches for the provision of sexuality education, and provide recommendations for future research and practice within FLE.

Theoretical Foundations

Sexuality encompasses a broad range of topics and dimensions, including physical, mental, and social well-being across the life course (Satcher, 2001); further, sexuality is embedded in and influenced by interpersonal relationships, as well as by broader sociocultural values and beliefs (Darling & Howard, 2015). This understanding of sexuality can be informed by and is remarkably aligned with core theories and frameworks that guide FLE (Darling, Cassidy, & Rhem, 2017; Darling, Cassidy, & Rhem, 2019; Darling & Howard, 2015), including the life course perspectives (e.g. Elder, 1998), socioecological theory (Bronfenbrenner, 1979), systems theory (Jurich & Myers-Bowman, 1998), and intersectionality theory (Crenshaw, 1989). Life course perspectives focus on how multiple forces—individual agency, social ties, life events, historical time—work together to shape individuals' trajectories from birth until death. Socioecological theory addresses the multi-level interactions between individuals and small (e.g., family) to large (e.g., public policy) social contexts, and how those interactions shape behavior at each level. Systems theory moves beyond the individual to describe how the interdependence and patterns of interaction of actors within family, institutional, and cultural systems shape actions that may carry over to other systems of interaction. Originating from the black feminist movement (Cohambee River Collective, 1977) and coined by Kimberly Crenshaw, intersectionality theory emphasizes that individuals have multiple overlapping identities, tied to social systems of privilege and oppression, which put people at unique social locations that affect their lived experiences.

Each of these theories have been fundamental to contemporary research and theory regarding sexuality, and are considered essential for effective sexuality education by leading authorities on sexuality education such as the Sexuality Education Information Council of the United States (Future of Sexuality Education Initiative, 2012) and the World Health Organization (United Nations Women & UNICEF, 2018). Because sexuality is embedded in relationships and cultures, and dynamic throughout the life course, sexuality education should both be informed by and address these aspects of human sexuality.

Fundamental assumptions of life course theory, socioecological theory, systems theory, and intersectionality theory hold that there is an interplay between the individual and family with social, cultural, and historical contexts. When integrated through the lens of human sexuality, these theories help illuminate how people negotiate and understand their sexuality and sexual experiences at the dynamic interplay of their relationships and sociocultural contexts (Fine, 1988; Salazar et al., 2010). A unifying assumption across each theory is that individuals are nested in a particular social ecology and that the interchange between the individual and their environment shapes individuals' experiences.

Individuals understand and experience sexuality in the context of their family up-bringing, cultural values, and sociopolitical contexts. Yet, individuals are more than subjects of their

social ecology; they have agency within those contexts. Thus, a second unifying principle focuses on human agency, or the mutuality between individual action and the affordances (that is, constraints or opportunities) provided by the social context over an individual's life course. At most life stages, people have the capacity for self-determination or agency within the context of a particular socio-historical time (as informed by life course theory). Their agency is defined by the bi-directionality of influence between the individual and larger social contexts (as informed by socioecological theory), recognizing the interdependence of the individual and other components of the systems in which they are embedded (as informed by systems theory). Agency and empowerment are core assumption of feminist theory, and from an intersectional feminist lens, we can understand that a person's agency can be constrained or augmented by their unique configuration of social identities and social location at the intersections of larger social systems. From the lens of human sexuality, this understanding of human agency illuminates the ways that sexuality has distinct roles and meanings at different stages of the life course and across distinct historical periods, and that historical, social, legal, policy, and practice contexts shape human sexual identity and experience.

There are also the distinctive contributions of each theory that together point to fundamental diversity in human sexuality. A focus on the life course directs attention to heterogeneity in individual trajectories, even in the face of similar life backgrounds or experiences; that heterogeneity is the basis of diversity in future outcomes. The socioecological model indicates that people interact with multiple hierarchical social contexts simultaneously and that the amount of influence one has varies by proximity to these contexts. Systems theory holds that individual patterns are constrained by the larger pattern of interactions in a system, and that these patterns of interaction carry over from one system to another. Intersectionality theory centers marginalized experiences, reminding us of how power, rooted in privilege and oppression, shapes individuals livelihood through their unique configuration of social identities. Thus, the sexual knowledge and well-being of any given person is a dynamic product of their age, social and socio-historical location, and interpersonal and institutional or contextual experiences. As a result, two people from the same community or same family may have distinct sexual knowledge, sexual experience, or sexual health-based on subtle differences in their personal characteristics or beliefs, relationships, schooling, or other factors.

An integrative framework guides our thinking about human sexuality and best practices in sexuality education in FLE. First, sexuality does not exist in a void, but rather informs and is informed by dynamic overlapping socio-historical contexts. Thus, sexuality education should be responsive to the developmental needs of individuals and curated to address contemporary concerns related to sexuality. Second, individuals have agency regarding their sexuality within larger social systems, but the affordances available for action are constrained due to social-historical location, proximity of certain social contexts, and established patterns of interaction within each social context. Consequently, sexuality education should empower and inform individuals to actively make decisions about their sexual health so that they may engage with social systems in a way that best fits their needs. Finally, diversity in the lives and experiences of people at one point in time inform later opportunities, behaviors, and relationship dynamics. Simultaneously, patterns of interaction

learned early on inform behaviors and relationship dynamics in the future. Sexuality education should recognize and be tailored to the diverse needs of people, whenever possible, to equip them to navigate their current and future sexual well-being.

A Critical View of Sexuality Education in the United States

In the United States, sexuality education has emerged to become dramatically out of alignment with the principles informed by life course, socioecological, systems, and intersectionality theories. With few exceptions (see Allen & Lavender-Scott, 2015; Allen, Husser, Stone, & Jordal, 2008; Baber & Murray, 2004 for some exceptions) it has narrowly focused on adolescence, schools, and individual' risky sexual behavior. Further, sexuality education has largely ignored intersectional experiences and expression of sexuality, and failed to keep pace with the changing realities of contemporary sexuality, most recently with respect to technology and media. Following a brief historical context, we consider the state of contemporary sexuality education, and the critical omissions related to diversity and technology.

Past and Present Sexuality Education in the United States

Before the 1970s there was little systematic or coordinated sexuality education, at least from the U.S. federal government. Attention to teenage and unwed pregnancy in the 1970s led to the introduction of school-based sexuality education in the form of pregnancy prevention programs, often focused largely on education about human reproduction and individual behavior, and often focused on girls (Ooms, 2019). The focus on preventing pregnancy continued until the HIV/AIDS epidemic in the 1980s dramatically altered public perceptions of adolescent sexuality and sexual behavior (Irvine, 2004). The HIV epidemic compelled the need for broader sexual health education when it became clear that HIV is transmitted through a range of sexual practices beyond heterosexual intercourse (Irvine, 2004). Abstinence became a dominant theme in sexuality education throughout the 1980s well into the 2000s, fueled by funding from the federal government, and stemming from resistance to the idea that adolescents needed to learn about sexual health and ways to reduce sexual health risks (Irvine, 2004). Notably, early teen pregnancy prevention and subsequent HIV-inspired abstinence education were both focused on risk management and heteronormativity (i.e., prioritizing sex and romance between married, heterosexual, cisgender, and monogamous individuals; Fine, 1988), and these roots continue to limit sexuality education today (Bay-Cheng, 2003; Hammack, Frost, Meyer, & Pletta, 2018; Santelli et al., 2017). Thus, despite more permissive sexual attitudes and acceptance of same-sex sexuality (Twenge, Sherman, & Wells, 2015; 2016), traditional beliefs concerning abstinence until marriage continue to limit what is considered acceptable to teach young people in sexuality education (Huber & Firmin, 2014).

Abstinence emerged as a dominant focus of sexuality education during a period in U.S. history when rates of teen pregnancy and sexually transmitted infections (STIs) among 15–24-year-olds reached historic highs in the United States (Aral, Fenton, & Holmes, 2007). However, mounting evidence throughout the 1990s and 2000s indicated that sexuality education exclusively focused on abstinence had no effect on reducing adolescents' risky

sexual behavior (Trenholm et al., 2007). Although abstinence is an important public health message with respect to many risky behaviors, in the context of sexuality education the message implies that there are no healthy pathways for sexual activity. Perhaps as a result of this all-or-nothing approach, a series of studies showed that people who took virginity pledges as adolescents were less likely to use condoms when they were sexually active and had higher rates of non-marital pregnancy and STIs in adulthood (Bearman & Brückner, 2001; Brückner & Bearman, 2005; Paik, Sanchagrin, & Heimer, 2016). Eventually, in the 2010s, under the Obama administration, federal funding lines were created for evidence-based sexuality education, but rather than turning to holistic and comprehensive sexuality education, the focus returned to pregnancy prevention (Schalet et al., 2014). Most recently, we are seeing a return to an abstinence focus following the Trump administration's unsuccessful attempt to abruptly cut funding for the Obama-era evidence-based sex education in 2017 (Charo, 2017) and shift to funding primarily abstinence-based sex education (Donovan, 2017). Thus, even in contexts that supported alternatives to abstinence-based sexuality education, much sexuality education remained heteronormative, biological, and risk-focused—the shifting political climate may undermine even these alternatives.

Contemporary adolescent-focused sexuality education in schools typically includes three types: abstinence only, risk reduction, and comprehensive. Abstinence-only sexuality education has abstinence as the primary focus and outcome of sexuality education, often excluding skills and knowledge to reduce risky sexual behaviors (Denford, Abraham, Campbell, & Busse, 2017; Santelli et al., 2017). To date there is no consistent evidence that abstinence-only sexuality education achieves its intended goal (Bearman, & Brückner, 2001; Brückner & Bearman, 2005; Chin et al., 2012; Paik, Sanchagrin, & Heimer, 2016; Trenholm et al., 2007). At best, abstinence-only sexuality education increases *intentions* to delay sexual activity (Birch, White, & Fellows, 2017; Santelli et al., 2017), but does not prepare people to make informed decisions if they engage in sex.

Risk reduction sexuality education aims to equip people with skills and knowledge (including abstinence) to avoid or reduce the risk of HIV/AIDS, STIs, and pregnancy (Denford et al., 2017). Comprehensive sexuality education aims to be holistic by teaching age-appropriate sexuality information and skills from childhood into adulthood including abstinence and risk reduction, but also such topics as sexual coercion and assault, sexual and gender identity, communication and relationship skills, and sexual socializing influences (e.g., media and peers; Denford et al., 2017; Future of Sexuality Education Initiative, 2012; United Nations Women & UNICEF, 2018). Risk reduction (Feldman Farb & Margolis, 2016) and comprehensive sexuality education (Future of Sexuality Education Initiative, 2012; United Nations Women & UNICEF, 2018) are scientifically grounded and evidence-based (Santelli et al., 2017), and are effective at reducing risky sexual behaviors (e.g., unprotected sex; Denford et al., 2017; Fonner, Armstrong, Kennedy, O'Reilly, & Sweat, 2014).

Consistent with the theoretical principles described above, effective sexuality education includes factual knowledge about STIs, HIV, and pregnancy, as well as holistic life skills for sexual health across the lifespan (Poobalan et al., 2009). Further, the most

effective programs are also culturally sensitive (Poobalan et al., 2009). For example, holistic adolescent sexual and reproductive health education incorporates both a focus on individual motivations and behaviors, and a critical analysis of structural inequalities that fundamentally shape sexual health in the United States, including gender, sexuality (sexual orientation), and economic or social class inequalities (Schalet et al., 2014). Several of the most successful sexuality education programs for youth incorporate multiple levels of the socioecological context in tandem with traditional school-based sexuality education, including programs for families (Grossman et al., 2014, 2018; Santa Maria, 2015) and health services in the community linked to the everyday lives of youth in schools (Denford et al., 2017; Pound et al., 2017).

Critique of Contemporary Sexuality Education

There is a solid knowledge base regarding what works in sexuality education for youth. However, contemporary sexuality education has been narrowly focused almost exclusively on adolescence, sexual risk, heteronormative sexuality, the school context, and has lagged behind many important changes in contemporary sexuality such as the role of the internet and social media (Darling & Howard, 2015) and the diversity of experiences and needs for sexuality education. Risk reduction and comprehensive models of sexuality education could integrate life course, socioecological, systems and intersectionality perspectives to be more holistic and inclusive of diverse experiences and identities among those receiving sexuality education. We consider two pressing needs of contemporary sexuality: inclusion of diverse experiences in sexuality education, and emerging contemporary challenges and opportunities tied to technology and sexuality.

Diversity in sexuality education.—Diversity in sexuality comes in many forms including sexual orientation, ability, age, race/ethnicity, socioeconomic status, family structure, and sexual history. Throughout the history of sexuality education in the United States, inclusion of diverse people has typically been to problematize their sexual behavior (Bay-Cheng, 2003). Whether it was characterizing racial minorities, immigrants, and poor people as sexually immoral (Bay-Cheng, 2003), or portraying non-heterosexual sex as synonymous with AIDS (Bishop, Mallory, Gessner, Frost, & Russell, forthcoming; Haammack et al., 2019), inclusion of diversity in sexuality education was typically from a deficit perspective.

In particular, there has historically been a concerted effort to present non-heterosexuality from a deficit perspective; however, there are growing calls for inclusion of sexual and gender minorities in sexuality education. This call has been spurred in part due to growing visibility in legal rights for this community, recognition of a higher prevalence of STIs/HIV among sexual minority youth and adults (CDC, 2018), a higher rate of teen pregnancies among sexual minority women (e.g., Charlton et al., 2019; Goldberg, Reese, Halpern, 2016), and notable increases in the proportion of people who engage in more than heterosexual activity (e.g. Twenge, Sherman, & Wells, 2016). Yet most sexuality education today still has a narrow heteronormative focus that excludes important information relevant to sexual and gender minority people (Schalet et al., 2014). From sexual rights and health perspectives it is crucial that sexuality education be inclusive of diverse sexual experiences and preferences.

As a population, differently abled youth and adults are often overlooked as groups needing sexuality education, likely due to stereotypes that differently abled people do not have sexual needs, and a historical undermining of their sexual rights (Gougeon, 2010; Travers, Tincani, Whitby, & Boutot, 2014). Two systematic reviews document that differently abled people, generally, and specifically individuals with autism, have sexual needs and concerns that need to be and can be addressed through sexuality education. In one meta-analysis on the effectiveness of sexuality education programs for people with low IQ, following participation in sexuality education programs, participants had reduced inappropriate (sexual) behaviors, increased decision making (mostly in sexual abuse situations), and improved social skills and relations compared to control groups (González et al., 2018). The available research suggest both that differently abled individuals have unique sexual needs, that can be addressed through sexuality education, but further research and program delivery are needed to bolster this areas of research.

Consideration for survivors of sexual trauma has long been excluded from sexuality education (Fine, 1998; Sales, Swartzendruber, & Phillips, 2016; Santelli et al., 2018; Schneider & Hirsch, 2018). Abstinence-based sexuality education upholds sex in marriage as the expected standard, which by default, omits relevant information for and the experiences of survivors of sexual assault. These omissions may be particularly important for those who experienced sexual trauma as children (Smith et al., 2018), and for some subgroups such as young bisexual women who report higher rates of sexual assault, a disparity that partially explains their higher teen pregnancy rates (Charlton et al., 2018). Sexual and relationship education offers a route toward mitigating and potentially preventing sexual violence. At the youngest ages this involves teaching children the correct names of their body parts, boundaries around touching, and identifying trusted adults with whom to talk if their boundaries are violated (Future of Sexuality Education Initiative, 2012; Schneider & Hirsch, 2018). A recent review of sexual violence interventions demonstrated that the SEICUS standards for comprehensive sexuality education and common prevention science strategies are highly aligned and show promise for helping to mitigate sexual violence (Schneider & Hirsch, 2018). In one of the only studies to test the association between sexuality education and reports of sexual violence, after adjustment for known risk factors for penetrative sexual assault, learning how to say no to sex was associated with lower odds of penetrative sexual assault for women (Santelli et al., 2018). Although more evidence is needed, together these studies suggest that comprehensive risk reduction sexuality education may mitigate sexual violence.

Sexuality education efforts have historically focused on adolescents, ignoring other phases of the life course. Yet humans live longer now than ever before, emerging adulthood has become a distinct developmental stage, marriage duration has increased even as divorces have become commonplace, and marital transitions are increasingly common later in life. As a result, people often have more than one sexual partner in their lifetime, even if they remain abstinent until marriage (Chandra, Copen, & Mosher, 2011). For many older adults, and even most adults in middle adulthood, sexuality education was and is non-existent (Bishop, Mallory, Gessner, Frost, & Russell, forthcoming; Haammack et al., 2019). Many older adults settled into a long-term marriage without being educated or socialized about safe sex practices; there is evidence of this in the increasing rate of STIs among older adults (CDC,

2018). Other new and distinct challenges in sexuality may arise in later life too (Fileborn et al., 2017). Thus, although early education is indeed crucial, ongoing sexuality education throughout the life course remains a pressing issue.

Sexuality and technology.—Media plays an important role in sexual socialization (Ward 2003; Wright, 2009). In the past few decades, the variety of media and the access it provides regarding sexual information, in particular via the internet, has vastly increased (Mitchell, Ybarra, Korchmaros, & Kosciw, 2014). The amount of and access to sexually explicit material, such as pornography, is unprecedented—pornography has become a multi-billion dollar industry comprising an estimated 10-15% of all web searches (Ogas & Gaddam, 2012). The increased ease of access and availability of pornography via computer and mobile devices is not trivial—exposure to sexuality-related content and pornography via the internet shapes attitudes about sexual behavior (Wright, 2013; 2018; Wright, Tokunaga, & Kraus, 2016). Moreover, while many parents recognize that their children might access or be exposed to explicit content via the internet, they are not always sure how to educate their children about it (Allen, Gary, & Lavender-Stott, 2018; Zurcher, 2017).

Although pornography is a sensationalized and typically inaccurate socializing force (Séguin, Rodrigue, & Lavigne, 2018), and people are now exposed to pornography at earlier ages than in the past due to the internet (Allen & Lavender-Stott, 2015), there is relatively little agreement about how best to communicate with children about pornography as a means of mitigating any potential negative effects of early exposure (Dawson, Nic Gabhainn, & MacNeela, 2019). Nonetheless, given the amount of sexual content and ease of access to it via the internet, sexuality education must address pornography for people at all ages. As an example of potential benefits stemming from doing so, emerging evidence demonstrates that teaching youth porn literacy (e.g., critical thinking about misinformation in porn; Dawson, Nic Gabhainn, & MacNeela, 2019) during sexuality education can reduce the positive association between viewing sexually explicit material and viewing women as sex objects (Vandenbosch & Oosten, 2017).

There has also been a surge of educational and evidence-based sexuality education resources published online for diverse populations. These resources vary greatly in their format. Some are websites geared toward a particular population, often youth (e.g., sexexcetera; <https://sexetc.org>) or parents (e.g. Planned Parenthood; <https://www.plannedparenthood.org/learn>). In addition to their website, Planned Parenthood has also produced apps, chat/text programs, and other internet- or phone-based resources for sexual and reproductive health. There are also YouTube channels produced by trained sexuality educators (e.g., a YouTube channel called Sexplanations). Older adults also report using the internet as a source for sexuality education in later life and thus would benefit from education about how to identify accurate and high-quality sources of information (Fileborn et al., 2017).

Beyond providing information, there have also been efforts to design evidence-based clinical trials of online sexuality education for sexual and gender minorities (Mustanski, Garofalo, Monahan, Gratzner, & Andrews, 2013; Mustanski, Greene, Ryan, & Whitton, 2015). In general, there is limited information about how often people use online resources, but there is evidence that youth and sexual and gender minorities seek sexuality education

information online at higher rates than the general population (Magee, Bigelow, DeHaan, & Mustanski, 2012; Mitchell, Ybarra, Korchmaros, & Kosciw, 2014). Thus, online sexuality education interventions represent a promising new direction for providing sexuality education to populations typically excluded from traditional modalities and contexts of sexuality education.

These advances notwithstanding, efforts at sexuality education have failed to integrate life course, social-ecological, and diversity frameworks into practices, despite the clear need to do so. Certified Family Life Educators (CFLEs), whose training is guided by these theoretical frameworks, are uniquely positioned to offer sexuality education that is aligned with the needs of contemporary populations across the life course and from various backgrounds.

What Happened to Sexuality in Family Life Education?

Sexuality education has shifted over the last half century in the United States, particularly due to sociopolitical changes, and especially beginning in the conservative era of the 1980s and the advent of HIV/AIDS. Given that *Family Relations* was originally envisioned as a medium to present applied research on family studies and social work and has evolved in parallel with the National Council on Family Relations' vision of the role of FLE, tracking the history of publications about sexuality education in *Family Relations* can serve as a proxy for identifying shifting historical trends in the centrality of sexuality education in FLE. Although a complete content analysis is beyond the scope of this paper, we searched the JSTOR database and the journal's website for all articles that included the terms "sex education" or "sexuality education" published in the journal from its inception in 1952 to the present, and grouped the results by decade (see Figure 1). Notably, of the 583 articles that contained one of those terms, only 4% were published in the last 20 years.

In the late 1950s to early 1960s, the issue of sexuality education was only intermittently raised. Situated in the historical period of the "social hygiene and sex education movement," several researchers asserted the need for sexuality education in public schools, but with a narrow focus on the anatomy of reproduction (Avery, 1956, p. 1; Kirkendall, 1957; Treat, 1959). The mid-1960s saw an increase of national interest in providing sexuality education to youth, with the intention of "adults in the helping professions" as educators (Lee & Running, 1967, p. 45). Several articles published in the journal described the necessity of sexuality education and its inclusion in FLE (Avery, 1964; Kirkendall, 1966).

In the late 1960s to late 1970s, sexuality education garnered substantial attention in *Family Relations*. Multiple topics, many of which may seem surprising 50 years later, were discussed: articles addressed homosexuality and same-sex behavior in adolescence, premarital sexual activity, gender identity, and masturbation (Carton & Carton, 1971; Libby, 1971; Tanner 1974). Studies at the time reported that parents largely supported sexuality education for their children (Carton & Carton 1971; Humphrey, 1969; Libby 1971), and several articles in this period suggested the need for the adaptation of sexuality education for diverse populations: Native Americans, Black Americans, physically disabled individuals, and people with schizophrenia (Dyer, 1969; Friedman, 1975; Staples, 1972; Tanner, 1974).

Researchers consistently called for the adoption of comprehensive sexuality education (i.e., beyond anatomy and reproduction), a position supported by the U.S. Department of Education in 1966 in its view of “sex education as an integral part of the curriculum from pre-school to college and adult levels” (Malfetti & Rubin, 1968, p. 110). Indeed, numerous researchers called for the inclusion of sexuality education starting in early childhood and spanning into adulthood (Luckey, 1968; Scarvelis, 1968; Tanner, 1974; Thornburg, 1974). Furthermore, the 1968–1969 Committee on Educational Standards and Certification for FLEs formulated a curriculum inclusive of “male and female life roles, sexuality identity, and the relationship of sexual needs and behaviors to personal and social functioning” (Family Life and Sex Education, 1970, p. 224). The role of CFLEs in teaching and facilitating sexuality education programs was explicit and clear (e.g., Brashear, 1971; Force 1970; Luckey, 1968; Luckey & Bain, 1970; Malfetti & Rubin, 1968; Schwartz, 1969).

Yet things changed in the 1980s. Bolstered by a 1980 *White House Conference on Families* (Alexander, 1981), which surveyed city and state delegates regarding the utility of FLE programs and the inclusion of sexuality education in schools, conservative groups promoted the belief that sexuality education should be left to local representatives and parents. Although there was consensus that FLE programs were important, support for sexuality education had fractured, and discussions of sexuality education in *Family Relations* waned. Shornack and Shornack (1982) argued that adolescents lacked the emotional maturity to learn about or engage in sexual activity. Their position was heavily criticized as being “based on factual inaccuracies” (Kirkendall, 1982, p. 545) and a “retreat to medievalism” (Scales, 1983, p. 294). Regardless, the focus of articles in *Family Relations* shifted to non-school sexuality education programs (e.g., church based; Green & Sollie, 1989; Powell & Jorgensen 1985; Scales & Kirby 1981). Notably too, when the HIV/AIDS crisis emerged in the early 1980s, attention to the epidemic was slow (Fox, 2005); HIV/AIDS did not appear in *Family Relations* until nearly a decade later (see Croft & Asmussen, 1992).

Attention to sexuality education in *Family Relations* has waned further still in the last 30 years. A small number of articles in the 1990s presented data on ineffective abstinence-only programs (e.g., Christopher, 1995; Christopher & Roosa 1990; Jorgensen, 1991; Jorgensen, Potts, & Camp, 1993; Meschke, Bartholomae, & Zentall, 2000). However, in the last two decades the focus has largely been on parents as the educators of sexuality for their children (e.g., Brock & Hennings, 1993; Byers & Sears, 2012; Geasler, Dannison, & Edlund, 1995; Grossman, Richer, Charmaraman, Ceder, & Erkut 2018; Richardson, 2004). This brief review traces sexuality education through changes that parallel the changing history of U.S. sexuality education: from a time when it was a core component of FLE, to a period when it is marginal.

The Absence of Sexuality Education in FLE

As part of training and certification, CFLEs are expected to have a basic understanding of human sexuality (Darling, Fleming, & Cassidy, 2009; Darling & Cassidy, 2014; see Table 1). However, current content areas required for CFLE certification do not reflect a vision of sexuality grounded in socioecological, life course, systems, and intersectionality perspectives. For example, the formally stated content of FLE related to human sexuality

is notably individual- and risk-focused. Table 1 presents key requirements and standards for sexuality education for CFLEs. Few of the standards for theoretical understanding extend beyond the individual; it is possible that standards such as “the influence of sexual involvement on interpersonal relationships” or “family planning” might be informed by family systems perspectives, but none of the standards explicitly or necessarily extend to socioecological levels beyond interpersonal or family relations, and none implicate a life course perspective. Similarly, standards for practical knowledge emphasize the reproductive phase of the life course, emphasize individual and couple dynamics over family systems, and do not explicitly extend to structural, sociocultural, or policy domains relevant for healthy human sexuality. Further, attention to intersectional diversity (stated as “minority lifestyles” in the CFLE content areas) is outdated.

Research on CFLEs’ perspectives and practices regarding sexuality education underscores our critique: In the most recent survey of CFLEs, human sexuality was ranked 9th out of 10 content areas in importance for FLE competencies (although it also had the widest range of scores; Darling, Fleming, & Cassidy, 2009). Further, a recent report showed that CFLEs rated human sexuality as the content area of least importance in their role as CFLEs, perhaps because they also rated it as the content area they were least likely to engage in professionally (Darling, Cassidy, & Rehm, 2020). One reason for these low rankings may be divergent cultural and professional values regarding sexuality (Darling, Cassidy, & Rhem, 2017). However, we contend that part of the reason human sexuality remains marginal to CFLE is because the CFLE field defines human sexuality in ways that are individualistic and risk-focused, and therefore misaligned with the broader theoretical underpinnings of FLE.

Contemporary understandings of sexuality education emphasize that it should encompass more than sexual risk and reproductive anatomy. Yet these key elements are not evident in the core content for CFLEs. As such, CFLEs are missing an opportunity to activate broader strengths of their training (e.g., working with populations across the life course and outside traditional school settings) to provide sexuality education. Further, secondary schools have been the primary setting for sexuality education, yet education about sexuality often and typically take place within the family and in community settings (i.e., churches and community centers; Stidham-Hall, Moreau, & Trussell, 2012). Although CFLEs have expertise working directly with families, they may also work in school settings, as well as in numerous roles in local communities educating individuals, couples, and families (Darling, Fleming, & Cassidy, 2009). This expanded view CFLEs’ strategic audience is particularly relevant in the case of sexuality education given that parents are often the first socializers of children’ sexual knowledge and development (e.g., Byers & Sears, 2012; Grossman, Richer, Charmaraman, Ceder, & Erkut, 2018; Richardson, 2004; Young, Schvaneveldt, Shelley, Lindauer, & Schvaneveldt, 2001) and peers also play an important role in sexual socialization (e.g., van de Bongardt, Reitz, Sandfort, & Dekovi, 2015). Thus, a focus that includes engaging with families, youth, schools, and communities can allow CFLEs a distinct vantage point for providing holistic sexuality education. Further, because approaches to sexuality education and the content of sexuality education often are contentious, as trusted sources of family-focused, science-based information and education, CFLEs might play a unique role in providing education about sexuality for children and adolescents. Indeed, in some communities and in some cases, CFLEs might be the only source of scientifically

and medically accurate information about sexual health readily available to young people (Jensen, Moreno, & Rice, 2014).

Recommendations for Sexuality Education in FLE

CFLEs can uniquely contribute to improving the sexual lives and health of diverse populations by filling gaps in sexuality education that become apparent when considering a lack of life course, socioecological, systems, and intersectional approaches. Toward this end, and informed by our synthesis of the literature, we offer the following recommendations:

1. Incorporate Education for Sexuality across the Lifespan

Notable organizations that focus on human sexuality (e.g., Future of Sexuality Education Initiative [FoSE], 2012; the SIECUS National Guidelines Taskforce, 1991; the United Nations Women & UNICEF, 2018) have critically evaluated the best available evidence and developed guidelines for the information that people need from childhood through adulthood. These organizations support best practices that recognize that sexuality is a dynamic and central part of human development across the lifespan (Graf & Patrick, 2015). With this perspective in mind, it is clear that the sexuality education delivered by CFLEs must take into account the age-appropriate and relevant topics for the people they educate.

We recommend that FLE adopt the FoSE standards. The FoSE standards identify seven topics and associated indicators for a recommended basic level or minimum amount of information taught from kindergarten through 12th grade (see Table 2 for details). The seven topics are anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, STIs and HIV, health relationships, and personal safety. For example, the FoSE standards indicate that children in kindergarten through fifth grade should learn proper vocabulary terms for their reproductive anatomy, as they already do for their arms and legs, and they can learn that there are different kinds of families (e.g. two parent, single parent, same-sex parents, blended families). Children in this age range should also learn about personal boundaries by describing how they behave with friends, family members, and strangers, and how to tell people not to touch their bodies. By fifth grade, children should be able to describe the psychological, emotional, and physiological changes that occur during puberty. Age appropriate topics for subsequent grades gradually increase in the depth of knowledge taught, including communication skills with peers, romantic/sexual partners, and family; mitigating risky sexual behaviors; sexual consent; and seeking accurate sexual health information (for more information. see Future of Sexuality Education Initiative, 2012).

There is less guidance regarding information relevant for young adulthood through older adulthood (Brick, 2016). However, research suggests that young adults may need some of the same information given to older adolescents, especially if they were not be exposed to comprehensive sexuality education in high school (Lindberg, Maddow-Zimet, & Boonstra, 2016). CFLEs can provide relevant information in adulthood that may not be discussed with younger audiences, including information about diverse sexual practices or communities (e.g., bondage–discipline/dominance–submission/sadism–masochism [BDSM]), different ways of dating (e.g., hooking up, casually dating, friends with benefits), balancing

relationships with school and work, relationship education, fluidity of sexual orientation and identity, parenting, and skills for identifying evidence-based information.

For older adults, the rate of STIs has steadily increased (CDC, 2017). Many older adults came of age in eras before HIV, and when sexuality education was limited; thus, sexuality education geared toward older adults should include information about preventing STIs and HIV. Further, older adults may be interested in learning new or different ways to engage in sexual activity (Fileborn et al., 2017).

2. Integrate Intersectionality in Sexuality Education

Contemporary sexuality education issues that have emerged in the last decade suggest that sexuality education may not be meeting the needs of historically marginalized populations by neglecting the role of race, class, and gender in sexuality education. When practitioners have attended to race, classes, gender, ability, and sexual orientation it has historically been to problematize or stigmatize minority groups (Bay-Cheng, 2003; Fine, 1988; Fine & McClelland, 2006). CFLEs should recognize that there are both unique and similar factors across diverse groups. Scholars have increasingly recognized the unique sexuality education needs of diverse populations, including people with developmental disabilities (González et al., 2018; Gougeon, 2010); lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) people (Mustanski et al., 2013, 2015); people with trauma (Sales et al., 2016); older adults (Fileborn, et al., 2017); and people with physical disabilities (Travers et al., 2014). Recognizing that recipients of sexuality education have unique needs tied to their social identities, statuses, and context should be incorporated into the content of sexuality education.

Recent studies show that school-based sexuality education privileges the lives and experiences of White youth and can serve to reinforce stigmatizing stereotypes about youth of races and ethnicities that have historically been marginalized (Fields, 2005, 2008; García, 2009). Non-White youth are more likely to receive abstinence-based sexuality education at school (Kuehnel, 2009), and those who receive comprehensive curricula rarely report that the curriculum is relatable or inclusive (Fields, 2008; García, 2009). Notably too, youth of all racial and ethnic identities who seek sexuality-related information at home are often met with stigmatizing responses from family members who may fear that discussing sex leads to sexual behavior (Diiorio, Pluhar, & Belcher, 2003; Flores & Barroso, 2017). In response to racially inequitable contexts, several efforts have emerged to bring awareness to the importance of anti-racist sexuality education (e.g., Daughters of the Diaspora, Women of Color Sexual Health network, In Our Own Voice). These programs and groups are designed to provide medically accurate information in inclusive and relatable ways, such as by utilizing culturally relevant formats (e.g., song lyrics), being taught by educators of historically marginalized races and ethnicities, and sharing personal experiences. Several of these programs promote peer-to-peer sexuality education, bolstering the connections between peers who share similar backgrounds to convey information.

Sexual and gender minority (or LGBTQ) populations have historically been subjugated to silence and invisibility in sexuality education programs (Elia & Eliason, 2010; Schalet et al., 2014). Sexuality education should include critical information needed to promote health

in sexual and gender minority populations, such as information about sexual and gender minority attraction, behavior, and identity; sexual health skills and practices for non-penile–vaginal sexual behavior; and healthy relationship practices with same-sex or transgender partners (Gowen & Wings-Yanez, 2014; Kubicek, Beyer, Weiss, Iverson, & Kipke, 2010; Mustanski et al., 2015). A growing body of literature points to unique sexual and gender minority sexual health needs as well as the repercussions of persistently heteronormative sexuality education programs, both of which make inclusive sexuality education urgent. Sexual minority youth also consistently report feeling excluded from and unable to use information from sexual health education programs (Gowen & Wings-Yanez, 2014; Pingel, Thomas, Harmell, & Bauermeister, 2013; Steinke, Root-Bowman, Estabrook, Levine, & Kantor, 2017). A lack of access to sexual health information and feelings of marginalization that come from lack of representation likely perpetuate sexual health disparities. Inclusion of sexual and gender minority youth can have meaningful impacts. For example, in one study, making HIV education curricula inclusive of sexual minorities was associated with lower risky sexual behaviors among sexual minority youth compared to curricula that were not (Blake, et al., 2001).

3. Recommendations for Research

Regarding research, there is ongoing need for research on what works (that is, assessment or evaluation) for school, community, and FLE regarding sexuality (Denford et al., 2017; Pound et al., 2017). Despite public debates and attention to sexuality education, knowledge of what works in sexuality education has focused largely on evaluations of specific curricula or programs (e.g., Mirzazadeh et al., 2018; Marseille et al., 2018). There are few efforts at the state or federal level to track sexuality education implementation in schools or communities, or to assess what students report they have learned about sexuality education, and how that might be linked to their sexual health knowledge, behavior, or well-being (Lindberg, Maddow-Zimet, & Boonstra, 2016). Major health and education surveys such as the Youth Risk Behavior Surveillance System (YRBSS) national survey of school-aged youth, or the School Health Profiles national survey of middle- and high-school principals and lead health education teachers, have only recently begun to ask questions about the sexuality education provided in schools (Brener, Demissie, McManus, Shanklin, & Kann, 2016). Supplementing agency efforts to bolster systematic monitoring data, researchers are also using new innovations that match policy data to public health data. For example, a recent study showed that state expenditures on abstinence-only sexuality education had no effect on adolescent birthrates (yet were linked to higher birthrates in the most politically conservative states; Fox, Himmelstein, Khalid, & Howell, 2019). Given the relatively new efforts to systematically monitor sexual health education at the state and federal levels, innovative approaches to link existing data provide a new lens on what works in sexuality education. At the same time, scientifically-trained CFLEs could lead the way in providing local or population-wide assessments of sexuality education in families, schools, or communities.

Beyond schooling, the field of family science and FLE could devote more attention to the study of sexuality education in diverse settings, including in families, peer groups, and community settings (e.g., Alexander, 1984; Croft & Asmussen, 1992; Green & Sollie, 1989).

As noted previously, there is surprisingly little contemporary research on sexuality education in the field of FLE compared to 40 years ago. Yet there are important questions regarding the needs for, access to, and efficacy of sexuality education. Studies are needed that examine sexuality education for all ages across the life course; for an understanding of the interaction between families, communities, and social policy; and for diverse populations and specific subgroups with distinct sexuality education needs.

4. Recommendations for Practice

CFLE practice spans many different settings, age groups, and populations; as such, training emphasizes culture and context in addition to content and practice (Darling et al., 2017). At the macro level of the socioecological framework, CFLEs can advocate for policies and laws that require holistic sexuality education, not only in schools, but also in other settings (e.g., where professionals who work with individuals and families are trained). CFLEs could advocate for incorporating standards for instruction in sexuality education in undergraduate education across multiple fields: teacher certification, social work education, or training for geriatric care providers. Furthermore, CFLEs also could advocate for federal and state funding to support sexuality education across the life span. SIECUS guidelines (National Guidelines Taskforce, 1991) and FoSE standards (FoSE, 2012) are frameworks that could provide the basis for updates of the FLE standards for content in human sexuality.

Regarding the practice of sexuality education, many of the curricular or educational approaches designed for schools could be adapted for community- or family-based sexuality education, and adapted to incorporate life course issues and intersectional diversity. CFLEs could be uniquely positioned to provide sexuality education that is explicitly relevant at all ages. Additionally, by increasing awareness of social and cultural factors that affect sexuality for marginalized people, CFLEs can lead the way in providing justice-based sexuality education to diverse populations. CFLEs should provide non-heterosexist sexuality education by teaching accurate information about sexual orientation and gender identity as well as external factors that shape attitudes toward these topics. Such topics would include respectful communication with those who are gender- or sexually-diverse (Future of Sexuality Education Initiative, 2012), sexual health skills and practices beyond non-penile–vaginal sexual behavior (Mayer et al., 2008), and practices for healthy relationships with same-sex or transgender partners (Gowen & Wings-Yanez, 2014).

Finally, technology in sexual education represents a unique contemporary concern for FLE, either a source of misinformation or a contemporary tool for disseminating evidence-based knowledge. CFLEs could develop curricula and educational strategies that not only directly address the role of technology and the internet in sexual health and expression, but also utilize this medium to reach a greater number of people.

Conclusions and Future Directions

Sexuality is a fundamental dimension of human development and family life. As such, the provision of education about sexuality should be a priority. We have argued that sexuality education used to be central to FLE but has been marginal for nearly 40 years, and that FLE could play a distinctive role in contemporary sexuality education. The unique

training of CFLEs provides the grounding in life course, socioecological, and family systems perspectives that should be foundational for understanding, teaching, and learning about sexuality. Advancing sexuality education within FLE is both strategic for the profession, and for the sexual health and well-being of the nation. Integrating sexuality education and FLE would reinforce and strengthen the relevance of FLE for contemporary youth and families. Those who provide sexuality education in schools or communities would benefit from training in FLE, and could represent the profession of CFLE. In addition, given that schools are often sites of controversy with regard to sexuality education, CFLEs could provide leadership for community- and family-based strategies that complement (or that provide alternatives to) a singular focus on school-based sexuality education in the United States. Ultimately, the existence of state and national networks of CFLEs could lead to the creation of networks of CFLEs with specific expertise in sexuality education.

In summary, sexual health is an important component of public, family, relational, and individual health. Educating about this fundamental aspect of life is both necessary and crucial to well-being. Education about sexuality in the context of FLE, and activating the profession of FLE for sexuality education, will strategically advance the field of FLE, improve sexuality education, and promote sexual health.

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Figure 1.
Number of articles printed in *Family Relations* containing the phrase “sex(uality)
education,” by decade

Table 1

Content of Family Life Education Related to Human Sexuality

<i>Requirements</i>	<i>Standards</i>
<i>Theoretical understanding</i>	<ul style="list-style-type: none"> – Reproductive physiology – Biological determinants – Emotional and psychological aspects of sexual involvement – Sexual behaviors – Sexual values and decision making – Family planning – Physiological and psychological aspects of sexual response – Influence of sexual involvement on interpersonal relationships
<i>Practical knowledge</i>	<ul style="list-style-type: none"> – Recognize the psychosocial aspects of human sexuality—risk factors – Address human sexuality from a value-respectful position – Recognize the psychosocial aspects of human sexuality—characteristics of healthy and ethical sexual relationships – Recognize the psychosocial aspects of human sexuality—interpersonal dynamics of sexual intimacy – Recognize the biological aspects of human sexuality—family planning – Recognize the biological aspects of human sexuality—reproductive health – Recognize the biological aspects of human sexuality—sexual functioning – Recognize the biological and psychosocial aspects of sexual dysfunction

Source: Darling & Cassidy (2014).

Table 2

Topics for Sexuality Education, National Sexuality Education Standards

Topic	Description
Anatomy and physiology	Provides a foundation for understanding basic human functioning.
Puberty and adolescent development	Addresses a pivotal milestone for every person that has an impact on physical, social, and emotional development.
Identity	Addresses several fundamental aspects of people's understanding of who they are
Pregnancy and reproduction	Addresses information about how pregnancy happens and decision-making to avoid a pregnancy.
Sexually transmitted diseases and HIV	Provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms, and testing and treatment.
Healthy relationships	Offers guidance to students on how to successfully navigate changing relationships among family, peers, and partners. Special emphasis is given in the <i>National Sexuality Education Standards</i> to the increasing use and impact of technology within relationships.
Personal safety	Emphasizes the need for a growing awareness, creation, and maintenance of safe school environments for all students.

Source: Future of Sex Education Initiative (2012)