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Abstinence-Only Sex Education in Public Schools: A Special Commentary

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Abstinence Only Until Marriage (AOUM) programs, also known as Sexual Risk Avoidance (SRA) programs, are non-comprehensive, religion and values-based programs that are still widely used, and supported by government funding, in schools around the United States of America. Content of these programs include messages of misogyny, heteronormativity, and racism, among others. Existing research has indicated that sex education programs lack efficacy in prevention or reduction in teen pregnancy and STI infection. However, little research has investigated the potentially harmful impact of biased messaging to long term sexual and mental health and well-being. In this commentary, I highlight some of the messaging included in AOUM and SRA programs and suggest future research into the impact on sexual development, intimate relationships, and mental health and wellness.

Keywords: counseling sexology, abstinence-only, sex education, sexual risk avoidance, sexual health, commentary

Introduction

The Real Education and Access for Healthy Youth Act of 2021 is a bill proposed in May of 2021 intended to provide education for youth which promotes sexual health and wellness across the lifespan (Govtrack.us, 2021). As the bill is in the early stage of the legislative process, its fate is unknown. In the meantime, non-comprehensive, religion and values-based programs known as Abstinence Only Until Marriage (AOUM) or Sexual Risk Avoidance (SRA) are still widely used, and supported by government funding, in schools around the country (Hastings, Cottrell, Williams, & Cohn, 2018).

AOUM curricula rely on shame, fear, and value-laden approaches which create oppressive classroom environments, particularly for marginalized students (Hendricks & Howerton, 2010; Hoefler & Hoefler, 2017; Santelli et al., 2017). Content of AOUM programs include messages of misogyny, homophobia, and racism, among others. The responsibility to reject sex is frequently placed solely on girls with little to no emphasis on standards of consent. Promotion of gender stereotypes, prescriptive gender roles, and heteronormativity may shame students who themselves or whose families do not meet the narrow standards of acceptability (Gish, 2018; Hastings et al., 2018; Hendricks & Howerton, 2010).

Research has indicated that AOUM programs do not stop sexual activity but rather prevent the proper use of contraceptive methods and make girls less likely to seek treatment for sexually transmitted infections (STIs; Hendricks & Howerton, 2010). On the contrary, comprehensive, developmentally appropriate sex education has been linked to lifelong sexual health (Suleiman, Johnson, Shirtcliff, &

Galván, 2015) and a reduction in adolescent pregnancy, HIV, and other STIs (Chin et al., 2012). Though major physician and public health associations have endorsed comprehensive sexuality education, many of which have expressly opposed AOUM programs (Santelli et al., 2017), 34 states require an emphasis on abstinence if sex education or HIV/STI instruction is provided and 13 states have no requirement that sex education or HIV/STI instruction be medically accurate, culturally responsive, or evidence based/evidence informed. Only 33 states and the District of Columbia require sex education at all (SIECUS, n.d.).

Counselors approach clients with a holistic perspective that includes an emphasis on all domains of wellness, including sexual wellness. Therefore, counselors should be involved in assuring that all individuals have access to wellness based empirically validated sex education. Counselors can contribute to the body of research on sex education in the United States of America, particularly regarding the impact of inaccurate and derogatory AOUM content on mental health and wellness. Practitioners can incorporate knowl-

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edge of sex education standards, local programming, and potential impact along with Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) to improve client work toward sexual wellness. Such research and practice can, in turn, inform the development of counselor training priorities and counselor competencies in counseling sexology and sexual wellness.

Clinical Priorities

It is critical that school counselors are prepared to respond to students' questions and concerns about sex, sexual orientation, and a variety of identities and relational structures, particularly when existing sex education classes fail to provide accurate and comprehensive information. The American School Counselor Association (ASCA) promotes a multitiered system of support (MTSS) to meet the needs of students. As part of the MTSS, school counselors can provide comprehensive sex education via direct classroom instruction or in consultation with other health curriculum providers as part of a Tier 1 intervention (ASCA, 2021b). School counselors integrating comprehensive sex education into a school counseling program will also address ASCA Student Mindsets and Behaviors for Student Success, such as developing "personal safety skills," and "positive, respectful and supportive relationships" (ASCA 2021a, B-SMS 9, B-SS 2).

Unfortunately, school counselors may be stifled by state or local laws and regulations which ban open and honest conversation about human sexuality. School counselors across the country may be challenged to perform duties in accordance with state law and district policy that are contradictory to counselor ethics and cultural competencies. Familiarity with local laws and policies, as well as intentional use of ethical decision-making models such as Solutions to Ethical Problems in Schools (STEPS) as recommended by ASCA Ethical Standards for School Counselors (2016a) may help school counselors provide ethical care to students and to advocate for comprehensive and affirmative sexual education programs.

When students are denied access to comprehensive sex education due to state and local laws and regulations, school counselors can provide support via Tier 2 interventions. For example, school counselors can establish an extracurricular workshop for students and parents to promote open, healthy discussion of fact- and science-based information about sex. Workshops may also address heterosexist, homophobic, and exclusive messaging common within AOUM programming by "promoting sensitivity and acceptance of diversity among all students and staff to include LGBTQ students and diverse family systems" (ASCA, 2016b, para. 5). Burnes' (2017) Sex-Positive Multicultural Education Framework can be incorporated in Tier 1 and/or Tier 2 interventions to acknowl-

edge diversity in sexual expression, human sexuality, and meeting learners where they are in terms of sexuality and comfort with sexual topics (p. 177).

Research Priorities

School counselors serve on the front line with regards to sex education in schools, but the responsibility to attend to sexual wellness is shared by all counselors. Counselor educators can conduct research to understand the impact of AOUM sex education messaging on sexual development, intimate relationships, and mental health and wellness. For example, qualitative research may be used to assess the short- and long-term impact of AOUM content on individuals' mental and sexual health and wellness. Quantitative research may be conducted to develop measurement tools to assess outcomes from AOUM and comprehensive sex education programs. Research and assessment can help to create practical tools that school counselors can use to help facilitate developmentally appropriate, fact-based conversations about sex and sexuality that may not be occurring in other aspects of the school curriculum.

Training Priorities

Some CACREP accredited counseling programs offer entire courses dedicated to a comprehensive understanding of human sexuality. Counselor education programs that are unable to add a human sexuality course can infuse content consistent with CACREP standards around human development and cultural awareness that provides at least a basic understanding of human sexuality including sexual identity development, gender identity, and sexual, affectional, and romantic orientation. Counselor education programs can also encourage school counselors in training to seek information about sex education curriculum provided at their practicum and internship sites and to advocate for comprehensive and affirming programs. It is also essential that the MSJCC (Ratts et al., 2016) be applied to reduce bias toward marginalized groups and to prepare counselors to provide safe and affirmative counseling about sex. Sexual wellness is inextricable from holistic wellness, and understanding and promotion of empirically based, affirmative sex education is a responsibility of all counselors.

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