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Moving Past Assumptions: Recognizing Parents as Allies in Promoting the Sexual Literacies of Adolescents through a University-Community Collaboration

Stacey S. Horn, Christina R. Peter, Timothy B. Tasker, and Shannon Sullivan

This article recounts how a university-community collaborative challenged prevailing assumptions about parents as barriers to the provision of gender and sexuality information to their children, allowing for the recognition of parents as critical stakeholders and partners in sexual literacy work with youth. We provide evidence that parents' support for inclusive sexuality education uniquely situates them to educate and advocate for young people around these issues, and in so doing we hope to disrupt the rhetoric that casts parents in the United States as solely gatekeepers when it comes to young people's access to information about the broad spectrum of human sexuality.

In 2010, our ongoing university-community collaboration initiated a new research project to explore the ways that young people make sense of gender and sexuality, and the role that schools play in channeling, supporting, and challenging young peoples' emerging understandings of these issues. The collaborative project, called Project Safe SPACES (Social Pressures, Attitudes, Culture and Experiences related to Sexuality), grew out of a long-time research and practice partnership between a university researcher and the Executive Director of a community-based organization (CBO). This partnership helped to further the CBO's mission to "promote the safety, support, and healthy development for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in Illinois schools and communities, through advocacy, education, youth organizing, and research." Project Safe SPACES is the most recent instantiation of our ongoing collaboration. This particular project was made possible through a grant program funded by the Ford Foundation that was focused on using research, graduate training, and strategic communications to advance the public conversation on adolescent sexual health and sexual rights within the United States.

The funding and support provided by that grant allowed us to both deepen and expand on the existing collaboration in two important ways. First, our collaboration was able to incorporate graduate students and graduate training more fully into the work that we were doing, offering invaluable experience to the next generation of sexuality and community-based researchers. Second, this project led to the establishment of a community advisory board (CAB), which has partnered with us on every aspect of the project, from the design of surveys and interview protocols, through the development of communication strategies, to the dissemination of findings to key

stakeholders. Currently, the Project Safe SPACES collaborative consists of: a university-based research team (comprising faculty and graduate students in educational psychology, human development, community psychology, elementary education, and youth development); a statewide community-based safe schools organization; and, importantly, a CAB consisting of parents, teachers, young people, youth advocates, sexuality educators, public health experts, and other researchers.

Similarly, the grant program required us to embed strategic communication practices into all of the aforementioned stages of the project. A key aspect of our strategic communication work involved attending to the variety of audiences that have a stake in decision-making processes regarding issues of young peoples' sexuality, sexual health, and sexual literacies, both within and outside of school. In addition, our strategic communication approach includes an ongoing focus on "messaging" the research results in ways that are accessible to persons within the broader community, in the hopes of effecting positive change for young people throughout the state of Illinois. These aspects of our strategic communication plan are apparent in our collaborative, long-term vision statement:

The vision of Project Safe SPACES is that school communities in Illinois will be safe, supportive, and transformative places for all young people regardless of gender, gender identity/expression, and/or sexuality. In order to do this we need to decrease the prevalence of peer harassment that is related to gender, sex, and sexuality. This project aims to do this by investigating the individual, developmental, and contextual factors related to gender- and sexuality-based harassment and to use the results of this research to create contexts and school cultures in which people talk about gender, sex, and sexuality and grapple with the complexity of these issues in structured (traditional), non-structured, supported, developmentally appropriate, and safe ways.

Our collaboration recognized early on that, although we had focused much attention on reducing peer-to-peer sexuality- and gender-based harassment, we had yet to consider the kinds of spaces we wanted schools to be. Retaining this type of deficit framework would, in turn, have limited the kinds of questions we might ask, the information our work might generate, and how that information could inform advocacy and policy. These realizations led us to incorporate more of an asset-based framing into our vision. As a result, we reconceptualized gender- and sexuality-based harassment as it is situated within a school culture that tends to constrain young peoples' conversations about gender, sex, and sexuality to particular spaces (e.g., health class) and concepts (e.g., abstinence until marriage) and within particular frames (e.g., compulsory heterosexuality, sexuality education as disease and/or pregnancy prevention). This containment, in turn, serves to narrow young peoples' meaning-making around their developing gendered and sexual selves, and limits the legibility of an array of sexual literacies. We therefore came to view as essential to our work the transformation of schools into places that both allowed young people to grapple with and develop their sexual literacies, and also supported these processes through the school's own policies, programs, practices, and community collaborations.

Also as part of the early strategic communications work, we developed an audience matrix to identify key stakeholder groups that we thought would help us to achieve our vision, as well as those that could create barriers for creating safe spaces for sexual literacy education. One of the first stakeholder groups that we identified was parents, and we identified them as barriers. When developing the matrix, however, we realized that we had based our assumption that parents were barriers on the perceptions and experiences of a small subset of our group, but not on the actual beliefs of parents themselves. We came to acknowledge that we knew very little about what parents thought about schools being places "in which people talk about gender, sex, and sexuality and grapple with the complexity of these issues in structured (traditional), non-structured, supported, developmentally appropriate, and safe ways" in three specific ways. First, we knew very little about parents' views regarding young peoples' understanding of their sexuality and sexual health. Second, we realized that we did not understand parents' views of young peoples' access to sexual literacy knowledge, particularly around knowledges that may be viewed as more controversial. Our collaborative simply did not know what parents' attitudes were regarding the appropriateness of several domains of sexual literacies such as sexual orientation, gender identity, and issues related to sexual desire and pleasure.

Finally, we realized that educators in schools represent only one of several key sexual literacy facilitators young people encounter, yet we did not know whether parents viewed those other community members as appropriate facilitators of sexual literacy. Importantly, we also realized that we barely acknowledged, let alone understood, the role that parents do and should play as facilitators of and partners in the developing sexual literacies of their children. The realization that we knew so little about these issues prompted us to add a component to Project Safe SPACES that involved systematically investigating parental attitudes about the roles that they themselves, schools, and various other community members should play in educating young people about sexual health, sexual desire and pleasure, sexual identity, and gender identity and expression.

Accordingly, the purpose of this article is to tell the story of the journey through which we transformed our assumptions about parents being simply obstacles to progressive approaches to inclusive sexuality education. The perspective that has emerged is one in which we view parents as critical stakeholders and partners in the work of facilitating young people's sexual literacy development. Through telling our very local story, we also hope to disrupt the predominant national rhetoric that casts parents in the U.S. as conservative gatekeepers when it comes to young people's access to the knowledges that reflect the broad spectrum of human sexuality. In addition, we provide evidence that parents are uniquely situated to make inclusive sexuality education accessible to young people, both in terms of being young peoples' first and primary sexuality educators, but also in terms of advocating for practices and policies regarding the types of sexual knowledges and sexual literacies included within schools. In the pages that follow, we further detail the process by which we came to reframe parents as allies in promoting sexual literacies for adolescents. Through recounting our own progression on these issues, we also hope to encourage other researchers to challenge their own assumptions.

What We Did

Because of the diverse partners involved in our collaborative, this systematic investigation played out in unique and important ways that drew upon the expertise, resources, and knowledges of all participants within the Safe SPACES partnership. Through an iterative and collaborative process, we designed a project that would not only generate systematic, empirical knowledge regarding parents' attitudes, but would also build upon the knowledge of those more directly engaged in the work of educating and advocating for young people. Through our collective conversations regarding the project, we recognized the need for evidence regarding parental attitudes and beliefs about inclusive sexuality education that was more than simply anecdotal. Further, the community advocates on the CAB emphasized the importance of having access to proximal and local data, rather than national data, or data from other states, in working with decision-makers in schools and communities.

From this starting point, the university-based research team then employed the resources of the academy to identify what the empirical knowledge base could offer about parental attitudes regarding education around a variety of domains of sexuality knowledge. It was apparent in the research literature that access to broad information and open communication about sexuality and sexual health was associated with healthier sexuality outcomes among adolescents, and therefore constituted best practices (Institute of Medicine; Jaccard, Dittus, and Gordon). These evidence-based strategies are most aligned with a comprehensive sexuality education curriculum in formal educational contexts. Though comprehensiveness is used to refer to the inclusion of a variety of domains of sexual health topics (such as sexual risks and protections), there have been calls to include topics relevant to relationships, pleasure, and sexual and gender identity to further support healthy sexuality for a diversity of young people (Allen; Society for Adolescent Medicine). Despite these calls for more inclusive and comprehensive sexuality education for young people, students rarely receive a comprehensive curriculum in schools (Landry, Kaeser, and Richards; National Guidelines Task Force).

In order to understand this disconnect between best and prevailing practices, the research team again consulted the literature to identify key barriers to implementing comprehensive sexuality education. In U.S. schools broadly, a significant barrier has been government proscriptions through federal funding guidelines. Federal funds have been provided only to schools and community programs that deliver exclusively abstinence-only sexuality curricula (Solomon-Fears 13). These funding limitations started with The Adolescent Family Life Program (Title XX of the Public Health Services Act, Public Law No. 97-35, 1981) and are evident in other programs such as the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform law, P.L. 104-193) and the Community-Based Abstinence Education Grant Program, under title XI, Section 1110 of the Social Security Act.

The Department of Health and Human Services, for instance, offered grants under Title XI, Section 1110 of the Social Security Act to programs that adhered to strict abstinence-only messaging and taught abstinence before marriage as "the expected standard of human sexual activity" (Catalog of Federal Domestic Assistance). Furthermore, these funds were restricted to abstinence-only education that explicitly

stated that sexual activity outside of marriage is likely to be psychologically and physically harmful to the individual, his or her parents, and his or her society, in keeping with the language of Section 510(b)(2) of Title V of the Social Security Act. Accordingly, programs that "promote the use of contraceptives" were not eligible for this type of funding, further silencing a critical component of the comprehensive sexuality conversation. Though the Community-Based Abstinence Education Grant Program was discontinued in fiscal year 2010, no monies have been earmarked for programs that use truly inclusive and comprehensive sexuality curricula, despite extant research findings reflecting healthier outcomes for youth who receive such programming (Kirby). Further, federal grants for abstinence-only programs, through the aforementioned welfare reform law (P.L. 104-193), have been renewed through the year 2014 under P.L. 111-148.

These types of funding regulations and restrictions, in essence, shape the sexuality narratives that schools and communities are allowed to provide students, and serve to censor or limit the sexual literacies to which young people are exposed in schools. As a consequence, young people bear greater responsibility for identifying and accessing more complete sexual literacies. Traditionally, young people then turn to parents, peers, and media to fully develop these literacies (Allen). In summary, abstinence-only policies have constrained the range of the conversation around sexuality and sexual health for young people. These types of messages not only frame sexuality and sexual activity in very limited ways (e.g., partnered sexual intercourse), they also serve to silence the experiences of a large percentage of young people (e.g., those who identify as lesbian or gay, for whom marriage is not always an option; those who do not wish to marry; those who are already sexually active; those who are pregnant or parenting) and thus render as unimportant sexual knowledges and literacies that fall outside of these heteronormative, traditional, and limited scripts.

Despite the long-standing federal support for abstinence-only education, since 2010 a shift has begun to occur. The U.S. government has begun supporting evidence-based programming through federal funding that aims to reduce teen and "out-of-wedlock" pregnancy for youth without adhering strictly to abstinence messaging. Specifically, recent federal funding provides monetary support exclusively for programs that offer comprehensive sexuality education (Solomon-Fears 9). Further, programming aimed at reducing teen pregnancy through providing "medically accurate and age appropriate" information became eligible for funding under the Teen Pregnancy Prevention Program (P.L. 111-117), starting in 2010. More recently, the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), while restoring funding for abstinence programming, also provides \$375 million in funding over five years to allow states to take a comprehensive approach to pregnancy and STD prevention by providing information about topics such as contraception and healthy relationships, in addition to abstinence. While this shift in government funding allows for further implementation of effective comprehensive sexuality education programs, and facilitates the promotion of an expanded sexuality narrative in schools, its focus is still limited primarily to the prevention of disease and pregnancy. Unfortunately, comprehensive sexuality education has yet to be realized in all schools and communities. The continued offerings of abstinence education in many schools, in light of these shifting governmental supports, caused us to reflect on the roles that both schools and parents

play in shaping sexual literacies. Many educators and advocates fear that comprehensive and progressive approaches will be met with resistance, particularly from parents (Eisenberg, et al.). The current existence of funding for two distinct forms of sexuality education in schools makes understanding parents' attitudes toward various forms of sexuality education curricula and sexual literacy topics an imperative.

Such work could shed light on discrepancies that exist in the research literature. For instance, some research suggests that school educators and administrators view parents as potential barriers to providing this more inclusive form of sexuality and health information (Eisenberg, et al.). In contrast, other research demonstrates that parents often serve as providers of comprehensive sexuality information for their children and that parents endorse the involvement of schools and community members as partners in this work (Alexander and Jorgenson; Byers, Sears, and Weaver; Constantine, Jerman, and Huang). Research in this vein concludes that opposition seems to come from only a vocal minority of parents (Jorgensen and Alexander). These parental voices are diminished, however, when we rely solely on the assumptions of school administrators and policy-makers regarding parental involvement, instead of gathering empirical evidence about such attitudes from parents themselves. As a consequence, youth continue to receive limited information about sexuality and sexual health in schools.

Developing sexuality literacy need not be limited to formal educational contexts. In fact, while research suggests that young people think their parents should be a primary source of knowledge about sexuality, both parents and young people believe that peers and the media are often the sources from which young people are developing their sexual literacies (Lagus et al.; Secor-Turner, Sieving, Eisenberg, and Skay; Somers and Surmann). This suggests that both parents and young people recognize that youth actively seek more knowledge than is currently offered in formal sexuality education contexts.

The literature summarized here suggests that parents support some components of sexuality education for their children, likely viewing themselves as primary participants in this process, but still recognize and rely on other community members to support young peoples' development of sexual literacy. What remains yet unknown is whether parents also endorse the inclusion of information about particular domains of sexual knowledge – such as relationships, pleasure, and sexual and gender identity – within a comprehensive framework. Moreover, we do not know whether the findings of earlier research hold true for Illinois parents broadly, as well as for parents from diverse ethnic, cultural, and religious groups. Finally, because these topics have been largely neglected in past research, the ages at which parents believe young people are ready to start these conversations, and the role of other community members in these conversations, also remain unknown.

In view of the aforementioned research, and the significant gaps that remain in the literature, the research team subsequently developed the first draft of a survey directed at uncovering parental attitudes about a wide array of sexuality education topics reflecting the broad spectrum of human sexuality. Importantly, a primary focus of grant funding from the Ford Foundation that supported our work was the sexual health and sexual rights of young people. In keeping with this framework, our work was further informed by the World Health Organization's definition of these con-

structs.¹ Notably, we were interested in framing sexuality as a positive aspect of one's individual identity, as well as of the broader human experience. Further, we wanted to ensure that we operated from definitions of sexual health and sexual rights that situated sexuality, and sexual identity, as critical to the development of the self – the psychological and physical integrity of the person – and over which young people should not only have agency, but also primary control. Together, these definitions and the existing research literature guided the initial questions and focal topics for our survey: we became interested in the inclusion of topics such as sexual pleasure, sexual agency, masturbation, romantic relationships, sexual orientation, and gender identity, which move the conversation of sexual literacies beyond disease and pregnancy prevention.

The research team also recognized the benefits of diverse perspectives represented on the CAB when developing and refining the measures that were used in the study. Accordingly, the research team presented an initial draft of the survey to the other members of the CAB at a meeting and sought their feedback. Starting with the first draft, various members of the CAB challenged everything from the phrasing of questions to the specific words chosen to represent various sexual literacy topics. In addition, CAB members raised concerns about whether or not specific survey items and topics would be understood, or convey the same meaning, to parents in varying communities across Illinois. Based on these conversations, the research team then refined the survey and brought it back to the entire CAB two additional times for further collaborative review.

The extent to which specific items and topics were refined differed greatly. Though some revisions simply called for changing technical, research language to wording that was more familiar to parents, others required the CAB to explicitly identify which specific sexual literacy concepts were most central to the goals of the research project. As an example of changes that involved revising technical language, earlier drafts of the survey had included the topics of “sexual decision-making” and “sexual agency.” During collaborative reviews, CAB members commented that both of these topics were abstract and ambiguous, particularly “sexual agency.” Through further deliberation, the collaborative decided that “sexual decision-making” could encompass both ideas, and would be more readily familiar to parents; “sexual agency” was removed. In addition, the collaborative advocated for adding further clarification to “sexual decision-making” by expanding the wording of that topic to include “such as when to become sexually active” (see Table 1).

In contrast, the initial inclusion of topics such as abortion engendered detailed and prolonged discussions regarding the controversial nature of some sexual literacy topics, as well as the set of values that might be implied by their wording. In our initial version, for instance, we included “abortion” as a topic, but did not include pregnancy or parenting. Members of the CAB worried that including only abortion constituted a limited and negative understanding of pregnancy for young people. The CAB recognized early on that the phrasing of concepts around pregnancy implicitly communicated assumptions about the normative timing of these experiences, as well as about young peoples' reproductive agency and decision-making power. Many of the alternative phrases that were considered reflected this tension between normative timing and youth agency: “options for unplanned pregnancy,” “pregnancy and

choice,” “family planning,” “what to do if you get pregnant,” “options for teen pregnancy,” “options for pregnancy,” and “unplanned pregnancy/family planning.” In the end, the CAB felt that words like “family planning” and “choice” were perhaps too euphemistic and ambiguous. Moreover, inclusion of adjectives like “teen” and “unplanned” appeared to reflect a set of cultural values and assumptions that might not be widely shared, as they cast young people’s pregnancies as both different and negative. As a result of these conversations, the collaborative refined the survey to include not only the topic of abortion, but also “pregnancy” and “parenting,” capturing concepts related to pregnancy more completely, and in a less biased manner (see Table 1).

Table 1: Revisions to sexual literacy topics based on Community Advisory Board feedback

Initial draft reviewed by CAB	1st revision based on CAB feedback	2nd revision based on CAB feedback	Final items and order
Their bodies	Their bodies	Their bodies (puberty and pubertal changes)	Their bodies (puberty and pubertal changes)
Love	Love	Romantic love	Romantic love
Dating	Dating	Dating	Dating
Dating violence	Dating violence	Dating violence	Dating violence
(absent)	Marriage	Marriage	Marriage
Heterosexuality	Heterosexuality	Heterosexuality	Heterosexuality
Same-sex sexuality	Same-sex sexuality	Same-sex sexuality and bisexuality	Same-sex sexuality and bisexuality
(absent)	(absent)	Gender roles (masculine and feminine)	Gender roles (masculine and feminine)
(absent)	Gender identity	Transgender identity	Transgender identity
Sexual abstinence	Sexual abstinence	Sexual abstinence	Abstaining from sexual activity
Sexual decision-making	Sexual decision-making	Sexual decision-making such as when to become sexually active	Sexual decision-making such as when to become sexually active
Sexual pleasure	Sexual pleasure	Sexual pleasure	Sexual pleasure
Masturbation	Masturbation	Masturbation	Masturbation
Sexually transmitted diseases and infections	Sexually transmitted diseases and infections	Sexual health (sexually transmitted diseases and infections)	Sexually transmitted diseases and infections

Contraception and birth control	Contraception and birth control	Contraception and birth control	Sexual protection (contraception and birth control)
(absent)	Options for teen pregnancy	Options for teen pregnancy	Pregnancy
(absent)	(absent)	(absent)	Parenting
Abortion	Abortion	Abortion	Abortion
Sexual health	Sexual health	(omitted)	(omitted)
Sexual safety	Sexual safety	(omitted)	(omitted)
Sexual agency	(omitted)	(omitted)	(omitted)
Becoming sexually active	Becoming sexually active	(combined with sexual decision-making)	(combined with sexual decision-making)
Relationships	Relationships	(omitted)	(omitted)
Sexual desire	Sexual desire	(omitted)	(omitted)
Puberty	Puberty	(combined with their bodies)	(combined with their bodies)
(absent)	Sexual orientation	(omitted)	(omitted)

As a second example of this more involved type of revision process, our discussions led to a modification in topics surrounding sexual identity. Members of the collaborative pointed out several limitations related to asking about lesbian, gay, bisexual, and transgender identities as one “catch-all” for non-heterosexual and non-gender conforming identities. The CAB felt that conflating sexual and gender identities served to silence the experiences of transgender individuals. To this point, the CAB recommended that, in the first revision, two separate questions be asked: one directed toward same-sex and bisexual identities, and one directed toward gender identities. Through further discussion with the CAB, we realized that even this revision might conflate gender roles with transgender identities. Thus, a second revision resulted in four discreet topics around gender and sexual identities and roles: same-sex sexuality and bisexuality, heterosexuality, transgender identity, and gender roles (masculine and feminine).

Other changes recommended by the CAB can be seen in Table 1, and included removing topics (such as sexual desire and sexual agency) and combining other topics. Some of these decisions were made for practical reasons, such as the overall length of the survey, but others were made based on likely in/accessibility of certain words, phrases, or concepts to a diverse population of parents. This iterative process took approximately six months, and resulted in a list of topics that was both responsive to the needs of community advocates, parents, and educators as well as one that could potentially fill the gaps in the research literature. The final version of the survey consisted of a series of questions regarding eighteen topics of knowledge representing inclusive and comprehensive sexuality education.

For each of these topics, we asked parents to tell us, (1) about how important it was for young people to have knowledge of that topic; (2) the grade at which they felt young people were ready to discuss that information; and (3) who they felt bore responsibility for educating young people about these domains of sexual knowledge (see Table 2 for a complete list of the survey questions). As with the specific topics, discussions within the CAB helped to determine the best format and response scale for each of these questions.

Table 2: Overview of survey items and response scales

Question Stems		Response Scales
<i>General Items</i>		
	What is the gender of your oldest child under the age of 18?	Female Male Transgender
	How comfortable would you be with your child's school adopting "comprehensive sexuality education" curriculum?	Very Uncomfortable Uncomfortable Equally Comfortable and Uncomfortable Comfortable Very Comfortable I don't know
	How comfortable would you be with your child's school adopting "abstinence only until marriage sexuality education" curriculum?	Very Uncomfortable Uncomfortable Equally Comfortable and Uncomfortable Comfortable Very Comfortable I don't know
	To your knowledge, what form of sexuality education curriculum is used at your child's school?	None Abstinence Only Until Marriage Abstinence Plus Comprehensive Sexuality I don't know
<i>Items Regarding the 18-Topics (see Table 1)</i>		

	How important do you think it is for young people to have complete knowledge about each of the topics below?	Very Unimportant Unimportant Neither Important nor Unimportant Important Very Important I don't know
	Thinking about your oldest child under the age of 18, at what grade (or age) do you think your child was/will be first ready to discuss the following topics?	5th or before (ages 11 and younger) 6th (ages 11 - 12) 7th (ages 12 - 13) 8th (ages 13 - 14) 9th (ages 14 - 15) 10th (ages 15 - 16) 11th (ages 16 - 17) 12th (ages 17 - 18) Adulthood (ages 19+)
	How comfortable were you or do you think you will be in discussing each of the following topics with this child at the appropriate time?	Very Uncomfortable Uncomfortable Equally Comfortable and Uncomfortable Comfortable Very Comfortable I don't know
	Who do you think should educate young people about each topic? Mark all that apply. If you don't think any of these person or groups should educate teens about the topic, mark the last column of the row.	Parents/Guardians Health or Sexuality Education Teachers Other Teachers and School Staff (e.g., Nurse, Coach, Counselor, Social Worker) Religious and/or Faith Leaders Family Health Care Providers/Doctor's Office Personnel None of these people should educate teens about this topic.

Note: The survey also included other questions about safe schools practices that are not reported in this paper.

In an attempt to identify a representative sample of parents from Illinois, we subsequently contracted with an independent research firm that maintained a survey research panel that included parents from across the state of Illinois. That firm recruited participants from their panel who met the following eligibility requirements: Illinois resident, aged 18 or older, parent of a middle or high school aged child. Through this process, we were able to recruit 301 participants who met all eligibility criteria. Those parents took our survey through a secure web-based interface and were compensated by the research firm for sharing their opinions.

Participants ranged in age from 25 to 75 years old ($M = 44.09$, $SD = 8.33$). Parents were mostly mothers, with 71.3% identifying as female and 28.7% as male; two further identified themselves as transgender through a separate question. The sample demonstrated a modest degree of diversity in race/ethnicity, household income, educational attainment, religion, and sexual orientation. This sample's demographics are similar to current numbers available for the state of Illinois (see Table 3 for details). Finally, several of the questions included in the survey asked participants to focus on their "oldest child under the age of 18" when responding. With regard to these focal children, parents reported 46.5% were female and 53.5% were male; no parents reported that their child was transgender. These children's ages ranged from 11 to 17 years old ($M = 15.20$, $SD = 1.47$). Although analyses of parent attitudes by these various demographics are beyond the scope of this paper, interested readers will find these results reported in Peter, Tasker, and Horn (in preparation).

Table 3: Sample demographics compared to Illinois

Demographic	Sample Percentages	Illinois Percentages	
<i>Gender</i> ¹	Female	71.3%	51.0%
	Male	28.7%	49.0%
	Transgender	0.7%	Not Reported
<i>Race/Ethnicity</i> ¹	White (Non-Hispanic)	73.8%	63.7%
	Latino/Hispanic	10.7%	15.8%
	Black	13.3%	14.3%
	Asian	0.4%	4.5%
	American Indian/Alaska Native	0.4%	0.1%
	Biracial/Multiracial/Other	1.3%	1.4%
<i>Household Income</i> ¹	≤\$39,999	25.2%	Median: \$56,576
	\$40,000-59,999	23.3%	
	\$60,000-99,999	29.6%	
	≥\$100,000	11.0%	

<i>Education</i> ¹	Attended or graduated high school	18.3%	35.1%
	Some college	33.6%	21.1%
	Completed college	34.6%	26.4%
	Advanced degree	9.3%	11.6%
<i>Rurality</i> ¹	Urban	61.1%	49.6%
	Suburban	31.1%	38.2%
	Rural	7.8%	12.2%
<i>Sexual Orientation</i> ²	Heterosexual	93.7%	96.2%
	Sexual minority	6.3%	3.8%
<i>Religion</i> ³	Protestant	46.6%	46%
	Catholic	33.6%	29%
	Jewish	2.7%	1%
	Muslim	1.0%	1%
	Other	4.0%	3%
	Atheist/Agnostic	11.6%	15% ⁴

Note: 1. Illinois statistics from United States Census Bureau; 2. Illinois estimated statistic from Gates; 3. Illinois estimated statistics from Kosmin, Mayer, and Keysar; 4. The estimated category for Illinois was "no religion."

While we feel that the sample is representative of parents in communities from around the state of Illinois, we also recognize that administering the survey through this method required participants' access to a computer, and the requisite technological literacy to participate in a web-based survey. This likely impacted the overall breadth of our sample, as well as perhaps particular types of diversity within the sample, such as socioeconomic status or geographic region. In addition, since the survey was only given in English, participants had to have sufficient English-language competency to participate, which limited the linguistic diversity of our sample to English speakers.

What Parents Shared with Us

We are currently in the data interpretation phase of this project. Together, the various members of the collaborative are examining the results of the survey in an effort to co-create an understanding of what these results mean, including their implications for policy and practice and the sexual literacies of young people. In addition, our group has been focused on how we can use what we have learned from this project

for multiple purposes, such as to inform advocacy and policy work, to develop educational materials for schools, parents, and communities, and to inform future research in this area. Some of the themes we have discovered are discussed further below.

Similar to other research on parents' attitudes about sexuality education, a consistent majority of parents (across demographic variables) told us that knowledge about all of the eighteen topics was important (between 55.2 and 92.5%, depending on topic) for young people. However, they rated knowledge within particular domains with varying importance (see Table 4). More specifically, parents rated knowledges within the domain of physical health and wellness as most important, followed by information about relationships, then information about sexual and gender identity, with topics in the domain of sexual pleasure being least important. Further, also confirming other research in this area, parents feel young people are ready to receive information and education about these topics predominantly in middle school. Between 50.8% and 89.0 % of the sample overall said that young people would be ready to talk about all but two issues by 8th grade. For those two issues, marriage and pleasure, a majority of parents felt that young people were ready to discuss them before or during 9th grade (61.1% and 71.4%, respectively).

Table 4: Percentage endorsement of sexual literacy topics as important for young people

Sexuality Education Topic	Percent Parents Rating "Important" or "Very Important"
<i>Physical Health and Wellness</i>	
Their bodies (puberty and pubertal changes)	92.30%
Pregnancy	92.20%
Sexually transmitted diseases and infections	91.50%
Dating violence	90.20%
Sexual protection (contraception and birth control)	88.50%
Parenting	87.40%
Sexual decision-making such as when to become sexually active	87.20%
Abstaining from sexual activity	84.00%
Abortion	77.80%
<i>Relationships</i>	
Dating	86.90%
Marriage	81.00%
Romantic love	78.00%
<i>Sexual and Gender Identity</i>	
Heterosexuality	80.60%
Same-sex sexuality and bisexuality	68.20%

Gender roles (masculine and feminine)	66.20%
Transgender identity	59.10%
<i>Pleasure</i>	
Masturbation	57.00%
Sexual pleasure	55.20%

When asked about who, if anyone, should be responsible for discussing these sexual knowledge topics with young people, a majority of parents said they were primarily responsible for educating their adolescent child about these topics. Interestingly, almost all parents felt responsible for providing information about topics related to physical health and wellness (90.4-95.3%) and relationships (94.7-95.0%), with slightly fewer parents saying they were responsible for topics related to sexual and gender identity (85.0-90.0%) and pleasure (81.1-81.1%). Parents often did not view themselves as solely responsible for sexuality education, however. In fact, a majority of parents who viewed themselves as responsible for discussing topics in the domains of physical health and identity endorsed sharing these responsibilities with other community members. Further, a large minority of parents who viewed themselves as responsible for topics relating to relationships and pleasure endorsed sharing these responsibilities with other community members. Parents most often identified sexuality education teachers as sharing the responsibility for topics within physical health and wellness (43.3-70.2%) and identity (44.2-51.6%), and less often for pleasure (34.0-39.8%) or relationships (21.3-28.3%). Few parents endorsed the involvement of other school staff, religious or faith leaders, or doctors as sharing responsibility for these topics.

It is worth noting that a small minority of parents did not view themselves as responsible for sexuality education. Of the parents who did not identify themselves as responsible, many felt that sexuality education teachers, but very rarely other groups, were responsible for covering identity (42.2-51.2%), some aspects of physical health and wellness (14.3-75.0%), relationships (31.3-66.7%), and a minority wanted topics of pleasure discussed (29.8-35.1%).

Conclusion and Implications

The conclusions and implications we draw from this work are fourfold. The first two relate to our specific findings regarding parental attitudes about the role that schools and community members should play in helping young people develop their sexual literacy. The last two of these conclusions and implications relate to the process and benefits achieved through the ongoing and collaborative nature of this university-community partnership. Not only will this collaborative process guide our future efforts on Project Safe SPACES, but it can also serve as a template for other researchers and community members who may be seeking to develop collaborative, mutually beneficial projects.

With regard to the specific findings of our survey, a clear majority of Illinois parents who shared their beliefs with us viewed knowledge about all eighteen sexu-

ality topics as important, and also as mostly appropriate for young people to know before they leave middle school. In fact, many parents indicated that some sexual literacy conversations should begin as early as elementary school, but certainly before high school. Parents also overwhelmingly endorsed bearing some responsibility themselves for educating young people about sexuality and sexual health. Importantly, many parents also supported a clear role for other members of the community in helping young people develop sexual literacy. In particular, parents viewed this responsibility as being shared with sexuality and sexual health educators in schools. Taken together, these results demonstrate that parents endorsed youth's access to the same diversity of sexual and relational literacies that has been supported by research and advocated for by groups focused on fostering healthy sexuality and sexual decision-making by young people. Notably, these findings challenge assumptions that parents are key barriers to a more comprehensive sexuality curriculum, and show us, instead, that they may more accurately be perceived as not just supporters and potential advocates, but also as critical stakeholders in the developing sexual literacies of their children. In fact, parents' awareness of the physical changes in very young children, as well as young children's questions about their own bodies, their families, and different types of social relationships may prompt parents to begin to help children in developing sexual literacies in very early childhood before they even enter the realm of schooling.

As such, parents should be recognized as the first sexuality educators that young people encounter. These findings have implications for expanding sexuality education in two important ways. First and foremost, our findings suggest that parents want sexuality education curriculum included in earlier grades, and, in particular, during the middle school years. Second, efforts to improve young people's sexual literacies can be enhanced by moving from a deficit- and risk-based model of sexuality education to one that views sexuality, sexual health, and sexual rights as a positive and critical part of development. Our work makes evident that the primary barrier to expanding sexuality education is not likely to be the beliefs of parents overall, but may, in fact, be the voices of a vocal minority of parents who oppose these curricula and/or the unquestioned fears of administrators and policy makers.

With regard to the implications of the specific processes of inquiry that have guided us, this work further highlights the importance of questioning the assumptions one brings into her or his work, and the necessity of seeking out the voices of those who are not already being heard (Langhout and Thomas; Rappaport). Through collaborative interpretation with the CAB, we identified the need to make our research findings accessible to schools, parents, and communities. To that end, the CAB, with the help of communications professionals, has begun to develop a series of research briefs aimed at communicating to parents that they are not alone in their beliefs that young people should be exposed to a diverse array of topics regarding sexuality. The research briefs are also intended to communicate to school leaders, teachers, counselors, and other educators that parents support the inclusion of information about diverse sexual identities and comprehensive sexuality education topics in school, as well as to communicate to young people that their sexual health and sexual rights matter. To view and/or download the first completed brief in the series, please go to the following link: <http://education.uic.edu/773-safespaces>.

This broad dissemination of our findings may contribute to better mutual understanding by all involved, negating negative stereotypes about parental attitudes and truly allowing us, as a broader community, to consider sexual health education a community literacy activity. The awareness that many fellow parents are in favor of comprehensive and inclusive curricula may serve to empower this often-unheard majority of parents to become allies and advocates around these issues. In keeping with the overall vision for our project, it is our hope that the research findings will serve as a catalyst for parents, educators, and young people themselves to work toward schools becoming places "*in which people talk about gender, sex, and sexuality and grapple with the complexity of these issues in structured (traditional), non-structured, supported, developmentally appropriate, and safe ways.*" It is also our hope that this work, as well as related and ongoing projects, will aid in achieving the goal that all young people – regardless of sexual orientation, gender identity, relationships status, or pregnancy or parenting status – are able to learn about sexuality and sexual health in environments free from harassment, discrimination, ridicule, and shame.

Moreover, our previous discussion of CAB input into the survey's content and design helps to highlight some of the unique features and benefits of our university-community collaboration. For instance, through the collaborative process, other members of the CAB helped the research team to separate out the concepts of sexual identity and gender identity, and, consequently, to ask about them as two distinct items. As a result, we discovered through the survey that parents' views actually differed on these two topics. This is a differentiation we would not have understood had it not been for the collective conversations of the CAB in helping to ensure that the survey was relevant and legible across communities.

Finally, this project constitutes only one part of an ongoing relationship between the various partners within the Safe SPACES collaborative. In moving forward, we will continue to use the strengths of our collaboration to develop studies and advocacy activities that make legible our research findings for a variety of stakeholders throughout the state, further engaging Illinois parents in conversation and using the results for effective community advocacy. To date, not only has the CAB employed strategic communication by utilizing better survey measures to address parents, it has also continued to work to uncover the varied meanings that the research results have for different constituencies. (For an example of this, see the research brief described above).

In essence, through being a part of CAB, those of us who are members of the research team were pushed to become community literacy workers. Moreover, our assumptions as researchers, educators, and youth advocates were transformed, evolving from viewing parents as only gatekeepers to expanding the sexuality narratives allowed in schools to viewing parents as critical partners in the development of sexual literacies for all young people. It is our hope that our continued collaborative work will ensure that the voices of all parents become a critical thread in the ongoing narrative regarding the sexual literacies of young people. We also expect that parents will continue to be positioned as, and further empowered to be, community literacy workers. In this way, parents will continue to be in partnership with their children and other adult allies to facilitate making sexual knowledges legible within all of the communities in which young people live, learn, and grow.

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Endnotes

1. "Sexual Health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. Sexual Rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to: The highest attainable standard of sexual health, including access to sexual and reproductive health care services; Seek, receive and impart information related to sexuality; Sexuality education; Respect for bodily integrity; Choose their partner; Decide to be sexually active or not; Consensual sexual relations; Consensual marriage; Decide whether or not, and when, to have children; and Pursue a satisfying, safe and pleasurable sex life." (retrieved from: http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)

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Poetry

Public Speaking

Niki Herd

You want to know why there aren't
more cute girls in speech class

and I feel like I should offer a history
lesson on the objectification of women, or

suggest more attention be paid
to your grades, which are miserably sore.

Instead, I'm reminded of the boy
from this morning's commute

how he model-walked his freedom
down that thread of a bus aisle

in his bright purples and pinks, and who
like you girl, is confident in youth

and a young sexuality in a world
hesitantly unraveling itself towards

progress while still clinging to the easy
pronunciation of words like:

bull-dagger, faggot, sissy and dyke.

A world never safe when one brick
inches itself away, how the rest

of the wall fears more will follow
and the institution come tumbling down.

Next week you will visit again, this

time with a pretty girl on your arm
and while the office workers avert

their eyes to this unsealed romance