

RESEARCH

Experiences with school-based sexuality education among adopted adolescents with sexual minority parents

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Funding information

Jan and Larry Landry Endowed Chair Funds

Abstract

Objective: This study qualitatively examined the experiences and perspectives of adopted teenagers with sexual minority parents with respect to school-based sexuality health education.

Background: Previous research has established that traditional school-based sexuality and reproductive health education curricula are largely heteronormative and cisnormative and fail to reflect the experiences and identities of diverse teenagers from diverse families.

Method: We conducted a thematic analysis of interview data from 43 adopted adolescents in the United States, aged 13 to 18, from sexual minority, two-parent families. Half of participants were LGBTQ+, and one fifth were trans/gender diverse.

Results: School-based sexual and reproductive health education was infrequently described as holistic, nuanced, and/or LGBTQ+ inclusive; LGBTQ+ inclusive curricula were mostly recalled by participants in progressive urban areas and/or who attended private schools. Family-building options other than procreative sexual intercourse were rarely discussed in school. Some LGBTQ+ adopted teenagers engaged in advocacy efforts to include sexual and gender identity content in curricula.

Conclusion: Guided by queer family theory, findings reveal insights into the experiences of school-based sexuality and reproductive health education among adolescents whose family diversity is rarely captured in traditional or sexuality-specific school-based education.

Implications: Our findings highlight potential deficiencies experienced by adolescents from diverse families vis-à-vis

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traditional sexuality education, which holds implications for researchers, practitioners, and educators.

KEYWORDS

adolescence, adoption, heteronormative, LGBTQ+, reproductive health education, school-based sexuality education

Currently in the United States, high school students complete, on average, 6.2 hours of education on human sexuality, with four 4 or less on HIV, other sexually transmitted infections (STIs), and pregnancy prevention (Hall et al., 2016). Only 38 states require sex education, HIV education, or both to be taught in schools, and the quality and content varies widely (Guttmacher Institute, 2025). Only 26 states require that sex and HIV education be medically accurate, with definitions of “medically accurate” varying state by state (Guttmacher Institute, 2025). Likewise, 42 states require high school sexuality education to cover and/or promote abstinence-only education, whereas others offer more comprehensive curricula (Guttmacher Institute, 2025). There are clear regional differences in sex education policy and content, with some states promoting instruction on inclusive sexualities and gender identities, and others offering instruction that stigmatizes LGBTQ+ identities and relationships (Atkins & Bradford, 2021; Guttmacher Institute, 2025). Further, high school students today are less likely to receive sex education on certain key topics, such as birth control methods, than two decades ago (Guttmacher Institute, 2022; Lindberg & Kantor, 2022).

Public health practitioners, policymakers, and researchers have emphasized the urgent need for contemporary sexuality health education to approach adolescent sexuality holistically and to be inclusive of all teenagers (Ellis & Bentham, 2020; Goldfarb & Lieberman, 2021; Schalet et al., 2014). At the same time, research has established that traditional school-based sexuality and reproductive education classes and curricula—which most frequently address relationships, anatomy, and the prevention of STIs (Astle et al., 2021; Baams et al., 2017; Bordogna et al., 2023; Russell et al., 2020)—are largely heteronormative and cisnormative. Heteronormativity is the presumption, and conflation of gender conformity, heterosexuality, and nuclear families, and cisnormativity is the presumption and privileging of the gender binary (male, female) and the assumption that everyone identifies with the gender they were assigned at birth (Oswald et al., 2005; Robinson et al., 2024). Such education typically treats heterosexual relationship contexts as the “default” if not normal relationship type, and the context in which pregnancy may occur and STIs may be transmitted (Ellis & Bentham, 2020; Hobaica & Kwon, 2017). Identities and sexual relationships are often conflated in coursework, such that, for example, the possibility that a heterosexually identified cisgender (cis) man has sexual contact with a cis man is not discussed (Bates et al., 2022). Sexual relationships are also conflated with family building, such that heterosexual intercourse is represented as the only way for people to become parents (Goldberg, 2022). In many school settings, the heteronormative focus and content in sexuality education are reflected by the larger school culture (i.e., it is not inclusive of sexuality/gender; Elia & Eliason, 2010; Ellis & Bentham, 2020).

Bionormativity, which is intertwined with heteronormativity and cisnormativity, is also embedded in sexuality education. Bionormativity is the privileging of biological ties over social ties, and it reifies gender and family binaries, such that “good” or “normal” families are headed by two biological parents, a man and a woman (Baker, 2008). Within heteronormative and bionormative systems, heterosexual sex is positioned as the only type of (normal) sex, which leads to conception, pregnancy, and, ultimately, parenthood. In turn, in light of bionormative and heteronormative assumptions, school-based sexuality and health education typically contain little information beyond pregnancy as it relates to reproductive capacity and family-building. That is, fertility challenges, fertility treatments, and other reproductive technologies are rarely

addressed (De Irala et al., 2008; Littleton, 2012), nor is adoption acknowledged as a family-building option for people who do not want to or cannot become pregnant, or who simply want to adopt (Goldberg, 2012). Such invisibility reinforces stigma against nonbiological family ties.

The assumptions embedded in traditional sexuality education have important impacts on lesbian, gay, bisexual, trans, and queer (LGBTQ+) teens. Focus groups and interviews with LGBTQ+ teens (Naser et al., 2020) and young adults (Estes, 2017) in the United States found that they experienced school-based sexuality education to be heteronormative, cisnormative, and primarily focused on pregnancy and preventing disease, contributing to feelings of marginalization and seeking sexual health information elsewhere (e.g., family, the Internet). Not only are LGBTQ+ teens marginalized by heteronormative and cisnormative curricula, which may lead them to internalize negative self-views (Elia & Eliason, 2010; Hobaica & Kwon, 2017; Naser et al., 2020), they are also harmed in that they are less prepared for sexual encounters in ways that could have health consequences, such as greater risk for STIs and pregnancy (Charlton et al., 2019; Elia & Eliason, 2010; Hobaica & Kwon, 2017; Hobaica et al., 2019). Further, they may be at an elevated risk of dating violence amid a lack of focus on LGBTQ+ intimate relationship, including healthy and unhealthy dynamics (Coulter & Gartner, 2023; Martin-Storey et al., 2021). Teens who do receive comprehensive sexuality education framed by affirming and inclusive approaches to sexuality appear to benefit, demonstrating greater knowledge of and appreciation of sexual and gender diversity (Goldfarb & Lieberman, 2021).

Youth-driven research is important in informing efforts to represent and address the needs of marginalized students vis-à-vis health and sexuality education (Dickson et al., 2023; Jarpe-Ratner & Marshall, 2021; Jones et al., 2016). In turn, studies have examined the perspectives and desires of different groups who have been marginalized by traditional sexuality education. In a study of LGBTQ+ teens in the United States, Gowen and Wings-Yanez (2014) found that students generally perceived their sexuality education as heteronormative. Suggestions for creating a more inclusive experience included (a) directly discussing LGBTQ+ issues, (b) emphasizing STI prevention over pregnancy prevention, and (c) addressing healthy relationships. Research with trans teens in Australia found that they generally described their sexuality and puberty education as inappropriate to their needs and experiences and voiced a need for more curricular inclusion and a desire for greater tolerance by teachers (Jones et al., 2016). Research on teens in general has documented students' desire for teachers to embody a non-judgmental approach, more nuanced discussions of sexuality, and integration of LGBTQ+ topics throughout the curriculum (Dickson et al., 2023; Jarpe-Ratner & Marshall, 2021). Consistent with this, college-age research participants identified multiple areas where sex education could be improved, including greater discussion of the social, emotional, and relational aspects of sex; earlier and more frequent instruction; and delivery by trained professionals (Astle et al., 2021).

Longitudinal work suggests that the harms of inadequate sexuality education can extend beyond LGBTQ+ youth, and beyond the classroom. Using four waves of data with adolescents in the Netherlands, Baams et al. (2017) found that anatomy, STI prevention, and relationships were the most covered topics in sexuality education, with little attention to sexual diversity. Exposure to a wide variety of topics in sexuality education was positively associated with teens' willingness to intervene when witnessing LGBTQ+ name-calling by teachers, school staff, or fellow students and also predicted a reduced incidence of name-calling at school. Relatedly, in a sample of LGBTQ+ and heterosexual cisgender middle and high school students in California, Snapp et al. (2015) found that exposure to LGBTQ+-inclusive curricula was related to reports of greater safety and less bullying at the individual and school level. Such findings underscore how having comprehensive sexuality education in school not only educates and empowers youth but also signals and facilitates a safer school climate.

EXPERIENCES OF HETERNORMATIVE SEXUALITY EDUCATION AMONG YOUTH WITH LGBTQ+ PARENTS

Like LGBTQ+ adolescents, adolescents with LGBTQ+ parents are also exposed to the limitations and harms of mainstream heteronormative sexuality education. They typically do not see their own parents' identities, relationships, or existence mirrored or even acknowledged in coursework on health or sexuality (Gabb, 2004; Goldberg & Byard, 2020). Further, they are unlikely to see their own conception or origin story represented, inasmuch as their parents have often relied on outside help to become parents, such as with the use of donor sperm, donor eggs, surrogacy, or adoption (Goldberg & Byard, 2020).

Jacqui Gabb (2004), a lesbian mother and researcher of lesbian mother families in the United Kingdom, provided an analysis of sexuality education in schools, how it impacts children from lesbian parent families, and how they develop an understanding of sexuality. Based on a small sample of lesbian parent families ($n = 21$), whose children were conceived via heteronormative sex ($n = 18$) and donor insemination ($n = 3$), and framed through her own autoethnographic lens as a lesbian mother, Gabb concluded that children with lesbian parents acquire a different understanding of sexuality in that their families are defined by their sexuality—a sexuality not represented in schools—and, based on their own origin story, they understand that sexuality, relationships, and reproduction are not necessarily intertwined. In turn, these children may possess a more comprehensive knowledge of sex and sexuality that deviates from and disrupts the traditional (heteronormative) approach to sexual education in schools. Gabb also suggested that being in a lesbian-parent family may foster more discussion about nonheteronormative forms of desire and sexual expression inasmuch as being “different” is not something to be feared or censured. More recent research has also documented a tendency for youth with LGBTQ+ parents to have more expansive views of diverse sexualities and desires, which they view as a strength associated with growing up in an LGBTQ+ parent family (Goldberg et al., 2023; Zhang et al., 2022).

Research has not, to our knowledge, explored how adolescents who are also adopted and have LGBTQ+ parents experience school-based sexuality education, amid the multiple ways their families deviate from dominant norms and are likely marginalized from traditional curricula. Not only might they fail to see same-sex relationships represented, thus undermining the existence of their family unit, but, in the absence of discussion of adoption or reproductive technologies, they also fail to see representations of how their own families were created—and how they might build their own families someday. Prior work, for example, has found that teens with LGBTQ+ parents often imagine building their own families via adoption (Goldberg et al., 2024). Beyond what they find problematic or limiting about their school's sexuality curriculum, of interest, too, is what adolescents with LGBTQ+ parents want from sexuality education. Not only does such education arguably normalize and reflect their own families for themselves and their peers, but it offers exposure to diverse family-building options that may benefit them in the future—for example, as LGBTQ+ individuals, individuals who face fertility challenges, and/or individuals who might be interested or open to building their families in “nontraditional” ways.

THEORETICAL FRAMEWORK

This study is framed by queer family theory (Oswald et al., 2005, 2009), which has its roots in queer theory (e.g., Butler, 1990) and which decenters cis and heterosexual identities as the default normative, and binary, identities. Queer family theory functions to challenge heteronormativity, or the belief that heterosexuality is the preferred and “normal” system of sexuality, and bionormativity, which privileges biogenetic relationships between parents and children and

devalues families formed via other means (Oswald et al., 2005). LGBTQ+ parent families and adoptive families “queer” or challenge dominant ideologies of “the family,” including normative ideas of sexuality, gender, and family formation (Oswald et al., 2005, 2009). Such families disrupt dominant notions of parenthood (e.g., two-parent and heterosexual) and family building (e.g., biological), and individuals raised in these families may be impacted by the alternative discourses and values that characterize them, in addition to the broader heteronormative impacts that are embedded in the larger culture (e.g., schools). Further, queer family theory challenges the notion that gender and sexual identity—which fundamentally interface with relationships and family building—are themselves fixed or binary; rather, both are seen as malleable and fluid (Oswald et al., 2005). Queer family theory informed our research questions, data analysis, and organization of results, as we were interested in not only how adopted adolescents with LGBTQ+ parents perceive and are impacted by school-based sexuality education, but also how they critiqued, pushed back on, and/or resisted heteronormative and bionormative approaches.

RESEARCH QUESTIONS

We frame our research questions in the context of the reality that (a) adolescents with LGBTQ+ parents live in a society that marginalizes their family structure, (b) school-based sexuality education is typically heteronormative, and (c) over the past several years (i.e., since 2021), the United States has seen drastic increase in anti-LGBTQ+ curriculum bills, which restrict what can be said and taught about LGBTQ+ people (Jones, 2024). Such legislation has effects on LGBTQ+ parents’ well-being, and that of their children (Goldberg & Abreu, 2024). Thus, LGBTQ+ identities are currently politicized in general and in American schools in particular (Goldberg, 2023), which may be relevant when considering how adolescents with LGBTQ+ parents experience school-based sexuality and reproductive health education. Given that recent national data suggest that at least one in four high school students identify as LGBTQ+ (Levesque, 2023), of interest too is whether and how adolescents’ own gender and/or sexual identities may impact their experiences and perceptions. Indeed, a unique and important aspect of our sample of 43 adolescents with sexual minority parents is that half identified as LGBTQ+ and one fifth identified as trans or gender diverse.

Our research primary research questions, then, are as follows:

1. How do adolescents (i.e., youth aged 13–18), all of whom were adopted by sexual minority parents (two moms or two dads), experience their schools’ sexual and reproductive health education?
 - a. How do they experience content related to sexuality and relationships, as well as content related to family building?
 - b. How do their own identities, and the sociopolitical climate more broadly, intersect to impact their perceptions and experiences?
2. How do adopted adolescents with sexual minority parents respond to deficiencies in school-based sexuality education?

METHOD

Sample

See Table 1 for complete participant data, according to case ID and pseudonym, including age, school type, race, parent race, gender, sexual orientation, family structure, geographic location, and adoption type. The sample consisted of 43 adolescents in the United States, aged 13 to

TABLE 1 Demographic details of participants ($N = 43$).

#	Family type	Pseudonym	Age (years)	School type	Race	Parent race	Gender	Sexual orientation	Region	Adoption type
1	Two moms	Lara	16	Private	Black	Both White	Cis girl	Bisexual	Southeast city	Private
2	Two moms	Jake	15	Public	Multiracial	Both White	Cis boy	Heterosexual	Midwest suburb	Private
3	Two moms	Maura	15	Public	White	Both White	Cis girl	Omnisexual	Southeast suburb	Private
4	Two moms	Viv	15	Public	Biracial (B/W)	Both White	Nonbinary	Gay/queer	West Coast city	Private
5	Two moms	Clark	15	Public	Latinx	Both White	Cis boy	Not sure	West Coast city	Private
6	Two moms	Hope	16	Public	Latinx	Both White	Cis girl	Bisexual	Midwest city	Internl.
7	Two moms	Emma	14	Public	Asian	Both White	Cis girl	Heterosexual	East Coast city	Private
8	Two moms	Rosie	14	Private	White	Both White	Cis girl	Bisexual	West Coast city	Private
9	Two moms	Finn	16	Public	Asian	Both White	Cis boy	Heterosexual	Southeast suburb	Internl.
10	Two moms	Opa	15	Public	White	Both White	Nonbinary	Lesbian	Southeast city	Private
11	Two moms	Grayson	15	Homeschool; prior public	Black	Both White	Cis boy	Bisexual	East Coast city	Private
12	Two moms	Matt	15	Public	White	Both White	Cis boy	Gay	West Coast city	Private
13	Two moms	Andie	16	Public	Latinx	Both White	Cis girl	Heterosexual	East Coast city	Private
14	Two moms	Kyleigh	14	Public	White	One Biracial, One White	Cis girl	Bisexual	East Coast city	Private
15	Two moms	Lewis	15	Public	Latinx	Both White	Cis boy	Heterosexual	West Coast city	Public

TABLE 1 (Continued)

#	Family type	Pseudonym	Age (years)	School type	Race	Parent race	Gender	Sexual orientation	Region	Adoption type
16	Two moms	Robert	15	Charter	Latinx	Both White	Cis boy	Heterosexual	East Coast city	Interntl.
17	Two moms	Jax	15	Private	Latinx	Both White	Trans boy	Pansexual	East Coast city	Interntl.
18	Two moms	Carl	15	Private, boarding	Latinx	Both White	Cis boy	Heterosexual	East Coast suburb	Interntl.
19	Two moms	Bryan	13	Private	White	Both White	Cis boy	Asexual	East Coast city	Private
20	Two moms	April	15	Private	Asian	Both White	Cis boy	Bisexual	East Coast suburb	Interntl.
21	Two moms	Zoe	14	Public	Black	Both White	Genderfluid	Panromantic, asexual	Southeast city	Private
22	Two moms	Leo	14	Public	Latinx	Both White	Cis boy	Heterosexual	Southeast suburb	Interntl.
23	Two moms	Ruby	13	Public	Black	Both White	Cis girl	Bisexual, questioning	Southeast city	Private
24	Two moms	Gabby	16	Vocational	Black	Both White	Cis boy	Bisexual	East Coast city	Public
25	Two dads	Sloan	14	Private, Catholic	Biracial (B/W)	Both White	Cis boy	Heterosexual	Southeast city	Private
26	Two dads	Krystal	17	Public	White	Both White	Cis girl	Heterosexual	East Coast suburb	Private
27	Two dads	Dani	16	Public	Biracial (B/W)	One Latinx, One White	Cis girl	No label	East Coast suburb	Private
28	Two dads	Will	15	Military	White	Both White	Cis boy	Bisexual	West Coast city	Private domestic
29	Two dads	Annie	16	Public	White	Both White	Cis girl	Lesbian	West Coast city	Private
30	Two dads	CJ	17	Private, therapeutic	White	Both White	Trans boy	Pansexual	West Coast city	Private

(Continues)

TABLE 1 (Continued)

#	Family type	Pseudonym	Age (years)	School type	Race	Parent race	Gender	Sexual orientation	Region	Adoption type
31	Two dads	Angel	16	Public	Latinx	One Latinx, One White	Cis boy	Bisexual	West Coast city	Private
32	Two dads	Ella	15	Private, preparatory	Black	One Black, One White	AFAB, questioning	Questioning	West Coast city	Private
33	Two dads	Braylin	16	Public	White	Both White	AFAB, gender nonconforming	Lesbian	Southeast city	Private
34	Two dads	Kai	13	Public	Native American	Both White	Cis boy	Unknown	East Coast suburb	Private
35	Two dads	Madden	15	Charter	Asian	Both White	Cis boy	Heterosexual	West Coast city	Internatl.
36	Two dads	Doree	15	Homeschool; prior public	Black	Both White	Cis girl	Not sure	East Coast suburb	Private
37	Two dads	Nick	13	Private	Black	Both White	Cis boy	Heterosexual	East Coast city	Private
38	Two dads	Justin	15	Private	Black	Both White	Cis boy	Heterosexual	Midwest city	Public
39	Two dads	Kelsey	15	Public	White	Both White	Cis girl	Bisexual/pansexual	East Coast city	Private
40	Two dads	Mateo	13	Public	Latinx	One Latinx, One White	Cis boy	Heterosexual	Southern city	Private domestic
41	Two dads	Karin	13	Public	Latinx	Both White	Cis girl	Heterosexual	West Coast city	Private
42	Two dads	Jules	13	Public	Latinx	Both White	Cis boy	Heterosexual	Midwest city	Private
43	Two dads	Quinn	13	Private	Black	One Latinx, One White	Nonbinary	Unknown	West Coast city	Private

Note. All private and public adoptions are domestic adoptions. AFAB = assigned female at birth; B/W = Black/White; Internatl. = international.

18 years (mean age = 14.9, median age = 15.0, $SD = 1.3$), with sexual minority parents (24 with two moms, and 19 with two dads). More than two thirds ($n = 31$, 72%) of the adolescents were of color (12 Latinx, 10 Black, 4 Asian, 3 biracial, 1 Native American, 1 multiracial) and less than one third ($n = 12$, 28%) were White. Most participants ($n = 32$, 74%) were adopted privately and domestically; 8 (18%) were adopted internationally, and three (7%) were adopted via public domestic adoption. All domestically adopted participants were placed as newborns or within a few weeks. Among those adopted internationally, the average age at placement was 13.5 months.

In terms of gender identity, 35 participants (81%) were cisgender (15 girls, 21 boys) and 8 (19%) were trans, nonbinary, genderfluid, or questioning their gender. Most ($n = 7$) of the trans/gender-diverse adolescents were assigned female at birth. In terms of sexual orientation, 21 (49%) identified as lesbian, gay, bisexual, queer, pansexual, omnisexual, asexual, aromantic, or questioning (LGBQ+), 17 (40%) identified as heterosexual, and five (11%) identified as not sure, unknown, or no label. Participants largely resided on the East ($n = 16$, 37%) and West ($n = 13$, 30%) coasts of the United States. Thirty-three (77%) lived in an urban (metropolitan) area, and 10 (23%) lived in a suburb. Half of participants ($n = 22$, 51%) lived in states that mandated both sex education and HIV education, and another 15 (35%) lived in states that mandated HIV education only (Guttmacher Institute, 2025). Only one third of participants ($n = 15$, 35%) lived in states that require that such content be medically accurate (Guttmacher Institute, 2025).

Most participants attended public schools ($n = 25$, 58%), 12 (28%) attended a private school (11 secular, 1 religious), two attended charter school, two were being homeschooled after attending public school, and two were in other schooling arrangements (vocational, military).

Procedure

Participants completed a Zoom or phone interview, which were recorded and later transcribed. While the interviews ranged in length from 45 minutes to 2.5 hours, most (about three quarters) were 1 to 1.5 hours. Interviews were conducted from 2022 through 2024. The 2-year duration reflects the fact that participants were invited to participate in a “staggered” fashion, based on when their parents were initially recruited into a longitudinal study. Participants’ parents, who had completed multiple prior interviews over the course of their children’s lives as part of a longitudinal study on adoptive parenthood (e.g., Goldberg et al., 2013, 2016, 2020), were contacted about an opportunity to interview their children. Both parents had to complete a consent form before the interview. Children also completed a separate consent form that informed them of the topics to be covered (e.g., school, family, sexuality, and adoption) and the parameters surrounding confidentiality. Parents were also told that their children’s information would not be shared with them unless there were safety concerns. The study was approved by Clark University’s human subjects review board.

The principal investigator, a professor of clinical psychology, and four doctoral students in psychology, conducted the interviews, which contained closed- and open-ended questions. Most (70%) interviews were conducted by two of the five interviewers. All interviewers were trained in in-depth, semistructured interview techniques, observing several interviews and engaged in at least one “mock” interview as part of their training. This article draws from the following interview questions: (a) What did you learn about in sexuality education at school? (b) Did you learn about different ways of building families in school at all? What did you learn? (c) Did you learn about pregnancy prevention, abstinence, etc. in school? What did you learn? (d) Did you learn about different gender identities and sexual orientations at school? What did you learn? (e) What do you think school should have taught you? Do you think everything that should have been covered was covered? Where else did you learn about these topics? (f) Do you have

friends who are LGBTQ+? Is it easy or hard to be LGBTQ+ where you go to school? (g) Do you like school? Are there any areas of school that you're struggling in or find difficult/frustrating? (h) Does anyone bother you at school? (About having two dads/moms? Being adopted?).

Data analysis

We used reflexive thematic analysis, a flexible but standard means for considering responses to open-ended questions that identifies and categorizes primary patterns and themes by creating a coding system (or coding "frame"; Braun & Clarke, 2022) to organize the data (Braun & Clarke, 2006; Goldberg & Allen, 2015; Levitt et al., 2018). In addition to its flexibility, thematic analysis has many strengths that were well suited to our research goals. It emphasizes participants' subjective experiences and meaning making; prioritizes the significance and implications of themes, rather than simply quantification of codes; and can be used to generate a rich, detailed, and complex account of data (Nowell et al., 2017). Flexible yet rigorous, it requires researchers to apply a structured approach to data from a large dataset (e.g., >40 participants), thereby facilitating the generation of a clear, organized set of findings (Guest et al., 2012; Nowell et al., 2017).

Our data analysis focused on participants' descriptions of their sexuality education and the salience of family structure, gender, sexual orientation, school type, and other demographics in shaping their views and experiences of such education. Throughout the coding process, we aimed to maintain a reflexive stance, individually and collaboratively considering how their positionalities might be shaping their interpretation of participants' accounts (Braun & Clarke, 2022). In turn, we do not view the themes as arising from the data but emerging from our interaction with the data (Braun & Clarke, 2006; Levitt et al., 2018).

The three authors initiated the coding process through a process of initial coding by immersing themselves in the data, reading each transcript multiple times to gain a deep understanding of each participant's perspective, and highlighting relevant passages. Initial coding was informed by the literature and relevant theoretical constructs (Braun & Clarke, 2022). Initial codes, for example, captured participants' general impressions of their school-based sexuality education (e.g., heteronormative and insufficient; low recollection of school-based sexuality education). These codes were refined and elaborated on as we moved through the coding process (Braun & Clarke, 2006; Goldberg & Allen, 2015). Following the initial coding, the three authors generated memos that documented observations about emerging codes, connections across transcripts, and hunches about demographic factors (e.g., gender and sexual orientation) that might delineate or intersect with patterns of responses. For example, at this stage, we collectively noted that cis heterosexual boys were especially likely to say that they had little recollection of their sexuality education. We also observed a connection between participants' descriptions of curricular content (e.g., lacking LGBTQ+ inclusion) and the broader school "culture" (e.g., homophobic).

At this more conceptual phase of coding, we sought to create a system of categories and subcategories that best synthesized the data. Our final coding scheme consisted of several major themes related to the content and inclusiveness of, and responses to, school-based sexuality education. At this stage, the authors examined whether and how themes varied by demographic and family features, as well as attending to whether and how certain accounts differed from the dominant emerging "storyline" (e.g., instances of curricular LGBTQ+ inclusivity were noted to occur particularly among participants in progressive major cities; Braun & Clarke, 2006; Miles et al., 2014). Throughout this process, the three authors met regularly (e.g., weekly or bimonthly) to discuss convergences and divergences in coding, which led to refinements in codes. The use of multiple coders and descriptions of data that are thick and context-rich (Levitt et al., 2018) represent efforts to enhance the credibility of our analysis. We then applied

the final scheme to the data, which resulted in minor refinements to increase clarity, flow, and coherence.

Reflexivity and trustworthiness

All interviewers spent time developing rapport and connection with the participants, building on the fact that their parents have been engaged in a longitudinal study with our team for more than a decade. This familiarity generally seemed to foster curiosity and comfort among participants, who did not see interviewers as “strangers” but as interested parties who had been in contact with their families for many years. Participants’ trust and comfort generally facilitated greater depth and nuance in the interviews, enhancing the richness of the data and the credibility of our project (Ahmed, 2024; Morrow, 2005).

To enhance trustworthiness in the data analysis process, our research team sought to maintain reflexivity through open discussion of our assumptions and positionality throughout the process of exploring, organizing, and interpreting the data (Morrow, 2005). We acknowledged our own preconceptions and biases, discussed our prior experiences with the topics under investigation, and sought to maintain self-awareness throughout the research process (Ahmed, 2024). For example, when interacting with the data and discussing our coding, we explored our assumptions relating to geographic location, school type, age, gender identity, sexual orientation, and family structure. Further, we reflected on how our preconceptions and biases might be shaping or influencing the emerging themes at various stages and sought to be mindful and aware of this throughout the coding process. We also continually examined the fit between the data and the emerging themes, discussing and reconciling inconsistencies, thereby bolstering the credibility of our analysis and final coding scheme (Goldberg & Allen, 2015). Finally, we selected meaningful quotes from participants to illustrate key concepts, allowing the reader to make connections between individual narratives and representative themes and also facilitating a glimpse into the richness of the data (Lincoln & Guba, 1985; Morrow, 2005).

RESULTS

Our findings are organized as followed: First, we address adolescents’ perspectives on sexuality education at school related to foci content and messaging, wherein most described it as generally heteronormative; others detailed some (but inadequate) queer content; and a few depicted it as forgettable. Then, we address the inclusion of family-building routes specifically, such that most detailed a lack of inclusion related to reproductive technologies and adoption, with a few describing superficial attention to adoption. We then address participants’ responses to heteronormative and bionormative sexuality education—that is, we explore how they (a) turned to parents and other sources for information, (b) advocated for change within their schools, and (c) called for greater attention to the broader sociopolitical context in sexuality education.

Sexuality education: Foci content and messaging

Generally heteronormative

Most participants described their sexuality/reproductive health education as explicitly or implicitly heteronormative. Foci included STI risk prevention and pregnancy prevention. Both birth control and abstinence were addressed as prevention strategies. Dominant messages included “the best way to keep healthy is abstinence and avoiding risk behaviors” and “wear protection,

to avoid sexual diseases and all that,” with the assumption usually being that “we’re talking about male and female [only].” About what her health class covered, Emma, a 14-year-old Asian cis heterosexual girl with two moms, said, “Sexuality, abstinence, birth control, and other ways of preventing pregnancy. STIs and STDs, that kind of stuff.” Hope, a 16-year-old Latinx cis bisexual girl with two moms, shared, “I mean, they just say ‘put a condom on,’ that’s about it. They definitely need a better health program.” Hope went on, saying,

Sex ed, they suck at it. It’s only straight relationships they talk about, and they kind of just don’t know what they’re talking about. And ... we have a health teacher at our school that’s like, “Two genders! And, sexuality, like isn’t a thing.” It’s like, uh, okay.

Likewise, Leo, a 14-year-old Latino cis heterosexual boy with two moms, said, “They usually [teach] the usual way ... the male–female [way]. They don’t really talk much about any other way.” Braylin, a 16-year-old White gender-nonconforming lesbian with two dads, shared that her sexual health education was “very extensive and very well done,” addressing abortion, Plan B, and “preventing disease from spreading when you’re having sex” but also, “it only really covered straight sex,” which “bothered” her “for obvious reasons.”

Many of these participants emphasized a lack of attention to LGBTQ+ identities specifically, and some contextualized this in terms of a more LGBTQ+-hostile or adverse climate more generally within the school and/or broader community. They noted that “people [were] afraid to come out” because of the hostile environment and that phrases like “you’re gay” and “that’s so gay” were “thrown around” in the hallway—comments that hit especially hard for the participants in the study: “I mean, it’s personal!” Kyleigh, a 14-year-old White cis bisexual girl with two moms, noted that her school didn’t talk about “different sexualities, which I think they should do because it might actually help people become more aware of how they’re feeling,” which she attributed to broader tensions in the school and community: “I think honestly they’re worried about controversy with parents being like, ‘Oh, I don’t want my kid learning about that’—parents who are more conservative about that.” Kyleigh also highlighted issues with the larger school climate, saying that “sometimes I feel like the staff could be a little bit more aware. ... The bully of the school ... blatantly said the f-slur [fag] many, many times out loud. It’s like the teachers don’t care anymore, [like], ‘We can’t control him.’”

“There was some queer content ... but ...”

Some participants—about one-fifth of the sample—did describe their sexual health education coursework as at least somewhat inclusive of sexual/gender diversity. Notably, all these participants lived in large cities known to be “progressive” (e.g., Portland, OR; Seattle, WA; San Francisco, CA), and most of them attended private schools. Rosie, a 14-year-old White cis bisexual girl with two moms, “learned about what different sexualities are, what different genders there are, how to use ‘them’ in a sentence, for example.” But such queer-inclusive content was not always well-received by students. Madden, a 15-year-old Asian cis heterosexual boy with two dads, shared, “The kids’ responses weren’t very positive; it was mixed reactions [in] the class.” He added, “people are getting fatigued from hearing about LGBTQIA+ and stuff, they’re making fun of it ... I have friends who always make fun of ‘Oh this lesbian dance class, ha’ or ‘Wow, are they going to add the alphabet now [to LGBTQ]?!’”

Participants who acknowledged that LGBTQ+ identities and sexual/gender diversity were indeed represented in the curriculum often commented on its limited nature. Annie, a 16 = year-old White cis lesbian girl with two dads, said she learned “very minimal queer sex ed ... but there was some, which honestly surprised me a little bit, because I wasn’t really expecting

it.” In turn, some participants felt that the inclusion of sexual/gender diversity could be more expansive—for example, embedded more deeply into the curriculum and across multiple grades. About sexual/gender diversity, Lara, a 16-year-old Black cis bisexual girl with two moms, said, “I feel like they could have incorporated it not just in those 2 years, but through middle school and high school.”

Forgettable: “I don’t remember ...”

A few participants, all cis heterosexual boys, had little to say about the sexual and reproductive health education that they received. They indicated that they had vague recollections of sexuality coursework and could name few details about what they learned or found notable. An exemplar response came from Lewis, a 15-year-old Latinx cis heterosexual boy with two moms, who said, when asked what he had learned in school, “Um, I don’t remember.” The little information that these participants did recount generally seemed heteronormative (“Yeah, just sort of like how to use a condom and that kind of thing”).

Family-building routes

General lack of inclusion and mostly bionormative

Participants generally regarded their school-based reproductive and parenthood education to be highly limited when it came to inclusion of LGBTQ+ identities and/or diverse family-building routes. Schools’ focus on sex and reproduction generally stopped at “sex leads to pregnancy, which can lead to babies.” Teens shared that they were rarely exposed to discussion of family building options other than procreative sexual intercourse, which was at odds with the reality of their families. Parenthood was addressed only in the context of biological parenthood, whereby heterosexual intercourse, pregnancy, and birth were treated as expected, normative, and inevitable steps along the singular journey to parenthood. Opa, a 15-year-old White nonbinary lesbian with two moms, recalled the discussion of parenthood options as fairly linear and singular: “Whenever you and who you really like settle down and have a kid, you give birth to that kid.” Will, a 15-year-old White cis bisexual boy with two dads, said, with frustration, “I haven’t really taken classes [about reproductive technologies or adoption], which I find a little interesting for sure.” Will further highlighted how the emphasis was always on “how you should use protection” to avoid pregnancy and unintentional parenthood, but he wanted to learn more about how to “actually take care of children; I wish I could learn more about that ... and [reproduction]—that should also be a priority.”

Several participants pointed out how the failure to talk about adoption in school was problematic not only because it erased a valid (and personal) family-building route, but also because “most kids don’t know about adoption.” Ella, a 15-year-old Black gender- and sexuality-questioning teen with two dads, felt like it was “important” to talk about adoption in school, not only as a way that families are created but also because of the general stigma and lack of understanding about adoption (“on TV and stuff, it’s portrayed as negative”). These teens were “swimming” in a general school culture that lacked awareness of adoptive families, and, thus, a context where their own origin stories were explicitly or implicitly rendered invisible.

In contrast, a few participants said that while they thought learning about diverse family building would be “interesting,” they also felt like “we’re young, and it’s not super relevant.” Thus, there were diverse perspectives on the relevance and meaningfulness of such knowledge.

“Adoption was mentioned ...”

Sometimes family-building options beyond straight sex were mentioned, but not holistically or in depth. Several participants did say that their school addressed adoption (in addition to heterosexual intercourse) but not other routes (e.g., reproductive technologies). Lara, a 16-year-old Black cis bisexual girl with two moms, said, “We mostly just learned about the traditional way to make a family or adoption.” Rosie, a 14-year-old White cis bisexual girl with two moms, said that her health teacher briefly mentioned adoption but did not “really dive into adopting or surrogacy or stuff like that.” At times it seemed as though adoption was mentioned mainly as an option for birth parents—that is, an alternative to raising a child—not in the context of available routes to parenthood. Karin, a 14-year-old Latinx cis heterosexual girl with two dads, said, “I mean, they talked about birth control and stuff like that. And adoption too. Like if you didn’t want the kid, you could give it a better life.”

In one case, adoption as well as reproductive technologies were mentioned as options beyond “straight sex.” Krystal, a 17-year-old White cis heterosexual girl with two dads, said, “We talked about families come in all different shapes and sizes and the different ways [to conceive]. I definitely remember at some point talking about different options [like in vitro].” Krystal contextualized this progressive focus in terms of the school and community climate, stating, “It’s a very liberal, accepting town. A large portion of the student body identifies as LGBTQ.”

Responding to inadequacies in school-based sexuality education

Parents (and other sources) as educators

Some participants, who generally identified as LGBTQ+ and/or recalled their schools’ sexuality education program as heteronormative, explicitly noted that their parents took the lead on teaching them sexuality education inasmuch as they were “not learning anything at school.” Doree, a 15-year-old Black cis questioning girl with two dads, said: “The only thing that the school ever really taught was like [straight] sex but even then, they taught it really badly. My parents got me a book, which is where I learned about most other stuff.” Asked what it was like to talk about sex with her parents, Doree said, “We don’t talk about it daily like an everyday conversation but then again, we don’t treat it as if it’s something that shouldn’t be talked about. We joke about how bad sex education is.” Indeed, the family environment that Doree described was relatively relaxed when it came to sex, a sentiment echoed by other participants. As Carl, a 15-year-old Latino cis heterosexual boy with two moms, said, “[My family], we’ll talk about literally anything. Health is ... a very open [topic in our family].”

Some teens also mentioned learning about sex and sexuality from friends, the Internet, and social media. Opa, a 15-year-old White nonbinary lesbian with two moms, said, “I mean it’s all abstinence based [at school]. Of course, you know, my parents have taught me a little bit about stuff like that. But also, I learned about most of it on my own, like [from friends].” Braylin, a 16-year-old White gender-nonconforming lesbian with two dads, said, “There was a lot of learning from each other and learning online, more so than learning from school.” Zoe, a 14-year-old Black genderfluid panromantic individual with two moms, said that while their family was very open regarding sexuality, “I didn’t know I was pan for a while. They really only introduced me to bi, lesbian, straight, because that’s what they were raised with.” Zoe, in turn, found the Internet and their peers to be helpful sources of information about diverse identities.

Likewise, a few participants asserted that they learned about diverse family building routes from their families, particularly their parents, who facilitated and/or encouraged open communication about “different ways to be a family” and multiple pathways to parenthood. Lara, a

16-year-old Black cis bisexual girl with two moms, who did recall some mention of adoption in her coursework, nevertheless noted that she did not rely on her school to teach her about family diversity, relying on her parents and general life experiences to learn about “other ways to make or have a child.” One trans adolescent, who recalled learning nothing about adoption or other family building routes in school, had learned a lot about family-building options from his dads and his doctors during the screening and counseling process associated with starting hormone treatments. CJ, a 17-year-old White trans pansexual boy, said:

I learned about that [from my dads and my endocrinologist] before I started taking testosterone ... [that I could come off testosterone and have the baby. Or, you could have your partner get artificially inseminated ... or adoption. All of the different ways I could have a baby if I didn't want to have a baby of my own.

Advocacy: Speaking up for what/who is missing

Some participants shared how they advocated for more inclusive content. Most of them were LGBTQ+ themselves. At times, this advocacy occurred through talking to teachers and staff about what was missing and needed. Hope, a 16-year-old Latinx cis bisexual girl with two moms, who described heteronormative school-based sexuality course content, said,

We actually have a school-based health clinic that will give pregnancy tests, condoms, and all that. I went in ... and there was this really nice person, and we started talking about how they need to get a better sex ed program and we just ended up having that conversation.

Braylin, a 16-year-old White gender-nonconforming lesbian with two dads, whose sexuality education class focused mostly on “straight sex” likely because “it’s definitely more worrisome [to people] that straight people are going to get pregnant,” shared how she and her friends challenged the teacher to be inclusive:

The woman was clearly very straight and did not have any experience to speak of or was not educated enough to speak on the subject when we asked her about it ... We asked, “Are you going to cover [gay sex]?” She was like, “I’m not educated enough for that.”

Kelsey, a 15-year-old White cis bisexual/pansexual girl with two dads, shared that although the sexuality education content itself was “very inclusive,” covering “different groups in the LGBTQ community and ... same-sex couples, and intercourse and everything,” her teacher “doesn’t really know what’s going on” and “would get things wrong.” Kelsey noted, however, that “the LGBTQ+ kids in my school ... are pretty vocal” and routinely corrected the teacher. This type of advocacy was facilitated by the fact that her school was “very accepting of LGBTQ+ people,” adding, “For the most part, people just don’t really care.”

At times, participants’ advocacy occurred not just through talking to teachers and staff but also via nonacademic school advocacy (e.g., via gender-sexuality alliances [GSAs]) and class projects and assignments. Opa, a 15-year-old White nonbinary lesbian with two moms, shared:

Our school’s GSA—we have our school’s news thing, and we’re very much like, “Hey can we add segments?” And multiple times we’ve gone to them saying like, “We want to do a segment on gender identity.” And she was like, “Keep it PG [rated].” And we’re like, “It’s gender identity. It is PG.”

Annie, a 16-year-old White cis lesbian with two dads, said:

I had some friends who were like, also had gay parents ... and so we did a whole project presentation about it, where we learned a bunch about it. Because why not? And a bunch of my teachers were also queer, which helped a bunch.

Annie's quote highlights the role of the larger school context, including LGBTQ+ representation among teachers and students, in shaping the act of, and response to, advocacy. It also highlights how individuals like Annie used their unique vantage point as youth with LGBTQ+ parents to educate and advocate for more inclusive content at school. Indeed, Annie also highlighted how she and some members of the "queer group" at school had pushed back on school administration for their support of Chick-fil-A, a fast-food chain popular in her area that many students viewed as homophobic (e.g., due to its donations to anti-LGBTQ groups).

"We need more": The importance of inclusive sexuality education at the current moment

Some participants who were diverse in sexual and/or gender identity emphasized a need for inclusive and relevant sexuality education that reflected the current sociopolitical context, which was characterized by increased legal and political attacks on LGBTQ+ and reproductive rights. Annie noted that "there's been a whole past where people just don't even get to live, or hate themselves, or kill themselves, because they're queer"; in turn, she felt that there was an urgent need to teach high schoolers "general queer history" to understand both the diversity of, and contemporary attacks on, LGBTQ+ people. Likewise, some participants highlighted the need to address sexual and gender diversity in ways that considered the broader sociopolitical climate in the United States. Finally, some participants highlighted the recent Supreme Court ruling that overruled *Roe v. Wade* and eliminated the constitutional right to abortion and emphasized the need for sexual health curricula to attend to reproductive rights, abortion, and contraception for diverse people. Said Opa, "With the overturning of *Roe v. Wade* ... [we need information and] resources. ... School is not helping, I don't think, at all."

Thus, these participants emphasized the overturning of *Roe v. Wade*, and contemporary attacks on LGBTQ+ rights, as important contexts that needed to be addressed in the context of delivering accurate, nuanced, and meaningful sexuality education to contemporary youth. They also, in a few cases, noted that the silence surrounding such issues was counterproductive and harmful: "Politics ... is part of what's happening. It has an effect on our bodies and futures!"

DISCUSSION

The current study provides insights into the perspectives of teenagers with LGBTQ+ parents, all of whom were adopted, and some of whom were LGBTQ+ themselves, with respect to school-based sexuality education. They represent a unique group of individuals who may be especially marginalized by curricular content (and possibly school culture more generally) because of their parents' sexual identities (Gabb, 2004) and family-building route (Goldberg & Byard, 2020), and, in some cases, their own sexual/gender identities (Jones et al., 2016). Our findings suggested that sexuality education was infrequently described as holistic or LGBTQ+ inclusive, with inclusive education most often noted by participants in progressive cities and/or private schools, highlighting how community attitudes and school policies and resources may shape school-based sexuality education (Goldberg & Abreu, 2024; Goldfarb & Lieberman, 2021). Perhaps, as some participants hinted, teachers

do not incorporate LGBTQ+ themes due to concerns about parental objections or state mandates—concerns that are heightened in the current U.S. sociopolitical context, where discussion of LGBTQ+ identities in schools increasingly debated by parents, community members, and politicians (Flores, 2014; Goldberg, 2023; Harris et al., 2024). Yet this type of implicit marginalization serves to communicate to youth from diverse families that they are inferior or invalid, which may contribute to internalized stigma, shame, and mental health challenges (Goldberg & Abreu, 2024; Goldberg et al., 2023). This study builds on prior research showing that sexuality education in the United States often fails to include LGBTQ+ perspectives, with disparities linked to geographic and policy-related factors (Flores, 2014; Goldfarb & Lieberman, 2021) and further highlights the specific ways in which youth with diverse intersecting identities are impacted by such gaps, and try to address them, such as via family discussions and advocacy efforts.

One notable finding is that a small group of participants, all cis boys, recalled very little about their sexuality education. This is somewhat consistent with prior work suggesting that boys may be more resistant to and uncomfortable with school-based sexuality education (Hilton, 2007; Measor, 2004), possibly leading them to look elsewhere for sexuality content (Astle et al., 2020). Indeed, girls are generally more willing and less resistant than boys to talk about a number of sensitive and complex topics, such as their own adoptive history (Freemark et al., 2005) and sex (Elliot, 2010), which may shed further light on our findings. Different approaches to school-based sexuality education (e.g., smaller class sizes), along with instructor competence in LGBTQ+ issues, may enhance engagement among cis boys (Hilton, 2007). Of note, too, is that the fact that our interviewers were all women may have contributed to greater resistance and less comfort in our cis boy participants when discussing their experiences with sexuality education.

We also found that participants were rarely exposed to discussion of family building options other than procreative sexual intercourse, which was at odds with the reality of their families—and may send the message that their families are “less than” (Goldberg & Byard, 2020). Some teens described how their parents “queered” or resisted heteronormative schooling by providing some of the “missing” content, including adoption and reproductive technologies. Such general absence has implications for all youth with LGBTQ+ parents, not just those who are adopted (Gabb, 2004). Many teens with LGBTQ+ parents—and some teens with single heterosexual parents—are conceived with the help of reproductive technologies. In turn, school-based discussions of donor insemination, in vitro fertilization, and surrogacy, are important to reflect, normalize, and educate about a broad range of diverse families and kinship arrangements (Goldberg & Byard, 2020). Notably, some youth with LGBTQ+ parents appear to be open to and interested in a childfree future, perhaps reflecting the ways in which their parents have successfully “queered” their notions of family, allowing them to envision multiple ways of “doing” life, family, and kinship (Goldberg et al., 2024). In turn, school-based discussions about families and family building should also ideally acknowledge being “childfree” as a valid choice. Ultimately, inasmuch as this study sheds light on the firsthand experiences of youth directly impacted by the erasure of nonheteronormative family structures in sexuality education, more work is needed that explores how exposure to diverse family-building content in sexuality education influences students’ perceptions of family legitimacy, belonging, and self-concept.

We found that some participants engaged in advocacy related to sexual/gender identity inclusion in particular, often helping to provide a broader, safer sense of community for all students. Not surprisingly, these individuals were often LGBTQ+ themselves. The absence of relevant information was perhaps additionally salient for them amid their own sexual/gender identities, and their experiences growing up in queer families may have facilitated their awareness of and willingness to challenge the heteronormative status quo (Gabb, 2004; Goldberg et al., 2024; Oswald et al., 2005). The student-led action that we observed is consistent with other work establishing the powerful potential for students to resist heteronormative and

cisnormative school contexts and change (or “queer”) school practices and policies (Jones et al., 2016). Such student-initiated action can be seen not only as a form of activism but also a form of “sexual citizenship”—that is, a form of collective agency aimed at promoting and protecting students’ sexual autonomy and sexual self-determination (McGlashan Fainu & Fitzpatrick, 2025). Schools are settings in which the curricula are often in tension with students’ sexual citizenship and diverse sexual/gender identities (Baber & Murray, 2001; McGlashan Fainu & Fitzpatrick, 2025). In turn, student advocacy efforts in schools may be powerful means of pushing for systemic change, including the strengthening of comprehensive sexuality education, educator training, collaborations with community organizations to promote policy changes, and/or dialogues with school administrators and school boards to voice concerns. Notably, not all teens may feel able to speak up for “more” and “better” (i.e., to advocate for “queering” the curriculum); their ability to be activists and/or challenge gender and sexuality norms may depend on feelings of safety and inclusion (Goldberg & Byard, 2020). Such advocacy, if enacted, however, may have positive effects on well-being and self-esteem: In a study of trans young adults, for example, Jones et al. (2016) found that student advocacy related to school coverage of topics such as sexuality and puberty education benefited well-being via enhancing students’ sense of agency and providing them with a broader sense of community.

The fact that LGBTQ+ students in particular emerged as potentially powerful school leaders, willing to advocate for inclusive education, is significant because an increasing number of teenagers are currently identifying as LGBTQ+. According to national survey data, one in four high schoolers now identifies as LGBTQ+ (Levesque, 2023). Perhaps LGBTQ+ youth are an as-yet-untapped resource to help reshape and improve sex education from the inside. They should be encouraged, by schools and parents, to weigh in on needed improvements and changes to ensure that sexuality education meets the needs of contemporary youth who are diverse in sexuality, gender, and family composition. Notably, some teacher advocacy groups and unions have challenged anti-LGBTQ+ bills in their states, called for trainings to increase LGBTQ+ competency among teachers and staff, and pushed for coordinated efforts to combat anti-LGBTQ+ local school boards (Will, 2023). LGBTQ+ students can be important voices and partners in such efforts, in that they are directly affected by their outcomes.

In addition to acknowledging their parents as sources of sexuality-related information, participants also mentioned their peers and the Internet. This is consistent with prior research suggesting that peers, the Internet, and social media may be key sources of sexuality-related information when school-based information is absent or unreliable, particularly for LGBTQ+ youth (Nikkelen et al., 2020)—yet these sources are also limited in that they may offer inaccurate information (Dickson et al., 2023). Despite the significance of peers and the Internet to teens’ lives, families and parents specifically remain an important context for young adolescents to voice concerns, questions, and issues related to sexuality—and may be a key source of information, support, and dialogue in this regard (Richardson, 2004).

Finally, some participants emphasized the need for a more holistic sexuality education that was sensitive to the current sociopolitical climate in the United States. Their sensitivity to the broader context, including court rulings that affect LGBTQ+ and reproductive rights, may reflect their own sexuality and gender identities and having LGBTQ+ parents: People whose identities fall outside of heteronormative and cisnormative categories are often aware of and the first targets of anti-LGBTQ+ sentiment and legislation, as well as infringements on people’s reproductive rights and autonomy (Cohen et al., 2022; Goldberg & Abreu 2024). Their desire for sexuality education to reflect and be informed by the sociopolitical context is in line with national and international guidance on sex education, which calls for a rights-based, social justice framework that critically integrates issues of power, privilege, gender, and social context (Advocates for Youth, 2025). Further, the kinds of changes they are advocating for have the potential to benefit all youth, not just those with LGBTQ+ parents or who are LGBTQ+ themselves. Comprehensive sexuality education can indeed play an important role in empowering all

youth to possess (a) greater bodily and sexual autonomy, (b) knowledge of sexual and reproductive health, (c) the confidence and ability to engage in safe and healthy sexual behaviors, and (d) the skills to build meaningful and sustainable relationships (American Academy of Pediatrics, 2024).

Limitations and future directions

Our findings should be viewed cautiously and in the context of the limitations of our study. This study is limited by the fact that participants varied somewhat in age and may have in turn varied in their recollection of sexuality-related education at school; indeed, some may have encountered this coursework more recently than others, which may have impacted their memory and impressions. Some, too, may have not yet taken high school coursework that would have exposed them to some of the topics and issues that we inquired about (e.g., diverse families), such as in the context of classes in psychology, sociology, and/or other social sciences, but might do so in the future. We did not include teens with LGBTQ+ parents who used other family-building routes besides adoption, such as donor insemination or surrogacy. These individuals might be particularly sensitized to the absence of other information, such as reproductive technologies.

In that our study was cross-sectional, we obtained only a snapshot of adopted adolescents' experiences and perspectives of school-based sexuality health education. Their ideas and experiences will likely evolve as they develop and are exposed to more sexuality-related information at school and beyond. Future work should explore adopted adolescents' perspectives on school-based sexuality health education longitudinally. Further, although we did not detect systematic differences in perspectives based on whether participants had two moms or two dads, future work should continue to attend to whether parent gender/relational context may shape how teens learn about sexuality. Some work (e.g., Gabb, 2004) suggests that children of lesbian mothers acquire a unique and more expansive understanding of sex and sexuality due to growing up in a lesbian-parent family specifically. Also, our interview questions did not focus explicitly on the intersections across sexuality-based education and parent-child communication about sexuality. Future work should aim to explore in greater depth parent-child communication and parental guidance related to sexuality, reproductive, and family-building topics.

Our study was conducted in the United States, and our findings may therefore not be applicable to adopted adolescents in other countries with different educational systems and cultural attitudes toward sexuality, reproductive health, and LGBTQ+ issues. Further, our participants happened to reside in largely urban and suburban areas. Families, and especially LGBTQ+ parent families, in rural areas may face challenges vis-à-vis school-based sexuality education that we did not capture. And, of course, the landscape of sexuality and reproductive health education is ever evolving. Findings from this study reflect the state of education in the United States at the time of data collection, and subsequent changes in educational policies and curricula may impact future projects with similar foci and samples. Future research is needed to capture recent changes in federal administration and policy. Indeed, at the time of this writing, Donald J. Trump has begun his second nonconsecutive term as president of the United States, and his policies related to reproductive health and education may have key implications for sexuality/reproductive curricula in public schools. Trump has threatened to block abortions nationwide, "defund" Planned Parenthood, and undermine the Affordable Care Act's coverage of contraception (Bernstein et al., 2024). Trump has also asserted an intention to punish school districts with initiatives related to diversity, equity, and inclusion (e.g., that teach critical race theory or "gender ideologies"; Peetz, 2024). Taken together, such actions mean that sexuality and reproductive health education across the United States could be shaped in ways that would

severely limit, as opposed to expand, the types of inclusion for which the participants in our study were advocating.

Implications

Despite these limitations, our findings hold implications for educators and practitioners who work with teenagers and families that are diverse and defined by their family-building route, sexual orientation, and gender identity. School-based sexuality and reproductive health education was often experienced as limited—for example, family-building options other than procreative sexual intercourse (e.g., adoption, donor insemination, in vitro fertilization, surrogacy) were rarely discussed, which often did not reflect the reality of participants' diverse identities and family structures. Parents, peers, and the Internet served as a critical source of sexuality and reproductive health-related information and helped to address gaps in the current curricula. Some teens, many LGBTQ+ themselves, engaged in advocacy with respect to inclusive content in their classrooms, often helping to provide a broader, safer sense of community for all students.

Insight into how these teens articulate their ideas and perspectives—and their experiences of the strengths and weaknesses of school-based sexuality and reproductive health education—can help individuals and organizations execute inclusive, comprehensive, and meaningful health curricular content. Diverse (e.g., adopted, LGBTQ+, and with LGBTQ+ parents) teens and their teachers can act as powerful collaborators in the creation and dissemination of holistic and inclusive curricula, perhaps using creative methods to ensure that all students receive key content related to sexuality, health, and families that go beyond “traditional” approaches. For example, content related to in vitro fertilization, adoption, and other family-building routes (as well as being childfree) could be incorporated into coursework on families, human development, biology, and wellness (Castle et al., 2016; Darling et al., 2022; Russell et al., 2020).

Teachers often recognize that topics related to LGBTQ+ sexual health and well-being are insufficiently covered in school-based sexuality education but also highlight a lack of training as a major barrier to such coverage (Sondag et al., 2020). In turn, teachers may need formal training and guidance to facilitate their ability to integrate such topics confidently and competently into their curriculum in a way that normalizes and legitimizes diverse sexual identities, behaviors, and experiences (Hobaica & Kwon, 2017). Providing teachers with structured training and resources—such as ongoing professional development, and access to LGBTQ+ inclusive curriculum toolkits—can help them navigate restrictive policies while still delivering affirming and comprehensive content (Goldfarb & Lieberman, 2021).

Rather than presenting our findings as prescriptions for already overburdened and politically constrained school-based sexuality education, we offer them as contributions to broader conversations about youth development, health equity, and educational justice. Insights gained from our findings can inform policy efforts and advocacy initiatives that extend beyond the classroom, including programming led by community-based agencies, youth opportunity organizations, peer educators, and digital platforms. Together, these channels can help ensure that young people have access to the inclusive, developmentally grounded resources they deserve. Relatedly, collaboration with advocacy groups and policymakers through initiatives like district-level policy reform, educator-led advocacy networks, and partnerships with LGBTQ+ organizations, can further support efforts to uphold inclusive curricular standards—a meaningful goal that can benefit a broad range of diverse students and families (Snapp et al., 2015).

DATA AVAILABILITY STATEMENT

The participants of this study did not give written consent for their data to be shared publicly, and because of the sensitive nature of the research supporting data are not available. Questions about the data can be directed to the corresponding author.

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How to cite this article: Goldberg, A. E., Silvert, L., & Siracusa, L. (2025). Experiences with school-based sexuality education among adopted adolescents with sexual minority parents. *Family Relations*, 1–23. <https://doi.org/10.1111/fare.70058>