

“Am I Normal?": An Analysis of Adult Sex Education Through Interviews with Sex
Educators

BY

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Abstract

Research and discussion about sex education almost exclusively focused on sex education of children and teens; however, there is an increasing amount of sex education aimed at adults. Despite its growing popularity, few studies have explored adult sex education from a pedagogical perspective. With educators ranging from Instagram sex ed influencers to dominatrix-led kink workshops to church-based sex education courses, adult sex education has solidified its place in modern society. The current study sought to investigate adult sex education from the perspective of the educators in order to better understand the work that they do, as well as the clients they serve. Seventeen sex educators from Canada, the United States, and the United Kingdom participated in this study. Five themes were identified as part of this sample. This included normalcy, communication, shame, past sex education, sex education beyond heteronormativity, and empowerment. The results of this study help to outline the information sought from adult sex education, as well as inform gaps in mainstream sex education.

Table of Contents

Title Page	i
Abstract	ii
Table of Contents	iii
List of Tables	vi
Acknowledgements	vii
Introduction.....	1
Comprehensive Versus Abstinence-Only Sex Education.....	4
Religion and Sex Education.....	6
Sex Education and LGBTQIA2+ Communities	8
Adult Sex Education	9
The Future of Sex Education	13
The Current Study.....	16
Method	16
Participants.....	16
Materials	17
Procedure	18
Positionality Statement	19
Data Analysis	19
Results	20
Theme 1: Normalcy	20
Theme 1.1: Fear-Related Normalcy	20
Theme 1.2: Influences of Social Representations	21
Theme 1.3: Identity Validation.....	23
Theme 2: Communication	23

Theme 2.1: Positive Communication	23
Theme 2.2: Consent and Violence.....	24
Theme 3: Shame	24
Theme 3.1: Cultural Shame.....	25
Theme 3.2: Concrete Shame.....	25
Theme 4: Past Sex Education	26
Theme 4.1: Ignoring Pleasure.....	26
Theme 4.2: Narrowness.....	27
Theme 4.3: Queerness	29
Theme 4.4: Religion	29
Theme 4.5: Lack of Basic Information.....	30
Theme 5: Beyond Heteronormativity	31
Theme 5.1: Queerness	31
Theme 5.2: Kink & CNM.....	32
Theme 5.3: Beyond PVI.....	33
Theme 6: Empowerment.....	34
Theme 6.1: Information & Validation.....	34
Theme 6.2: Creating Comfort.....	35
Discussion.....	36
Pedagogy of Adult Sex Education	41
Limitations and Future Research	43
Conclusion	43
References.....	45
Appendix A. Interview Questions	52
Appendix B. Demographics Questions.....	53

Appendix C. Social Media Advertisements..... 54

List of Tables

Table 1: A Sample of Popular Sex Education Channels on YouTube	12
Table 2: A Sample of Popular Sex Education Accounts on Instagram	12

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“Am I Normal?”: An Analysis of Adult Sex Education Through Interviews with Sex Educators

The field of sexual health education is one that is often dominated by the debate between abstinence-only and more comprehensive, sex-positive education for school-age children. As we move further into the 21st century, the general population will likely continue to receive a better education than generations before them when it comes to sexual health. Despite this positive trend, many young people in North America still receive subpar sexual health education, which results in many adults having inadequate or inaccurate sexual health knowledge. This discrepancy opens the door for sex education tailored towards the sexual health needs of adults.

Television and other media outlets have been a source of adult sex education since at least 1980 with the creation of Dr. Ruth Westheimer’s show *Sexually Speaking*. Recent examples of sex education in the media include the web series *Sex Ed: The Series* and *Sunday Night Sex Show* with Sue Johanson, a live call-in Canadian broadcast show that ran from 1996 to 2005. In the 2010s, The Learning Channel (TLC) premiered several shows discussing sexuality, including *Sex Sent Me to the ER*, a reality show documenting medical accidents that have happened during sex, and *Strange Sex*, a show looking at rarely discussed topics surrounding sexuality, including orgasms during childbirth and balloon fetishes. Another popular source of sex education since 1991 has been Dan Savage’s newspaper column *Savage Love*, which is printed across North America, Asia and Europe, and has also been released as a podcast for over a decade.

Other more recent examples of sex education in the media include VICE media’s documentary series’, *Slutever* which investigates sex in the 21st century, including episodes covering topics ranging from the sugar baby industry to virtual

reality (VR) pornography. In 2019, Netflix debuted its critically acclaimed series *Sex Education*, a fictional series depicting actress Gillian Anderson as a sex therapist and her teenage son, tackling a number of topics related to sexuality and adolescence.

Despite their recent popularity, discussions of sexuality in popular media are not a novel concept. In 1947, the short-lived sit com *Mary Kay and Johnny* became the first television program to show a couple sleeping in the same bed, something that would not become a network norm until more than two decades later (Conradt, 2010). Six years later, in 1953, *I Love Lucy* became the first program to depict someone giving birth on television, though the term “pregnant” was never used in reference to Lucy, as it was seen as inappropriate for television; She was instead only referred to as “expecting” (Conradt, 2010). In less than 100 years popular media has gone from not being able to explicitly discuss pregnancy, to television programs openly discussing fetishes and pornography. It is evident that pop culture’s relationship with discussions of sex and sex education has expanded rapidly and continues to evolve.

As technology advances and public attitudes towards discussions of sexuality evolve, so does the field of sex education. Culture and politics have and continue to determine the methods by which school-based sex education is delivered, what funding sex education programs receive, as well as how sexuality is perceived publicly more broadly (Kohler, Manhart & Lafferty, 2008). In the United States, research has looked at attitudes towards sex education in correlation with political climate and found that as the country became more politically conservative in the latter half of the 1970s, so changed attitudes towards the discussion of “sexually explicit materials” (Rosser et al., 1996). Similarly, funding towards abstinence-only sex education has been associated with political conservatism, with funding for abstinence-only sex education increasing under Republican president George W. Bush

(Jaworski, 2009) and decreasing under Democratic president Barack Obama (Johnson, 2016). Political and cultural influences can be seen in discussion of sex education in Canada as well, with the issue garnering significant media attention in 2018 when Ontario Premier Doug Ford announced a plan to revert back to a 1998 curriculum that had been criticized by many for being a regression in terms of sex positivity and inclusivity (Bialystok, 2019; Russell, 2018).

With the threat of a return to a more regressive system of sex education in Ontario, advocates, especially young people, campaigned to the government to repeal this decision (Bialystok, 2019; Russell, 2018). The students were successful and also began a dialogue on sex education in Canada. Eventually the Ontario government released a new, more modernized curriculum (Jones, 2019). Although Canada does not have the same history of majorly funded abstinence-only sex education that is seen in the United States, this is not to say that Canada's systems are inherently progressive. Despite most provinces operating under a comprehensive sex education model, at least to some extent, there are still many issues of individuals being ill equipped with sexual health resources after participating in sex education classes.

Many of the same issues that are seen in the United States are also seen in Canada. Studies have found that rates of chlamydia have been increasing across Canada since the 1990s (Choudhri et al., 2018, as cited in Sex Information and Education Council of Canada, 2020). While some of this increase can be accounted for by increases in testing, this figure is still significant. Rates of chlamydia and other sexually transmitted infections (STIs) are also highest among those 20-24 (Sex Information and Education Council of Canada, 2020). Sexual health education can play an important role in preventing the transmission of STIs, giving youth the necessary information about STIs and methods of prevention and treatment.

Comprehensive Versus Abstinence-Only Sex Education

Debates surrounding sex education are often focused on comprehensive versus abstinence-only sex education. In order to understand the development of sex education curricula, it is important to understand the structure and efficacy of both programs. Abstinence-only sex education is typically marked by an emphasis on delaying sex until marriage, with mentions of contraceptives only to highlight their inefficacy (Hoefler & Hoefler, 2017). Comprehensive sex education is designed to include abstinence messaging, combined with accurate information on pregnancy and STI prevention (Kohler et al., 2008).

Studies comparing abstinence-only and comprehensive sex education programs have largely been conducted in the United States. The United States has rates of teen pregnancy and STI transmission that are much higher than any other developed countries (Stanger-Hall & Hall, 2011). Abstinence-only programs do not teach about the ways in which consistent contraceptive usage can prevent unwanted pregnancies or the transmission of STIs (Sex Information and Education Council of Canada, 2015). By no coincidence, sex education programs in the United States are largely operated under an abstinence-only pedagogy (Stanger-Hall & Hall, 2011). A comparison study looking at rates of teen pregnancy and initiation of sexual activity among heterosexual adolescents have found that those who received comprehensive sex education were much less likely to report teen pregnancy when compared to those who received no sex education (Kohler et al., 2008). Additionally, receiving abstinence-only sex education did not result in reduced levels of engagement in sexual activity (Kohler et al., 2008). Such results are found to be consistent, even when accounting for socioeconomic status and general education attainment (Stanger-Hall & Hall, 2011).

The benefits of comprehensive sex education have been observed to extend beyond teen pregnancy and STI prevention. Consent communication strategies have been demonstrated as protective factors in preventing sexual assault among college students (Santelli et al., 2018). Similarly, the language used in certain sex education curricula may exacerbate rates of sexual assault. Often mainstream sex education presents sexuality as victimization, focusing more on how females can and should defend themselves from disease, pregnancy and “being used.” This assumes that sexual assault can be prevented by simply not engaging in premarital sex. This inherently ignores female sexuality, the structures that disproportionately oppress low-income women and women of colour, as well as the variety of relationships outside of heterosexual marriage (Fine, 1988).

Despite the observed benefits of comprehensive sex education over abstinence-only sex education, it is important to note that typical concepts of “comprehensive” sex education may not be as comprehensive as they claim to be. A core tenant of most comprehensive sex education is still abstinence, and often this sex education makes little to no mention of desire, especially female desire (Fine, 1988).

A recent study looking at college students’ reflections on their experiences with sex education found that very few individuals reported their education as helpful (Astle et al., 2021). The sample reported that they wanted to learn more about mental, emotional, relational, and social aspects of sex, more basic information surrounding STIs and contraceptives, as well as about diverse sexual behaviours and identities. Similar findings were reported in a sample of Canadian youth, with reflections on sex education in Canadian schools reported to be uncomfortable as well as fear and shame driven. Additionally, almost every participant in this sample mentioned a lack of

content relating to LGBTQIA2+ issues, sexuality, and relationships (Action Canada for Sexual Health and Rights, 2020).

Religion and Sex Education

In March of 2021, American musician Lil Nas X caused controversy with religious imagery featured in the music video for his song *MONTERO (Call Me By Your Name)*. The video featured visuals that included the artist sliding down a computer-generated pole to Hell and dancing provocatively on the lap of a man dressed as the devil. The video received mixed reactions from audiences, with many viewing the video as a valuable queer expression, while many conservative and Christian viewers accused the artist of devil worship and sacrilege. From this example, it is clear that moral panic surrounding sexual expression, especially that towards queer people, is still alive today.

The connection between Christianity and sex education is one that is often understood to be exclusively negative. Within sex education, Christianity and Christian virtues are often used as the bases for “scare tactics,” emphasizing the idea that premarital and unsafe sex will lead to the possibility of “going to hell” (Hobaica & Kwon, 2017). Studies of older adults reflecting on the sex education they received in their youth found that those from religious backgrounds, especially those who identified as Catholic, reported receiving mostly negative, stigmatized information (Fileborn et al., 2017). Similarly, studies looking at attitudes towards sex toys have found that those with religious backgrounds reported the process of buying a sex toy more difficult, with the process seen as more shameful or taboo (Piha, Hurmerinta, Sandberg & Elina Järvinen, 2018).

This is not to say that all religious dominations are inherently sex negative. Denominations such as the Union for Reform Judaism, the Unitarian Universalist

Association, and the United Church of Christ have developed highly comprehensive sex education curricula (Haffner, 2011). In particular, the Unitarian Universalist Association features a program called “Our Whole Lives: Lifespan Sexuality Education”, which includes sections relating to sexual development, values clarification, building interpersonal skills, and understanding the spiritual, emotional, and social aspects of sexuality (Lopez, 2011). The Church was established in 1961 with the consolidation of the Universalist Church of America and the American Unitarian Association and were pioneers in supporting birth control and abortion rights, as well as LGBTQIA2+ rights, with some ministers performing same-sex weddings before the Stonewall riots of 1969 (McKanan, 2013).

The Our Whole Lives curriculum was designed to be all encompassing in terms of age groups, as well as backgrounds. The program is structured with age-appropriate sections from kindergarten to adulthood, all based around four core tenants: self-worth, sexual health, responsibility, and justice and inclusivity (Lopez, 2011). The program encourages participants to consider their attitudes, values, and feelings towards sexuality through the guidance of trained facilitators. For the adult age group, this includes 14 two-hour long workshops, with titles including “Sexuality and Values”, “Sexuality and Communication”, and “Sexuality and Family” (United Church of Christ, n.d.). For younger age groups, the formatting is separated into kindergarten-grade 1, grades 4-6, grades 7-9, and grades 10-12. Sessions range from “Families and Feelings” in kindergarten to “Consent and Peer Pressure” “Gender Expression, Roles, and Stereotypes” and “Sexuality and People with Disabilities” in elementary, middle, and high school, respectively (United Church of Christ, n.d.).

Overall, looking at the sex education experiences of those connected to Christian institutions, it is clear that experiences can range immensely, including

ignorance, acceptance, and discrimination. For this reason, it is important to avoid painting with a broad brush the experiences of those who attended church-based or other religion-based sex education. Though churches have largely been the source of regressive, stigmatized information, there are certain sects that are the source of innovative and inclusive sex education curricula.

Sex Education and LGBTQIA2+ Communities

Similar to how religion has dictated the substance of sex education curriculum, the content of sex education influences and has been influenced by ideas of what is “normal” and “abnormal.” This has led to a teaching of sex education that is often heteronormative, focusing primarily, if not only on sex in the context of reproduction. In a school context, this leaves many LGBTQIA2+ students without content directly applicable to their sexual orientations or gender identities, forcing them to find their own affirming materials, potentially among peers or online (Hobaica & Kwon, 2017). Additionally, reports of LGBTQIA2+ safety in Canadian schools have found that 64% of LGBTQ students felt unsafe in school, compared to 15% of non-LGBTQ students (Egale Canada Human Rights Trust, 2012). This points to how schools may already be an uncomfortable or unsafe environment for LGBTQIA2+, with exclusion or discrimination in the classroom potentially exacerbating this.

In a 2017 analysis of sex education curricula in high schools across the United States, it was found that only 12 states required the inclusion of information relating to sexual orientation, and of those 12 states, three required that any mention of sexual orientations other than heterosexuality be presented negatively (Guttmacher Institute as cited in Hoefler & Hoefler, 2017). Additionally, curricula were reported as containing many sexist and heterosexist stereotypes, and LGBTQIA2+ students report

feeling they had to conceal their sexual orientation in school environments (Hoefler & Hoefler, 2017).

These observations are not limited to the United States, with similar reports also coming from Canadian samples. Catholic schools provide the largest religious-based education programs in Canada, with many Catholic school boards determining their own curriculum when it comes to sex education. Thus, many Catholic schools do not teach about topics that go against the Church, such as pregnancy options, sexual orientation, and gender identity. Currently, five provinces and territories offer taxpayer funded Catholic school boards, including Alberta, Ontario, Saskatchewan, Northwest Territories, and Yukon (Action Canada for Sexual Health and Rights, 2020).

Adult Sex Education

Though mainstream sex education is almost entirely geared towards young people, the sex education geared towards adults that does exist is often focused on what needs to be “fixed” (Garrity, 2010). This can include such things as “miracle cures” for erectile dysfunction or vaginal dryness, or sex tips under the assumption that all bodies can or want to experience an orgasm from penile-vaginal intercourse (PVI). This can lead to faking orgasms, something that could be done for a number of reasons, including out of love for a partner, embarrassment, intoxication, to bring a sexual experience to an end, and so on. One study found that 41% of heterosexual men reported that their partner had an orgasm all of the time during sex, while only 33% of heterosexual women reported that they had an orgasm all of the time. This discrepancy may account for the number of women frequently faking orgasms (Frederick et al., 2017).

Sex education can be very important during the transition into adulthood. Many adults choose to enter long term romantic and or sexual relationships, just as many become parents (Sex Information and Education Council of Canada, 2020). The baby boomer generation stands to live longer lives than the generations before them, which proposes the need for sex education that incorporates the needs of older people in sex education (Sex Information and Education Council of Canada, 2017).

As sexuality is often represented in the mainstream as heteronormative and vanilla, sexuality that falls outside of those definitions are often ignored or stigmatized when teaching about sexuality (Bezreh, Weinberg, & Edgar, 2012). Vanilla sex is a term that refers to non-kinky sex, with connotations of being boring, unfulfilling, or stereotypical (Simula, 2019), whereas kink is an umbrella term referring to non-normative sexual behaviours, including fetishes (Sprott et al., 2020). Music, television and movies all have many examples showing kink as dangerous, often leading the media consumer to believe that kink cannot be part of healthy sexual expression (Jaworski, 2009). This can have multileveled repercussions for adults seeking sex education, with a lack of resources for counsellors related to kink lifestyle, leading to many individuals who engage in the kink lifestyle to be reluctant to seek mental health help (Freeburg & McNaughton, 2017).

When considering the impact that stigma can have on identity, this can understandably be transferred to stigma surrounding sexual exploration. In recent years lingerie and sex toy parties have become relatively mainstream, largely operated by middle-aged women selling such products to other women in their area. Studies looking at what is discussed at these parties have found that most common questions facilitators received were related to lubricants and cleaning sex toys. Also, many had received questions relating to anal intercourse, communicating with a partner, and not

feeling sexy due to menopause or weight (Herbenick & Reece, 2009). Studies such as this one support the idea that given accommodating circumstances, individuals can begin to feel more comfortable asking questions in a sex education context, even if the individuals had not received positive sex education prior to the event.

When understanding sex toy parties as a method of sex education, it is important to consider the social context in which they are taking place. Studies looking at such parties have found that women in attendance (the study in question had an all-female sample) felt comfortable asking questions about more private information, including sex and sex toys. Additionally, the questions asked at these parties were diverse in their content, leading the author to conclude that an overarching sex education curriculum similar to that delivered in grade school may not be appropriate or effective for most married, monogamous women (Jozkowski et al., 2012).

Another context in which conversations surrounding sex education can become more accessible are feminist sex toy stores. Such stores can provide a more friendly environment than lingerie and sex toy parties, as it is more likely that different body types and sexual orientations will be accepted and represented (Nodulman, 2016). In addition to providing a more welcoming environment, sex toy stores can fill gaps and dispel myths from prior sex education in part by giving accurate demonstrations for different sex toys and sex positions (Nodulman, 2016). Brick and mortar stores also give the customer an opportunity to look at and feel a toy before purchasing it, and interaction with an expert clerk can help to alleviate embarrassment surrounding purchases (Piha, et al., 2018).

As discussions around sexuality have become more acceptable, avenues of sex education both inside and outside of the classroom have garnered more significant

attention. With this, many individuals are beginning to seek their own sex education, sometimes in the context of sex therapy. Before the 1980s, sexual dysfunction was poorly understood, even though sexual difficulties or concerns were reported in up to 52% of men and 63% of women in a study conducted only a decade later (Laumann, Michael & Kolata, 1995; Read, King, & Watson, 1997, as cited in Timm, 2009).

Despite this, sex therapists are relatively uncommon, typically only operating in larger cities, often leaving individuals in smaller communities and rural areas underserved (Althof, 2006). Even when sex therapy is available, it could potentially result in more harm than good. Many issues that people might see as problems are just natural variations in sexual response that can be dealt with through some basic education and do not require intensive sex therapy. However, there are often issues underlying difficulties with sexual performance are related to mental illnesses, substance abuse, trauma, identity, or a multitude of other factors (Timm, 2009).

Even if a client finds a therapist to communicate with about sexual difficulties, there is still the question of whether the clinician is equipped with adequate sexual health information. A study looking at clinical and counselling psychologists across North America found that most had engaged in some level of sex education training since their certification, but that most also indicated that they would require more training in order to adequately address problems related to sexuality (Miller & Byers, 2009).

As noted previously, the focus of most sex education and the beliefs around who needs sex education is young people. Sex education is often only understood within the confines of primary and secondary education, and many conversations outside of this framework considered taboo. This is particularly seen in sex education and older adults, there is a stereotype that because reproduction is impossible,

sexuality should not be considered. There is a growing body of research addressing the stereotype that older adults are not interested in engaging in sexual activity (Sex Information and Education Council of Canada, 2017). Research has found that health care professionals often believe that since aging means entering the final stage of life, sexuality becomes secondary to a focus on managing pain and prolonging life (Chaya & Bernert, 2014). This also contributes to a stereotype that older adults are not interested in sex, or that their sex lives are behind them. In reality, a study by the Sex Information and Education Council of Canada (SIECCAN) found that many adults continue to be sexually active into their 60s and 70s, with around one fifth of men and women aged 80+ reporting having masturbated in the previous year (Schick et al., 2010, as cited in Sex Information and Education Council of Canada, 2017). Additionally, rates of reported cases of gonorrhea, chlamydia and syphilis increased between 2007 and 2016 for adults over 60 (Public Health Agency of Canada, 2016 as cited in Sex Information and Education Council of Canada, 2020). These statistics point to the fact that older adults can and do maintain active sex lives, and that comprehensive sex education tailored to their demographics can help to navigate changes associated with aging and sexuality and promote well-being (Sex Information and Education Council of Canada, 2020).

The Future of Sex Education

As we move further into the 21st century, more communication and forms of expression take place over social media and other online platforms, with sex education being no exception (Johnson, 2016). Given the open nature of social media platforms, there is always the issue of not being able to verify credentials of educators. Sex education experts online range from highly trained professionals to those mostly reflecting on their own experiences (Döring, 2021/2021). On the other

hand, with school-based sex education, there is also the issue of advice coming from someone who is not knowledgeable about a specific community, such as a heterosexual person giving advice on queer sexuality, or an able-bodied person discussing sex and disability (Boynton, 2007). Given the legacy of and ongoing ignorance of marginalized voices in sex education, many programs are created and led by members of marginalized communities, especially in digital spaces like social media (Manduley, Mertens, Plante, & Sultana, 2018). This understanding is crucial in approaching adult sex education and explains the popularity of educators from LGBTQIA2+ communities, as well as the polyamory, BDSM, sex work, and disabled communities (Döring, 2021/2021).

Sex education content creators have become commonplace on Instagram and YouTube, with creators such as Hannah Whitton (<https://www.youtube.com/user/hannahgirasol>) Ash Hardell (<https://www.youtube.com/user/HeyThere005>) and Zoe Ligon (<https://www.instagram.com/thongria/>) each having hundreds of thousands of followers or subscribers, often speaking about their experiences with disability, LGBTQIA2+ topics and kink, as well as sex more broadly. Table 1 presents a sample of prominent sex educators on YouTube, and Table 2 presents a sample from Instagram. These lists are by no means exhaustive, but rather point to the significant presence of sex education content on social media platforms.

Table 1
A Sample of Popular Sex Education Channels on YouTube

Account Name	Upload Frequency	Joined YouTube	Subscribers	Views
sexplanations with Dr. Lindsey Doe	Weekly	May 2013	927,000	207,121,972
Ash Hardell	N/A*	November 2009	645,000	60,042,940
Hannah Whitton	Weekly	September 2009	662,000	88,666,595
Jackson Bird	Infrequent	January 2010	86,400	6,382,399

*Account no longer active

Note. Adapted from Johnson, 2016

Source. YouTube (Accessed March 29, 2021).

Table 2
A Sample of Popular Sex Education Accounts on Instagram

Account Name	Creator Name	Followers
shanboody	Shan Boodram	463,000
thongria	Zoë Ligon	295,000
sexwithemily	Emily Morse	356,000
feministsexed	Cassandra Corrado	19,800
thefatsextherapist	Sonalee Rashatwar	140,000
whatsmybodydoing	Eva Bloom	18,500

Source. Instagram (Accessed March 29, 2021).

Although the field of easily accessible sex education is growing, there has yet to be a comprehensive study investigating those who provide such education for an adult sample. Thus, there is a gap in what is known about sexual health educators, opening the door for a wide variety of information to be gained from this cohort, as

well as the individuals they educate. Gathering data from the educators can help inform our understanding of providers, as well as sex education as a discipline.

The Current Study

The current study involved contacting and interviewing individuals involved in the field of sexual health education outside of school settings. This included contacting sex educators who work with adults either one-on-one or in group sessions while maintaining some form of public social media presence. Through this interview process, I answered two broad questions. Firstly, I identified the types of information individuals contacting professionals are seeking, and, secondly, I identified what may be missing from mainstream sex education.

Method

Participants

Seventeen adult sex educators participated in current study. Occupations within the field varied greatly, including those working within a church setting, as a dominatrix, a somatic sex educator, and more. All individuals interviewed as part of this study were public educators who held some form of online presence, such as a website or Instagram account, as well as some form of one-on-one or group educational sessions. Participants were compensated \$30 their participation. Interviews ranged in length from 8-36 minutes.

Participant ages ranged from 24 to 44, with a mean age of 31.83 ($SD = 6.49$); most participants also identified with the generational label of “Millennial” as defined by birth years between 1981 and 1996. Of the participants who reported their gender identity, 10 identified as female, cisgender female, or femme, one identified as genderqueer and female, one identified as genderqueer, one identified as non-binary and androgyne, and one identified as male. Participants also identified their racial and

sexual identity, with some participants identifying multiple gender or racial identities. The majority of our sample identified as queer or other LGBTQIA2+ identities, which included lesbian, demisexual, pansexual, and non-monogamous. Only two participants (12%) identified as straight or heterosexual. Slightly more than half (56%) of participants identified as white. Other reported racial identities included East Asian, Afro-Latinx, biracial, and Middle Eastern. Exact sexual and racial identities will not be reported to protect the anonymity of participants. All participants were from either the United States or Canada, with the exception of one participant, who was a United States native located in the United Kingdom.

Many participants discussed their identities and other factors that contributed to their desire to work in the sex education field, as well as those that influence the content that they teach. Several participants reported having studied gender studies, women's studies, or sexuality studies while in university. As well, some participants discussed how geography impacts the work that they do. Many participants were located in major cities and noted how the more progressiveness of the city environment impacts the work that they are able to do. Similarly, many participants cited their own negative experiences with sex education as an influence in pursuing teaching. For many participants that identified as queer, their teaching was reflective of the quality of LGBTQIA2+ representation they had received in their youth often resulting in educators creating the content that they wished they had received.

Materials

Interviews were semi-structured and included questions related to the participants' educational and/or personal background as it relates to sex education, the nature of their practice, and their views about mainstream sex education. See Appendix A for the full list of interview questions.

After the interview, participants were e-mailed a demographics questionnaire and a feedback form. The demographics questionnaire included questions relating to age, generation, ethnicity, gender identity, sexual orientation, and country of residence. See Appendix B for the demographic's questionnaire.

Procedure

Participants with a public email address connected to a social media profile were contacted by email. Participants who held a social media presence, but without a visible public email were contacted via direct message, with communication after this initial interaction taking place over email. In the initial email, potential participants were given details about the study in order to determine if they would like to participate. If potential participants expressed interest, a consent form was sent electronically, which contained more details about the study in order to better inform their consent.

Part of participant contact was done through two ads on social media. These were shared on the Instagram account Sex Ed East ([Instagram.com/sexedeast](https://www.instagram.com/sexedeast)), operated by my research supervisor. Advertisements were run on this page due to the large number of sex educators who follow the page. See Appendix C for a copy of the advertisements3qw.

Once potential participants read the consent form, they responded indicating whether they would like to proceed with their participation. If participants decided to participate, a list of available interview times were sent, with participants able to decide a time that would work for them. All interviews took place over Zoom.

After the initial introductions at the start of each interview, I asked for participants' consent to record their responses. If participants agreed, recording would start, beginning with the statements from the consent form. Participants were asked

for verbal consent to record and utilize the answers they provided in this study. I then went through the questions from the interview question list, asking follow-up questions when necessary or relevant. After the interview questions, I let participants know that the recording has stopped and asked if they have any questions about the study before the call was ended. After this, I confirmed participants' emails for compensation, and to send the demographics questionnaire as well as the feedback form. I then transcribed each of the interviews under a pseudonym.

Positionality Statement

I approach this research inherently influenced by a number of different factors. I am a queer, agnostic-atheist person located in Atlantic Canada, and I am white, of Western European descent. I also identify as an advocate for comprehensive, sex-positive sex education.

Data Analysis

Interviews were analysed and compared using Thematic Analysis, according to the methods of Braun and Clark (2006). Thematic analysis involves reporting and categorizing data according to theme. A theme can be identified as anything that constitutes a patterned response within the data, either within one set (or in this case, interview), or between sets. Patterns are identified by giving equal attention to each interview quote, highlighting those that stand out at first glance, or become more relevant upon further analysis. This involves reading and annotating data to identify themes that stand out, followed by re-reading to determine if themes are consistent.

My supervisor and I reviewed the transcribed interviews separately to identify initial themes using an inductive approach (Braun & Clark, 2006). We then discussed codes and narrowed them down into agreed upon themes, then independently coded two interviews. From this initial coding, we discussed the codes, revised out initial

coding themes, resolved any disagreements and repeated the process with two more transcripts. Once we had come to consensus on the themes, I independently extracted quotes that were relevant for each theme from the rest of the data set. Quotes were pasted into a blank document so that quotes could be read and assessed without the influence of the interviewees name.

From each theme, a series of subthemes were identified using the same procedure as the theme identification. Once my supervisor came to a consensus on subthemes, all quotes were examined again, then labeled and categorized by subtheme. From this stage, documents could be referenced in order to write the results section.

Results

I identified five overarching themes, which I broke down into subthemes. These themes included normalcy, shame, bad sex education, sex education beyond heteronormativity, and empowerment.

Theme 1: Normalcy

Normalcy was a theme that occurred in nearly all interviews included in this sample. Concerns about normalcy can be seen as the reason for contacting an adult sex educator in many contexts. This may take the form of concerns or misunderstandings about one's own sexual desires or behaviours and can be influenced by factors such as shame, identity, cultural messages around sexuality, and a lack of diversity in sex education.

Theme 1.1: Fear-Related Normalcy. Within normalcy, a subtheme that emerged was the underlying fear of not being normal. Most educators noted that some variation of "am I normal?" was among the most common questions they were asked. This fear can manifest itself in many places, including a fear of not being able to

please one's partner, a fear of orgasming, and a fear that one's desires are abnormal. This fear can extend far beyond the bedroom, creating a lack of confidence affecting relationships with oneself and with partners. One participant noted the evolutionary ties to this fear:

"It's a fundamental thing, like if I'm not normal I might not be able to be allowed to exist in community, and deep down, evolutionarily, that means we might not be able to survive, so it's so core based on safety and ability to exist and have support and not be isolated and ostracised." -**Allison**

This sentiment was echoed by another participant, who noted concerns about experiences and desires as a major factor in their client interactions:

"What I have found in my years of being a sex educator, the root of every question is "Am I normal?" "Is my experience normal?" "Is whatever's happening normal?" "Can you tell me that my body is doing the right thing, that my thoughts aren't weird, that my desires aren't out there, that what I like in bed isn't terrible?" I get a lot of questions where that's the underlying concern." -**Lee**

Theme 1.2: Influence of Social Representations. Another theme that emerged related to normalcy was beliefs about sexuality that were influenced by cultural messages and social representations of sex. This included the perpetuation of ideas of how one's sexual desires and behaviours "should" be, with stigma surrounding those who do not fit into these categories. This includes messaging from families, church communities, and the culture broadly that perpetuate harmful messages about sexuality. One participant discussed how sexuality is often tied to objectivity:

"I think many people think there is an objective view of sexuality to which they should aspire... and then they judge themselves as doing it right or doing it not right based on how close their way of expressing themselves is to that perceived objectified ideal, or objective ideal." -**Jamie**

This ties in the influences of media, pornography, sexism, body shaming and slut shaming. One participant noted the disconnect between expectations of young women. *“Little girls are told not to look at their vulvas, and then 25 years later they’re told to be a really great lover.” -Alex*

Many participants referenced social representations in terms of the types of behaviours that constitute sex. In particular, there is an emphasis on sex purely as penetration ending in orgasm. When asked about the biggest myths or misconceptions surrounding sexuality, one participant referenced the overemphasis on orgasms in order to have “good sex”:

“[the biggest myth about sex] is that it needs to be about the orgasm. It doesn’t. There’s such a misconception that the whole point of sex is to orgasm. And to get there, and to do it as quick as possible, or as best as possible, and it’s like, it doesn’t need to be. You can have great sex and not orgasm. And people don’t get that because it’s so mainstream and it’s so talked about in that way, and even in porn. It just stops when they cum, and people seem to think that’s how it should be, and it doesn’t have to be. And it can be so much more when it’s not.” -Casey

This overemphasis on orgasms and penile-vaginal intercourse (PVI) is part of the narrative that there is a *real* way to have sex. When this is perpetuated, those who cannot experience orgasm from PVI are left feeling abnormal, when in reality, this is quite common. One participant who held workshops and one-on-one sessions with clients noted how pervasive this narrative is:

“I can’t tell you how many one-on-one clients I have, how many students I work with in workshops who will tell me they have never had an orgasm before and will say those words- “I’ve never had an orgasm before”. And then I ask them some follow up questions and they’ve had an orgasm while engaging in oral sex, they’ve had an orgasm using sex toys, they’ve had an orgasm masturbating- they haven’t had an orgasm during penis in vagina intercourse and they feel like then they haven’t had real sex. And it’s like no, let’s talk about that, because you’re enjoying these other experiences, what makes you think that this one, because you haven’t had this one you aren’t having enough, you aren’t doing enough.” -Sam

Theme 1.3: Identity Validation. Another subtheme identified within normalcy was identity validation. In many cases, educators reported having conversations about validating queer identity, and more specifically, that their gender or sexual identity was, in fact, normal. When asked what sorts of questions or concerns were brought forward to them in their practice, one participant noted frequent conversations surrounding validation:

“People have a lot of queerness stuff, like wanting to be validated in their identity. Yeah, I think people want to be validated in their experiences of sexuality that are outside of society being like “you need to have PIV hetero sex” and the people who are having any other experience are like “tell me that this is ok! And how do I do it?”” -Sidney

Theme 2: Communication

When discussing the sex education provided to adults, another theme that emerged was education around communication. Discussions varied, ranging from vocalizing to a partner what you prefer in the bedroom, all the way to the perpetuation of rape culture. Ultimately, communication, or a lack thereof, is indicative of what we feel comfortable expressing, and the resources we have to express feelings, desires, and boundaries.

Theme 2.1: Positive Communication. The subtheme of positive communication refers to communication surrounding positive expression, including expressing emotions, communicating with a partner, and expressing sexual desires. One participant related this to emotional intelligence:

“In the area of sex education, my main focuses include teaching various parts of relational skills using an emotional intelligence approach. So relational skills, everything from talking to someone you like when you’re six years old and you have a crush on them, or any kind of sexual negotiation or having difficult conversations within relationships, including setting boundaries, including negotiating any kind of sexuality or relational terms.” -Cameron

Theme 2.2: Consent and Violence. A number of participants noted connections between communication and setting boundaries, especially when it comes to sexual content. One participant noted how a lack of confidence in vocalizing one's desires can be connected to sexual manipulation:

“So, I hear this a lot from people who don't feel confident advocating for their desires, they might be more inclined to do what the first persons who spoke up asked for instead of sitting and thinking about what they want. The blue balls thing gets me every fucking time. It's just such a myth but it's one of those things where it's this expertly crafted manipulation that says “you will hurt me if you don't if you don't do this and I know you and you don't want to hurt me I know that so did this thing” like no that's the fucking hurt. Your penis is going to be fine; your blood will flow back to your body everything will be OK. And so that's, so many teenagers have been sexually manipulated, have been coerced because of that myth and that just grinds my gears.” -Sam

Continuing the theme of communication and sexual assault, the same participant noted that a number of clients contacted them seeking information on setting boundaries and communicating triggers with a partner:

“[people often want to know] how to explain your boundaries and your triggers to partners, because that is my focus area, sex after trauma and healing after trauma, I get a lot of questions from people who are recovering and who are coping that are struggling to articulate that to people, which is a common post-traumatic response. And people want to know how they can share what's going on with them and their partners in a productive way.” -Sam

Theme 3: Shame

Concepts of shame were among the most prevalent themes in the interviews included in this sample. One of the questions included in my script was related to shame, specifically asking educators if they encounter clients who experience shame, and if so, what tools they use to overcome this. Some participants brought up shame even before I asked this question. Responses varied, but with many consistencies.

From the responses included, I was able to classify all responses into two categories: cultural and concrete.

Theme 3.1: Cultural Shame. In identifying the subthemes of shame, cultural shame emerged as a descriptor of the many ways elements of culture can perpetuate shame. Examples included heteronormativity, slut shaming, religion, and misogyny, among other factors. One participant identified an example including both slut shaming and misogyny:

“[the biggest myth or misunderstanding that people have around sexuality is] that men are supposed to be like assertive and always ready to go and like yeah that women who have multiple sex partners is somehow slutty and yeah just like not allowing women to be sexual at all.” -Sidney

Another participant noted a specific technique used to combat shame, which included identifying the source of internalized shame by relating to a more lighthearted form of personal advocacy:

“Most of us who feel intense shame, there’s a voice in our head that’s telling us like “this is the thing that makes you the bad person”- whose voice is that? Because it could be your own voice, and that’s definitely something to work on, but is it your pastors voice? Is it your parents voice? Is it your siblings? Your teacher? Is it many people? Figure out who that voice is, and do you trust them to give feedback on your life now? Would you take their feedback seriously now? Or would you be like “I don’t like listening to you”. Because right, if you would say “I don’t like listening to you about the type of potatoes that they’re critiquing, then why let them have impact on your sex life?” -Sam

Theme 3.2: Concrete Shame. The second subtheme of shame identified within our sample was concrete shame. This included more physical manifestations of shame, typically surrounding the body in some sense. This included shame around STI diagnoses and treatment, as well as body positivity. One participant was particularly candid in noting the physiological connections to shame:

“For the most part what I say is that shame starts with your body, it always starts with the physical parts of it, so it’s about understanding and getting in

touch with your body, and feeling confident in your skin, and knowing that there's nothing wrong with it, that it deserves pleasure, that it's a right, and to go from there." -Taylor

Theme 4: Past Sex Education

Many participants discussed the prior sex education their clients had received prior to contacting them. This included highly variable experiences, both in the content of the course and the qualifications of the educator. A few participants highlighted how this variability perpetuates the inherent problems with modern sex education:

"One of the problems about sex education is that in a lot of school settings it's taught by a health teacher. And it really depends on the individual. Like you might have a health teacher that is super progressive and very knowledgeable and knows how to teach about sexuality without it being shaming, but you might also get a gym teacher who is thrown in there with a lesson plan at the last minute, like it isn't regulated and it's really hard to know what quality of sex ed you're gonna get."-Lee

"I would say that one of the most apparent challenges to me is just the idea that both health and education are provincial or territorial jurisdiction. So, across Canada the implementation of high-quality sex ed is really inconsistent and so what one student learns in British Columbia is going to look really different than what a student learns in Manitoba, for example. And so, a lot of that does have to do with the provincial governments, who's in power, what their particular political leanings are."-Pat

Among the other issues identified in prior experiences with sex education were a general ignoring of pleasure, narrowness in the content covered, an inattention to or negative information surrounding queer topics, as well as a lack of basic information overall.

Theme 4.1: Ignoring Pleasure. One of the main subthemes identified within previous clients' sex education experiences was a general ignorance of pleasure. Generally, sex education in schools or from parents cover topics such as STI and

pregnancy prevention, with little attention to more positive aspects, such as sexual pleasure or communication within relationships.

“I don't think the public education addresses the- pleasure in general is very much a physical physiological and or physical- here are the physical changes that you are going to experience and even in our adult education and sex education we don't do a good job of sharing and affirming that sex is for pleasure in a consensual relationship”-Riley

“Well, I still think [mainstream sex education is] pretty like PIV focused and we don't even really talk about the actual sex acts and what sex can look like and pleasure, which is silly because that's the reason why most people have sex most of the time.”-Sidney

Theme 4.2: Narrowness. Another subtheme consistently mentioned within the broader category of prior sex education was narrowness of the material covered within the courses. This included an overemphasis on the more physiological parts of sex, such as STI and pregnancy prevention. *“I think in the state we focus so much on negative outcomes, like here's not to not get pregnant, here's how to not get an STI. And that kind of encompasses the bulk of most sex education.” -Lee*

“I think that in sex education we're really missing the people. We're missing a lot of nuance, so I can only speak for curriculum that I've taught in the United States or through the U.S. Government, but a lot the curricula that we are offered or that we have available to teach are really, really data driven, and quantitative data driven. And so that means we're looking at how to reduce HIV rates, how to reduce teen pregnancy, and all that ends up looking like in the classroom is just delivering information, and that's what a lot of sex ed is I think- just delivering information, listing off a bunch of facts, telling people that they should know. And we miss that human element when we teach this way. And I think if we're looking at it more from an academic standpoint, we're missing that qualitative side where we're looking at what are the relationships that are happening between these people, what's their background, what's their trauma, what are they arriving in the classroom with. Who is this person as an individual and what do they need from me to be able to make successful choices to reduce their likelihood of HIV or pregnancy?” -Andy

Just as this narrowness surrounds the content covered in mainstream sex education, it also impacts the targeted demographics, subsequently focusing on white, cisgender, heterosexuals as the framework for whom to cater content towards.

“The biggest gap is the void of sex ed, but also that sex ed, even when it thinks it’s being inclusive, is still very much focussed on heterosexuality cisgender white skinned European ideals of what sex in a relationship is supposed to look like. And monogamy as well, the idea of that these are the goals and the milestones to hit in your sex and relationship “career” and that’s how you can know or measure that you’re doing the right thing or that you’re making the right choices is that you or that you are “normal” and it’s just incredibly narrow” -Allison

Considering many individuals access sex education in some form through the internet, one participant noted how media representations are often similarly limited in their narrowness as it relates to a portrayal of sexuality.

“Accurate media representation, a lot of people get their sex ed from media, so I think that ethical and accurate media is missing from sex ed. Positive conversation of what sex work is, the porn industry, of what non monogamous relationships look like in a healthy way, and healthy BDSM dynamics I think are all missing from sex ed.” -Taylor

One participant who worked with African immigrant women discussed the importance of culturally relevant sex education, and how information that is relevant to one person or group may be irrelevant to another:

“...If dating is prohibited in your religion or your culture and the entire conversation around sex ed is framed like “oh you know when you start dating” or like “when you have your first relationship” or something like that it just makes everything else feel so irrelevant when- you know what makes you think that like obviously this conversation isn’t about you, it doesn’t have to do with you or your culture. I know it is kind of like a buzzword right now to be like “culturally relevant” or “culturally whatever” but we definitely see a big gap when it comes to religion specifically” -Jordan

Theme 4.3: Queerness. Another subtheme that was mentioned frequently was the ways queer topics were mentioned in sex education. This ranged from total ignorance of queerness to explicitly discriminating against LGBTQIA2+ identities.

“In the states we have very subpar sex education in schools, and there are certain states- you know, each state is in charge of their own, and each district- it’s even more individual with each school district. And most states do not offer any kind of sex ed that is queer inclusive, and in some states that do, they talk about it as a bad thing, so they’ll mention queer identities, but say like this isn’t good. So, there’s a huge gap when it comes to being inclusive of all sexualities and genders, explaining to folks the difference between gender and sexuality, you know, these are all the ways people can identify as queer, and these are the ways in which they can have sex.”-Lee

Several educators commented on the relative lack of queer content in mainstream sex education and that queer youth are often forced to find their own educational content outside of the classroom, potentially from unreliable sources. *“I think there’s a huge gap in queer sex ed, queer people in general always have to go out and find more, they’re not really being presented with the information that they need.” -Taylor*

“Oh my god, the biggest one [gap is] probably LGBT sex education, ‘cause nobody talks about it because nobody knows how to- they say your parents should teach you, but then your parents are over here saying your education should teach you, and then they’re not teaching anything. SO, the biggest one for me is probably LGBT sex education, ‘cause there was none of that anywhere that I was a part of.” -Casey

Theme 4.4: Religion. Religion, specifically Christianity came up repeatedly in many domains, but its influence seemed most relevant to past experiences of sex ed, especially surrounding purity culture and more negative view of sexuality. In this context, purity culture involves promoting a biblical ideal of purity, demonizing ideas of sex outside of marriage and forgoing positive sex education. One participant spoke about experiences with their clients who had gone through Christian schools:

“And then just purity culture for so many of my followers went to Christian schools growing up and so they got really harmful sex ed in those programs that were like “not only will you die, but when you die, you’re going to burn eternally in hell for sinning” which is the education that they’ve gotten, and so that’s where I will end up with a lot of the older 30 year old’s who are in my classes because they are starting to come to terms with this in their life now”-Sam

Another participant reflected on purity culture and how it exists to perpetuate the idea that sex is only for procreation, with shameful messaging surrounding sex outside of this context:

“The idea of purity culture that the purpose of relationship is a heterosexual man and woman and marriage is the container through which best exists and that sex is too then create children and sex for pleasure or anything just for pleasure is something to feel guilty about it and using fear tactic and shame tactic to try to influence behaviour which that's not education of course that's propaganda right and if we know it doesn't work and there's so much research to actually show that at this point, yet it's still dominates.” -Allison

Theme 4.5: Lack of Basic Information. A lack of basic information was another subtheme identified within prior experiences with sex education. This extends to knowledge of the body and health, with one participant reflecting on how this was shown in their work at a sexual health clinic:

“I think the number one thing I get for adults, which is hilarious and basic, but I think you’ll understand, but the difference between pap test and an STI test. People have zero concept about those differences, and we get to do that sort of education, whether or not I’m at a talk, or I’m just booking an appointment on the admin side of things, people have no idea what they’re asking for. So, I think those differences, what’s actually being performed on their bodies and what they do is a central thing, people are not educated on what those differences are at all. So, I’d say that is a big big big thing. A lot of questions around herpes and the concept of STIs that can’t be “cured” with antibiotics. a lot on how to accept that and manage a new diagnosis. Herpes, but also genital warts.” -Leslie

This sentiment was echoed by another participant who touched on how a lack of basic information can also be tied back to media representations and culture surrounding sexuality:

“[there is a myth that sex has a universal measurement, and that it can always be better or “upgraded”], In part because that is what in our media kind of tells them. So, it's not like their fault about what they think, it's their responsibility of course they're acting on it, but that is a reflection of our general culture around sex and it doesn't help that there isn't like easy reliable access to sexuality information that could help like shift those mind sets, so there's also not really like an antidote I can easily help shift those perceptions so they're additionally the kind of like-. We're set up in an empowered way if it's a navigate this stuff.” -Allison

Theme 5: Beyond Heteronormativity

A recurring theme in the interviews in this sample was the inclusion of sex education beyond heteronormativity. In this case, heteronormativity relates to an idea of PVI between a man and a woman, which may or may not be related to procreation. This theme was the education and information that participants provided to their clients who were generally seeking sex ed beyond heteronormativity. Educators reported clients asking questions indicating they had minimal prior sex education, which included gaps in sex beyond PVI, topics related to queerness, kink and non-monogamy.

Theme 5.1: Queerness. Among the more prevalent themes within this sample was the notion of queerness and queer inclusivity in sex education materials. Many participants noted how important it was to create content that was relevant and informative and for queer individuals. One participant in particular discussed the importance of their work in trans healthcare:

“Some of the most important work that I do would be providing information on how to access trans care through our clinic and breaking down all those steps and validating those steps about the gatekeeping and how frustrating that can be, that can be really validating” -Leslie

Echoing the necessity for sex education to be tailored to queer and trans students, another educator reflected on the methods they use to talk about a wide variety of queer issues in their practice:

“Queerness is still something that I make a really big point of when I teach to talk about- one, I never use gender pronouns when I teach. I will talk about how people are socialized will talk about the body parts people have never going to talk make assumptions about gender or about who people are having sex with or in romantic relationships with and even yesterday when I was doing this Instagram live out talking about how dental dams can be used as a gender affirming tool for transfeminine people and can have explaining how that works and people are like what? I never even thought of thought about that but it's something not but when I teach my queer sex 101 workshop the questions people have most consistently are not fundamentally about quote unquote gay sex which there's no such thing as gay sex. They're about gender and how you can cope with gender dysphoria while having sex. I think we have a lot of work to do to stop relying on inaccurate scripts about gender and sexuality and sexual behavior as it relates to our gender.”-Sam

Theme 5.2: Kink & CNM. A theme that was mentioned by a number of educators was the ways in which they educate clients on kink and relationships outside of monogamy. In terms of kink, this education can be highly important in ensuring safety during practices that can be dangerous if done improperly. One educator mentioned that both of these topics were among those they were most frequently asked about:

“Yeah, obviously it depends on the topic that they're covering, most often questions I answer are basic overviews like if it's BDSM and kink, “What are those things?” “How do I do those things safely?” “How do I get started?”. Similar to queer topics, “What are my options?” “What's out there?” “How do I respect someone's pronouns?”. And also, more specific things about different sex acts, sexual communication, sex toys, how to use those safely, and just how to navigate different types of relationships, both monogamous and ethically non monogamous.”-Taylor

Another educator elaborated on the work they do with the kink community, specifically related to a more taboo kink:

*“I deal a lot in my professional work with for example people who are into ABDL fetish, which is adult baby diaper lovers and folks who like dressing up as someone younger, role playing as someone younger, vis-à-vis someone older and so for example people like that, and there are many of them, are really not understood by mainstream anything because the stereotype is that it is somehow associated with pedophilia and it’s absolutely not. It’s about wanting to return to a time when they had no responsibility, when they could be nurtured, when they could really let go and take in love and receive love, and that is something that is a human experience, it’s not something that is a freak... I don’t have my words today. it’s not a borderline kind of sexual experience, that’s a human experience. That kind of stuff doesn’t get communicated in mainstream sex ed.” -**Jamie***

Relating to consensual non-monogamy (CNM) more specifically, one participant described myths around CNM relationships as among the biggest myths they encounter within their practice:

*“[one of the biggest myths surrounding sex is] that if people have multiple partners then they have no morals, or if people choose non-traditional relationships then they don’t love themselves, or that they’re not worthy of what-. The whole monogamous thing; I’m also a big advocate for traditional non-monogamy as well.” -**Drew***

Theme 5.3: Beyond PVI. Another subtheme identified within education beyond heteronormativity was the importance of a definition of sex beyond penile vaginal intercourse, or PVI. Many educators reflected on how mainstream sex education places an overemphasis on this type of sex as the only way, that is if any other forms of sexual expression are mentioned. In many cases, this emphasis is also extended to penetration and orgasm, with sex that does not include these elements often discounted. When asked about the biggest myths surrounding sexuality, one participant reiterated this point:

*“I think one of [the biggest myths about sex is that] it’s not a series of activities. I think a huge misunderstand is that what sex means that it’s only about a physical or relational experience, but sex means so many things, like around who I think I am because I have sex, who I think I am by who I have sex with, who I think I am just by being a sexual person or not.” -**Cameron***

One educator who works more hands-on in their pedagogy spoke about how their practice is able to focus less on the elements of penetration and orgasm:

“I actually have two main focuses and one is women. In general, getting them more comfortable with their bodies and masturbation and looking at their sexual organs because sometimes we don’t do that. And second of all, intimacy with couples. Taking penetration and orgasm kind of out of the picture for a little bit and bringing back in pleasure and bring it down to more of a foundational level.” -Alex

Theme 6: Empowerment

One of the major themes identified within the format of the sex education provided by a number of educators included in this sample was empowerment of their clients through sex education. Within this broad theme, two subthemes were identified: empowerment through information and validation and creating comfort. These were two ways that educators worked to empower their clients.

Theme 6.1: Information and Validation. The first subtheme identified was empowerment through information and validation. Many educators reported that a large part of their work was empowering their clients by providing information that they had not been able to find from other sources. One participant discussed how universal this phenomenon has become in their practice:

“The feedback I’ve always gotten from folks I’ve worked with, whether they were 14-year-old transgender girls in jail, which is another population I’ve always worked with is young people who are in detention. So, whether it’s somebody like that or a 45-year-old married white mom of 2 in Texas, sexual health and sexuality information is life changing and empowering, and really gives people a sense of confidence that they may not have had before.” -Lee

Another participant discussed how often their work with clients is based around validation and allowing clients to feel they have “permission” to explore the sexual behaviours they are interested in:

Giving people validation is a huge part [of my work], just giving people permission. I think that is the biggest thing- allowing people to come to me and say, "I'm thinking about this, X Y Z" or "I want to talk to my partner about this", and I'm like "go for it", just giving that extra push to say, "you got it". -Drew

Theme 6.2: Creating Comfort. A few participants in this sample identified creating a comfortable environment as a major component of the work they do around sex education. Many educators acknowledged varying levels of comfort from participants contacting them, and thus the necessary steps that must be taken in order to accommodate this. One participant who often works with those who grew up in Evangelical religions identified the steps they take to accommodate this population:

"And when I'm working with folks who have grown up in very Evangelical religions that were very sex-negative and shaming, I always remind them like, I know this is uncomfortable for you, but I've been talking to people about sex for 20 years, so this is not uncomfortable for me. I tell them you can ask me anything, I'm not likely to be shocked by anything I hear, 'cause I've probably heard it before. I always tell clients anything you tell me is not going to throw me off, basically. So, consider this an open invitation. And I also really watch for signs of discomfort in my clients and pay attention to those, like there's a way to do sex ed that is trauma informed, and that's super important to me. And that includes not pushing people into conversations that they are clearly not ready for." -Lee

Another participant discussed the role of body language and how creating a receptive and non-judgemental environment can be crucial in creating an engaging and empowering session:

"So, I think the most impactful thing is when I can witness somebody's body language shift because they're anticipating some kind of critical or judgmental reply but then they don't get that and it's not computed the permission in the kindness and respect, especially with younger people or stigmatize folks like addicts in recovery. And so there's an energy shift, their facial expression changes, maybe like their shoulder drop just a little bit and I can see them getting a little bit more engaged and that just feels- I know I ways it's a most selfish and self-serving because like it makes me feel- everyone deserve to feel allowed to exist as they are and so many of us are not allowed that and are told from a very young age all the reasons why we aren't allowed for that and all the things we have to do in order to earn that, as though it's a wage or

something and so I just think an impactful thing is whether I can even witness it in the moment or not I can trust it at least someone in the audience is leaving with an unexpected experience as being affirmed and validated is who they are and hopefully that can you know his offer a little bit of a warm fuzzy feeling for a little while, if not, hopefully they can stick with them and maybe they can even use that as an example of, I know it's possible to have a conversation with someone and not be judged or criticized and so I'm going to take that with me and help me not assume that every conversation I have from now on is going to go downhill, and that there's always the possibility that someone I talked to could actually really help me.” -Allison

Discussion

The goal of this study was to better understand the field of adult sex education, including the types of education being provided by educators, as well as the questions being asked. From these findings, I hoped to answer two broad questions. First, I aimed to find out what types of information are sought from adult sex education, and secondly, I aimed to determine what was missing from mainstream sex education.

The first and perhaps most pervasive theme identified from these interviews was that of normalcy. Many educators reported that their clients were often in search of some form of validation, either that their desires or identities were “normal”. As part of normalcy, educators reported that their clients felt fear surrounding the possibility that they were “abnormal”, and how this fear impacted various parts of the individual’s life. Educators also reported the influence of social representations of sex on notions of normalcy, including the ways the media, religion, and sexism contribute to ideas of what is normal. The third subsection of normalcy was the trend of identity validation; many educators reported that affirming queer identity, both in gender and sexual orientation, was a large part of their work.

From this theme of normalcy, it is clear that mainstream sex education does not do a satisfactory job in acknowledging diversity in sexual experience. Many

people leave mainstream sex education with a limited idea of what sex is, thus making people who do not identify with this idea feeling isolated or abnormal. Therefore, it can be said that adult sex education helps to not only expand the ideas covered in mainstream sex education but delve into new ones that were not mentioned.

The second theme identified within this data was communication, both in terms of positive communication and education related to consent and violence. A large part of these educators' practice was centred around promoting techniques on communicating with a partner, and, by extension, voicing sexual desires. Similarly, a few educators reported how their work ties into the prevention of and support for survivors of sexual violence.

Based on the many questions surrounding communication in adult sex education, it is clear that a gap in mainstream sex education is discussions of consent, communication, and relationships. Similar to the findings of Fine (1988), it can be said that comprehensive sex education can and should play a crucial role in combatting sexual violence.

Shame was a major theme identified within this sample. Concepts of and related to shame were mentioned in all interviews and fell into the categories of cultural and concrete shame. Similar to the social representations of normalcy, sexism, religion, and heteronormativity contribute to an idea of what sex should be, creating a sense of shame in many who do not fit into this template. With concrete shame, many identified physical manifestations of shame, including body negativity and shame surrounding STI testing and diagnoses.

Based on the frequent mention of shame in relation to sexuality, it is clear that mainstream sex education does not do an adequate job in informing individuals about their bodies and sexuality in a positive way. It is possible to draw a connection here to

the use of scare tactics in mainstream sex education. When education revolves around frightening images of STIs, individuals are not left with positive resources on how to go about treatment. Thus, many people may not seek diagnosis or treatment, and if they do, they may fear the issue is more severe than it is in reality. Thus, a gap in mainstream sex education revolves around the use of accurate information, as well as the usage of fear as a way of teaching.

In reporting the work that they do with their clients, many educators reported prior experiences with sex education. Part of this theme revolved around diversity in the content covered and subsequent inconsistency in mainstream sex education. Trends in past sex education revolved around an inattention to sex for pleasure, a general narrowness in the content covered, a lack of basic information, and minimal, if present, coverage of queer issues.

Given the frequency with which past client experiences with sex education were mentioned, it is clear that mainstream sex education is not presented in a way that engages students or leaves them with positive feelings regarding sexuality. This points to the ways in which adult sex education has become increasingly popular. Those who do not feel they received relevant and necessary information in mainstream sex education will seek it elsewhere. This points to the need to discuss and reflect with students on what information they want or need to see in the classroom, thus creating a curriculum that is both appropriate and relevant for students in the future.

In discussing the information covered in the curriculum or online postings of sex educators, an emphasis on content beyond heteronormativity was consistently observed. Many educators drew on their own experiences as queer people in highlighting queer issues in educational materials, including de-gendering the content

of materials covered. Similarly, recognition of kink and consensual non monogamy was a consistent finding, with these platforms serving clients ranging from those curious about navigating different types of relationships to those seeking education on more taboo kinks. This extended to an emphasis on defining sex beyond penile vaginal intercourse and focusing less on orgasm and penetration.

This theme points to how adult sex education often serves as a refuge for those who were ignored in mainstream sex education. When mainstream sex education is exceedingly narrow, many identities are stigmatized, if they are mentioned at all. This, when combined with the high number of LGBTQIA2+ participants in our sample, points to adult sex education often as a space of queer expression, and a place that can provide information tailored to the needs of queer people. Based on this, it is clear that mainstream sex education does not do a satisfactory job in teaching information relevant to queer students, which is a major gap that must be addressed.

The final theme identified was empowerment, which was done through information, validation, and creating comfort. Many educators reported that their work largely involved empowering clients to embrace their sexuality and give individuals “permission” to explore or express said sexuality. Part of this involved tailoring educational methods to the client and being receptive to discomfort or shame.

The theme of empowerment points to many different implications in both mainstream and adult sex education. Given the emphasis on comfort and environment in adult sex education, it is clear that mainstream sex education does not do enough to promote and ensure that students have a comfortable learning environment. As well, the emphasis on validation in adult sex education points to how much of the interaction between educator and student is not about the actual content, but rather the

creation of a relationship. From this, it can be said that part of what individuals seek in adult sex education that is missing from mainstream sex education is an emphasis on the individual.

By examining the sorts of information covered in adult sex education curricula it is possible to make some inferences to the gaps that exist in mainstream sex education. Simply put, by looking at what questions are asked to adult sex educators we can begin to understand what people want to learn about sex and inform the long-term pedagogical implications of sex education.

Comparing the field of sex education research more broadly to the content covered by the educators in this sample, there are many stark differences. Looking at reflections on experiences with sex education, it is clear that the focus is more on statistics than individual experiences. In a sense, much of sex education research is not really about sex. From our sample it is clear that yes, individuals are contacting educators with concerns related to these topics, but far more frequently the questions and concerns revolve around more social topics. Concepts such as navigating queer and trans identities, establishing healthy relationship dynamics, healing after trauma, and sex for pleasure are far more prevalent. Based on these findings, I am able to conclude that those seeking sex education as adults are often aiming to fill gaps left by mainstream sex education.

Our results seem to mirror the findings of studies looking at student reflections on experiences with mainstream sex education. Consistent with the literature, none of our participants had positive feelings toward mainstream sex education. The themes identified in this study are quite consistent with those of Astle et al. (2021), who reported that most college students reported that they wanted to learn more about mental, emotional, relational, and social aspects of sex, including communication, as

well as more basic information surrounding STIs and contraceptives, combined with more inclusive information surrounding sexual orientation, behaviours and identities.

These results are also consistent with studies looking at opinions of past sex education among Canadian youth, as investigated by Action Canada (Action Canada for Sexual Health and Rights, 2020). Participants in this sample felt that shame and fear were overly prevalent in their sex education experiences, as was a lack of comfortable learning environments and content targeting LGBTQIA2+ individuals, relationships, and sexuality in general.

Overall, by combining the findings of Astle et al (2021) and Action Canada (Action Canada for Sexual Health and Rights, 2020), it is clear that complaints surrounding mainstream sex education and solutions for improvement are consistent among young people in North America, as well as adult sex educators. This points to the fact that young people have a desire to see sex education systems improve, and that these suggestions are similar to the issues frequently addressed in adult sex education.

Pedagogy of Adult Sex Education

As Instagram and YouTube sex education accounts, as well as independent practices continue to grow, it is clear that adult sex education is in demand, and thus, deserves to be looked at further, and from an academic lens. Even during the writing of this thesis, significant increases in the following of prominent sex educators could be seen. When updating Table 1 and Table 2 from subscriber counts in November to March, I observed that many accounts had increased in followers by tens or even hundreds of thousands.

Comparing mainstream sex education and that of the adult sex educators included in this sample, it is clear that approaches to education are vastly different. In

mainstream sex education the focus is often based on teaching to a specific curriculum, as decided by policymakers. Thus, the attention is often placed more on what students “should” be learning, rather than what they actually want to learn. This dynamic is what perpetuates mainstream sex education as focusing on scare tactics surrounding STIs and pregnancy, and an overall message of abstinence. And while many adolescents and adults may choose abstinence, teaching this as the norm, if not the only acceptable path creates a system in which many leave the sex education classroom with more questions than they have answers.

As the title of this study suggests, a large problem with mainstream sex education is that many leave adolescents with a feeling that they are somehow abnormal in terms of their sexual desires and expressions. Mainstream sex education often does not teach simple variations in the human sexual experience. If someone leaves sex education with the idea that sex is with a penis, a vagina, penetration, and simultaneous orgasm, a large majority of the population who does not identify with this sexual script is left alienated.

Based on these findings, there are a number of suggestions that sex educators, including those who may work in a mainstream sex education setting, should choose to implement into their practice. Firstly, discussions of LGBTQIA2+ topics discussions of variations in sexual experience should be the norm, not the exception. Among our sample, as well in past studies, students want to learn more about different forms of sexual expression, providing a definition of sex that is less heteronormative, basic, and shame centred. Additionally, it is clear that conversations surrounding communication and consent should be a crucial part of any sex education curriculum. Based on the literature and the opinions of adult sex educators, sex ed should be more

receptive to what the students care about and want to learn about. A pivotal part of learning in sex education can and should revolve around conversation and reflection.

Ultimately, adult sex education is a field that continues to grow, both on and off of social media. Such education fills the gaps created by mainstream sex education and provide a unique avenue for lifelong exploration and learning. From this education individuals can clarify or dispel information covered in past experiences with sex education, as well as build upon it, overall allowing for a sex ed experience that fosters curiosity, reflection, and understanding.

Limitations and Future Research

Considering our small nature of our sample, these results should not be considered indicative of the field of adult sex education as a whole, but rather an overview of the types of adult sex education offered and the ways clients interact with educators. Our sample was overwhelmingly female, genderqueer, and non-binary, prompting questions as to the gender makeup of sexual health educators as a whole.

Given the young nature of the field of adult sex education, the findings of this study propose many different avenues for future research. Similar thematic research with clients seeking sex education as adults would provide a fuller picture of what adult sex education looks like, including motivations for engagement through social media and in person learning. Research on the longitudinal effects of comprehensive, sex positive, pleasure-centric sex education would also serve to inform sexual health academic literature.

Conclusion

Overall, this study has pointed to the value of adult sex education and has demonstrated the pedagogical consistencies among educators. Such education can and has been valuable for those who grew up in environments that ignored or repressed

sexual or gender expression, those who have experienced trauma, and, in general, those who want to learn more about their bodies and sexuality. In creating a welcoming environment that encourages questioning and exploration, adult sex education can go beyond filling the gaps in mainstream sex education, establishing a unique discipline that promotes lifelong learning about relationships, identity, expression, and sex.

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Appendix A

Sex Educator Interview Study Questions

Olivia Corrigan, Supervisor: Dr. Lisa Dawn Hamilton
Department of Psychology, Mount Allison University

1. What would you say is your main area of focus in sex education?
2. How did you get into this line of work? *(Follow up questions if participant only states educational credentials: What is your background that led you here? I am specifically interested in your personal life influences.)*
3. What are the age ranges of people who you work with?
4. What types of information are people seeking?
5. What do you think are the biggest gaps in mainstream sex education?
6. What do you think is the most important part of your work? *(Possible follow up: What do you think is the most important information people need?)*
7. What do you think are the biggest myths or misunderstandings that people have about sex?
8. Do you need to use strategies to help people get past their discomfort and shame around sexuality? If yes, what are they?

Appendix B

Demographics Questions

Sex Educator Interview Study

Olivia Corrigan, Supervisor: Dr. Lisa Dawn Hamilton
Psychology Department, Mount Allison University

1. What is your age? You can say the decade range if you wish (for example 30s, 40s).
2. What generational label do you identify with? (e.g. Millennial, Gen X, Boomer, gen Z)
3. What is your gender identity?
4. What are your pronouns?
5. What is your sexual identity (or sexual orientation)?
6. What is your racial identity?
7. What country do you live in?

Appendix C

PARTICIPANTS NEEDED

My name is Olivia Corrigan and I am an undergraduate student at Mount Allison University. For my thesis I am interviewing sex educators who work with adults.

PARTICIPATION INCLUDES:
Interview over ZOOM (~30 mins),
\$30 CAD compensation

If this is you, reach out at the contact info below.

ODCORRIGAN@MTA.CA

PARTICIPANTS NEEDED

My name is Olivia Corrigan and I am an undergraduate student at Mount Allison University. For my thesis I am interviewing sex educators who work with adults.

*PARTICIPATION INCLUDES:
Interview over ZOOM (~30 mins),
\$30 CAD compensation*

*If this is you, reach out at the
contact info below.*

**FOR MORE INFO CONTACT:
ODCORRIGAN@MTA.CA**