

The Anti-Homophobic, Biphobic and Transphobic Bullying Alliance

Good sex education

Best practice for delivering LGBT+ inclusive and effective sex education

- When delivering sex education, it is important to use inclusive language. For example, avoid saying 'men's/boy's penises' and just say 'penis' (trans women/girls might have penises). It is also useful to remember that some trans young people might be very uncomfortable discussing or referring to genitalia and might use different terms to refer to parts of their anatomy.
- Emphasise that any young person, however they identify in terms of their sex, gender or sexual orientation can contract STI's from any other person regardless of that person's identity.
- Use terms like 'sex with a penis and vagina' or 'penetrative sex' which is biologically accurate in terms of the risks different sex acts carry.
- It is essential to reduce stigma around sex, sexual orientation, gender diversity, and STI's such as HIV whilst emphasising the right to a safe and enjoyable sex life.
- Young people should be provided with accurate information and access to safer sex supplies (barrier protection, lube etc.) and details of where they can freely access emergency contraception, termination referrals and PEP (post-exposure prophylaxis: medication used to reduce the possibility of HIV transmission after sex).
- Many sexual health organisations are experienced in delivering inclusive sex education, it may be worth inviting them in to deliver some lessons.
- It is important however to include LGBT+ identities in all sex education classes, not just one class a year. Young people may miss this lesson for a variety of different reasons (their parents/carers may take them out of the lesson, they may be ill), or it can feel uncomfortable and targeted at any LGBT+ person attending the lesson, which may cause awkward conversations amongst students which could lead to bullying. Including LGBT+ identities in all lessons also reinforces the message that this information is for anyone as any young person may at some point benefit from this information (i.e. people who come out at a later age, people who may have LGBT+ children in the future etc.).

Important topics for discussion

- Sex with penises and vaginas is not the only sex practised. Also, anal sex is not exclusively practised by men who have sex with men, many heterosexual couples enjoy anal sex.
- Discuss consent in terms of same sex couples.
- There are a variety of gender and sexual orientation identities (e.g. trans, non-binary, pansexual, heterosexual etc). Many young people will have friends/family who identify outside of the binary; this will be beneficial for those young people, as well as those exploring their identities.
- Honest and unembarrassed discussion about all types of sexual activity and possible (if any) attendant risks of pregnancy or STI transmission.

This factsheet was produced by MESMAC with ClinicQ

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LGBT Consortium | 2BU Somerset | ELOP | Free 2B Alliance | Mermaids | MESMAC | Mosaic LGBT Youth Centre |
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- It is specific sexual practices that can transmit STI's – not how a person identifies. Exchanging bodily fluids can lead to STI's, as can close skin contact. The basic information about safer sex is pretty much the same for everyone: use barrier protection such as condoms, femidoms and dams along with as much water based lubricant as needed. [Also learn to recognise warts and herpes and avoid coming into contact with them during sex].
- Barrier protection use and condom demonstrations. When discussing condom use it is important to highlight that condoms/femidoms do not just protect against pregnancies but also STI's (including HIV). Remind young people that they are free and come in a variety of shapes, sizes and flavours. Flavoured dams are also available for oral sex and also help to reduce STI transmission. Also discuss lubrication, how it reduces the risk of tearing, makes sex more enjoyable and where to get water-based lube for free.
- HIV is not curable, but can be treated and kept under control with the right medication. Men who have sex with men are at greater risk of HIV transmission, but this risk can be reduced significantly with condom use.
- Women who have sex with women are still at risk of STIs and should be aware of the risks and test regularly. Their risks differ based on the sex they are having, e.g. sex toys carry different risks to oral sex.
- When discussing risks around pregnancy and contraceptive choices, remember that the pill does not protect against STI's and will not always be appropriate. (Consider, for example, suitable contraception for a trans male who might have a vagina and ovaries. He will not want to take a pill containing hormones that have a feminising effect on the body). Refer to experts where necessary.
- It is important to discuss the need for regular testing, and to discuss the other free services, such as Hep B jabs and PEP, that clinics can provide.
- PEP is a free service for people who have experience a high risk of contracting HIV within 72hrs. This can be prescribed at A&E or GUM clinics and is a month course of HIV medication which reduces the likelihood of HIV being contracted in the body.
- Emphasise that clinics provide a free, confidential and non-judgemental service. Acknowledge that this might be at variance with the way young people are treated by some other services.
- Some STI's have no obvious signs or symptoms and can only be detected through testing.
- Most STI's can be treated if caught early but could lead to ill health and infertility if not discovered and treated.
- Testing is recommended 3-6 monthly for those with multiple partners and yearly for those with a regular partner.
- Discuss the importance of HIV testing. People who have tested positive for HIV (perhaps detected through regular testing) and who are taking their medication as prescribed can remain healthy for many years and do not risk transmitting HIV to another person.

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