

**Sexual Education and the LGBT+ Community: The Impact of Information Sources on  
Sexual Outcomes.**

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November 14, 2021

### **Abstract**

Sexuality is a fundamental part of the human experience. Many individuals have their first sexual encounter as young adults; it is important for them to have access to accurate and relevant sexual information. Traditional sources of sexual education (school and parents) affect sexual outcomes (self-efficacy, sexual health, internalized homophobia) among LGBT+ individuals, compared to alternative sources of sexual education (friends, internet, pornography, apps, media, young adult fiction). Using a mixed-methods approach, twenty-three LGBT+ individuals (ages 18-29) completed both a quantitative questionnaire and qualitative interview, which assessed what sources participants employed to learn about sex when growing up, as well as how this impacted current sexual outcomes (sexual health, sexual self-efficacy, internalized homophobia). Traditional sources seemed to do more harm than good, both marginally related with higher levels of internalized homophobia. Pornography was rated highly in helpfulness; however, there was also a relationship between relying on porn for sexual information and poorer sexual health. Relying on friends as a source was shown to be marginally related with higher levels of sexual self-efficacy, but was generally rated low in helpfulness and accuracy. Lastly, the internet has shown to be the most commonly utilized source for LGBT+ participants to learn about sexual information; this source also rated the highest in terms of perceived helpfulness and accuracy. Overall, this study demonstrated a need for more comprehensive LGBT+ content in traditional sex education methods, with participants relying more on alternative sources for their own sexual education.

## Background

With 65% of 18-year-olds in the U.S. engaging in sex, it's beneficial for young people to have access to relevant, accurate, and helpful information about sex (Guttmatcher, 2019). Traditionally, children learn about sex from their parents and schools as they grow up. However, proper education related to the sexual health of sexual and gender minorities has been lacking in the United States. Many LGBT+ (lesbian, gay, bisexual, transgender) individuals state they learned little to no relevant information about sexual health on sexual or gender minorities in school (Francis, 2019; Kubicek et al., 2010; Currin et al., 2017). Many U.S. states practice a highly heteronormative way of teaching sexual education: abstinence, condom use, and STI prevention relating almost exclusively to vaginal penetration (Francis, 2019). This heterocentric way of teaching makes it seem that heterosexuality is the norm and anything that falls outside it is not, ostracizing an entire community of individuals. Also, many LGBT+ individuals cannot gain accurate information from their parents, because they are not *out*, (have shared their sexual identities with others) or their parents are not knowledgeable about LGBT+ sexual health (Kubicek et al., 2010).

Research shows that LGBT+ youth often find non-traditional ways to learn about LGBT+ sexual issues by using alternative sources, such as the internet, mobile apps, pornography, young adult (YA) fiction, and friends. LGBT+ teens have stated that they use the internet to find information about various concepts relating to sexual health geared toward LGBT+ people, including STI prevention, mechanisms of sexual behavior, and relationship advice (Magee et al., 2012). Others turn to anonymous mobile apps to learn and communicate about sexual health while potentially finding other like-minded individuals (Cramer et al., 2020). Some LGBT+ youth use pornography to learn about the mechanics of sex, sexual identity, and interests (Litsou et al., 2020). However, porn can also lead to inaccurate beliefs related to risky sexual (Litsou et al., 2020) since pornography rarely features explicit verbal

consent or contraceptive use when displaying sexual acts (Collins et al., 2017; Willis et al., 2020). YA fiction is another alternative method when delving into sexual health, often covering more pleasurable and intimate aspects of LGBT+ sexual relationships (Bittner, 2012). Some LGBT+ teens also learn about sex from their peers. Having a dialogue about sex with friends and sexual partners often allows individuals to feel more comfortable addressing those topics and learning about sex from their perspective (Currin et al., 2017).

Despite multiple alternative resources for sexual health information, LGBT+ individuals still have fewer options than their heterosexual, cisgender counterparts. LGBT+ individuals have a lower rate of using STI prevention methods (e.g., condoms) and a higher rate of using drugs or alcohol during sex (Katarri et al., 2019). In addition, some LGBT+ teens report wishing they had a better understanding of the sexual risks before their first sexual experience (Kubicek et al., 2010).

The current study explored how alternative sexual education methods (e.g., internet sources, pornography, friends, etc.) affect the sexual health, sexual self-efficacy, and sexual self-concept of LGBT+ individuals. Twenty-three LGBT+ participants participated in a quantitative survey and a qualitative, open-ended interview about how they learned about sex while growing up and their level of satisfaction with these sources (i.e., perceived helpfulness and accuracy of each source). The survey and interview also assessed participants' sexual health (e.g., condom use, STI testing), confidence in communicating about sex and practicing safe sex (i.e., sexual self-efficacy), and their level of self-stigmatizing as a member of the LGBT+ community (i.e., internalized homophobia).

## **Methods**

### **Participants, Materials, and Procedures**

A total of twenty-three participants, aged 18-29, were recruited to participate in the study. The participants signed up for this study via the University of California, Merced

SONA website ([ucmerced.sona-systems.com](http://ucmerced.sona-systems.com)). To access the study, participants had to take the SONA General Survey and report that they were homosexual (gay/lesbian), bisexual, and/or transgender. Once they signed up for the study, they selected a time slot and were given the URL for the zoom meeting. Each participant gave verbal consent that the Zoom meeting may be recorded for transcription.

For those that wished to continue with the study, the experimenter directed them to an online questionnaire. Participants completed a questionnaire that included basic demographic questions (gender, age, race/ethnicity, sexual orientation). Participants were asked what traditional (family, school) and alternative sources (friends, the internet, pornography, television and movies, YA fiction, apps) they learned about sex from while growing up. For each potential source of sexual information, participants were asked to what extent they utilized this source and how accurate and helpful the information gained from this source was. Participants then completed several surveys, including the Canadian Sexual Health Indicators Survey, which measured participants' self-efficacy in practicing safe sex (e.g., "I feel confident I could purchase protection without feeling embarrassed," "If I got an STI, I feel confident I could tell my current partner(s) about it;" Smylie et al., 2013, p. 59), the Sexual History Questions to Ask Patients Scale, which assessed safe sex practices (e.g., "Do you and your partner(s) use any protection against STIs?" "Have you ever been diagnosed with an STI?;" ACOG, 2019) and the Internalized Homonegativity Scale, which measured the extent to which participants experienced self-stigma and stereotyping due to their sexual identity (e.g., "I feel comfortable being seen in public with an obviously LGBT person," "Most LGBT people cannot sustain a long-term committed relationship;" Currie et al., 2014, p. 1061). The item "Making an advance to another man is difficult for me," was excluded; some participants did not identify as attracted to men. Each scale consisted of statements that participants could agree or disagree with, on a scale from 1 (strongly disagree) to 5 (strongly

agree). In the end, each scale was converted to a mean score which was averaged across all the scale's items, with mean scores close to 1 indicate low sexual self-efficacy, sexual health, and internalized homophobia, and scores close to 5 indicate high sexual self-efficacy, sexual health, and internalized homophobia.

After completing the initial questionnaire, participants would return to the Zoom meeting and continue with the interview portion of the study. The interview portion of the study involved open-ended questions about how participants utilized different sources of sexual information while growing up, then continued with questions regarding sexual outcomes, such as sexual self-efficacy and safe sex practices. After completing the study, the participants were fully debriefed, thanked for their time, and were rewarded one SONA credit onto their SONA accounts within two business days.

### **Analytical Approach**

Audio recordings of each zoom session were transcribed. Notes were taken on various patterns, connections, and themes found in the audio recordings. Furthermore, answers provided on the sexual education sources portion of the interview gained a score based on reliability, accuracy, and helpfulness. Sources rated high in each category received a max score of three. Sources rated low in each category were given a one. Low scores for reliability and accuracy included answers with phrases like: "not that much," "not really," "not too much," "not at all," to questions about how reliable and accurate information gained from given sources were. Low scores for helpfulness included answers indicating the source was harmful in some way. Sources received a zero if the participant reported that they did not use it to learn about sex. The questionnaire portion of the study was also analyzed in conjunction with descriptive and correlational data obtained from the survey measures.

## **Results**

### **Demographics**

Twenty-three LGBT+ participants took part in this study: one Black participant, five non-Hispanic White participants, sixteen Latin-X participants, and one South Asian participant. From the participants, seven identified as male, twelve identified as female, one identified as genderqueer, one identified as nonbinary, one identified as transgender, and one identified other (not specified). The average age of the sample was 20.6 ( $SD = 2.30$ ), with a range of 18-29. A majority of participants identified as pansexual or bisexual (69.6%), with the rest (30.4%) identifying as homosexual (gay/lesbian).

### **Traditional Sources of Sexual Education**

*School:* Overall, school sex education was one of the most commonly cited sources of sex information. According to the interviews, twenty out of the twenty-three participants had some sort of school sex education. From the survey item asking to what extent participants relied on school sex education to learn about sex while growing up, the average score across participants 2.83 out of 5, the third highest rating below friends and the internet. During interviews, participants reported that they learned about various sexual topics from school, including condom use, STDs/STIs, pregnancy, basic anatomy, abstinence, menstruation, and vaginal intercourse. The survey revealed that this information was also rated highly for accuracy ( $M = 3.14$  out of 5).

However, despite its high accuracy and use, many participants found that this source was not relevant to them personally. During interviews, thirteen out of the twenty participants said this source was not relevant to them at all, two of the participants reported it was at all relevant. Many participants also reported that sex education in schools mainly focused on heterosexual sex and relationships. As one participant stated, school only focused on “the whole heterosexual relationship [...], so it's really hard for everyone else who isn't hetero [sic] to be able to relate to that or be able to use that information in a way that applies to them”.

Many participants wished more LGBT+ topics were discussed in school, including safe sex for LGBT+ individuals and homosexual relationships.

When analyzing the survey results, there was a marginally significant, positive correlation between those who relied on school for sexual education and levels of internalized homophobia ( $r = .299, p = .166$ ). While this correlation was not significant, it suggests that the inclusion of only heteronormative sexual information in schools may be related to increased self-stigma and stereotyping among LGBT+ youth. There was also a marginally significant, negative correlation between school sex education and a participant's sexual health ( $r = -.305, p = .204$ ). This may indicate that relying on school for sexual education may not have adequately prepare LGBT+ youth to practice safe sex. In both cases, these correlations were not significant at a 95% level of confidence. However, this may be due to the relatively small sample size ( $N = 23$ ) rather than a lack of correlation. In both cases, the correlation coefficients were around a .3, which typically represent a weak but significant correlation when measured within larger samples.

*Family:* Overall, family members were one of the least frequently used sources of sex education for LGBT+ individuals. When participants were asked to what extent they utilized this source to learn about sex (i.e., learning mean), the average was 1.70 out of 5. Those who did use family as a source of sex education reported mixed outcomes. Two participants received more antagonistic and cautionary information about sex, such as sex leads to unwanted pregnancies and how having sex before marriage was wrong. One participant noted that their parents told them, "Don't have sex cause it can lead to unwanted pregnancies and [...] birth control can really affect you negatively." The participant went on to say, "I feel like sexual education for my family was more on the negative side. [...] I feel like that created a lot of worries about me, my first sexual encounter, and that sort of thing." The other six participants did find family members to be a useful source of sex information, reporting they

learned about topics mainly regarding reproductive health, including STDs/STIs and condom use.

### **Alternative Sources of Sexual Education**

*Friends:* According to the survey data, friends was the source more relied on for sexual information, with a learning mean score of 2.91 out of 5. However, this source was rated as one of the least helpful, with a mean helpfulness score of 1.68 out of 5. It was rated quite low for accuracy, with a mean of 2.42 out of 5. When interviewed, two out of the seventeen people who used friends as a source of sexual education reported it as being highly reliable, accurate, and helpful. Most people found this source harmful because friends offered a mostly heteronormative perspective, such as only discussing topics regarding sex between a man and a woman (e.g., vaginal intercourse). As one participant said, “[...] dick goes inside of a vagina and that's it, [...] then you hear about condoms, and that's the only kind of protection you think about, so it's not a wide variety, [...] you don't hear about [...] gays, lesbians and how they had sex, it was just straight people having sex.”

From the survey data, heavily relying on friends for information about sex was marginally correlated with higher self-efficacy scores ( $r = .342$ ,  $p = .152$ ). This data indicates that those participants who relied on friends for information about sex may have developed greater confidence in talking about sex with their partners or communicating about sex in general.

*Pornography:* Many participants reported using pornography as a source of sex-related information, with this source having the second-highest learning mean ( $M = 2.87$  out of 5). Pornography was also rated the second highest in helpfulness ( $M = 2.22$  out of 5), second only to the internet. Participants noted that they used pornography to learn about sexual techniques, positioning, anatomy, how sex occurs, explore their sexuality and interests. Despite high ratings in helpfulness and usage, it was rated as one of the lowest for

accuracy, with an average score of 1.94 out of 5. So, while many participants relied on this source to learn about sex while growing up, many later felt misled by how sex was portrayed in pornography. Interview responses revealed that many participants felt pornography was an exaggerated and unrealistic portrayal of sex, leading individuals to develop false expectations. As one participant stated, “I just feel like pornography has unrealistic views. [...] So, in some sense, if I watch [it], I had a certain expectation, and then those expectations weren't necessarily a reality, so in some sense, it was harmfulness [sic], and I felt like maybe I wasn't doing something.”

Some of the female participants who used pornography as a source of sexual information felt that pornography often employed a male gaze (catered towards the objectification and sexualization of women by heterosexual men). As one participant said in the interviews, “It could show you that this is the way a woman should have sex with another woman, and it feels like it's feeding into this male gaze, rather than actually showing you that women can have compassion and love for each other. [...] I think it's evident that the lesbian pornography or queer pornography is made by men for men, so if you've been in a relationship with a woman and you're queer, you can definitely see that it's not the same experience.”

There was a significant, negative correlation between relying on pornography as a source of information about sex and sexual health,  $r = -.529$ ,  $p = .016$ . Those who relied more on pornography to learn about sex were less likely to employ safe sexual practices, such as condom use. In the interviews, those who relied heavily on pornography, believing it represented real-life, being less likely to use condoms when having intercourse. One participant believed pornography was accurate stated that “I know, sometimes if it's in the heat of the moment, I'm pretty bad at [asking sexual partners to use protection].”

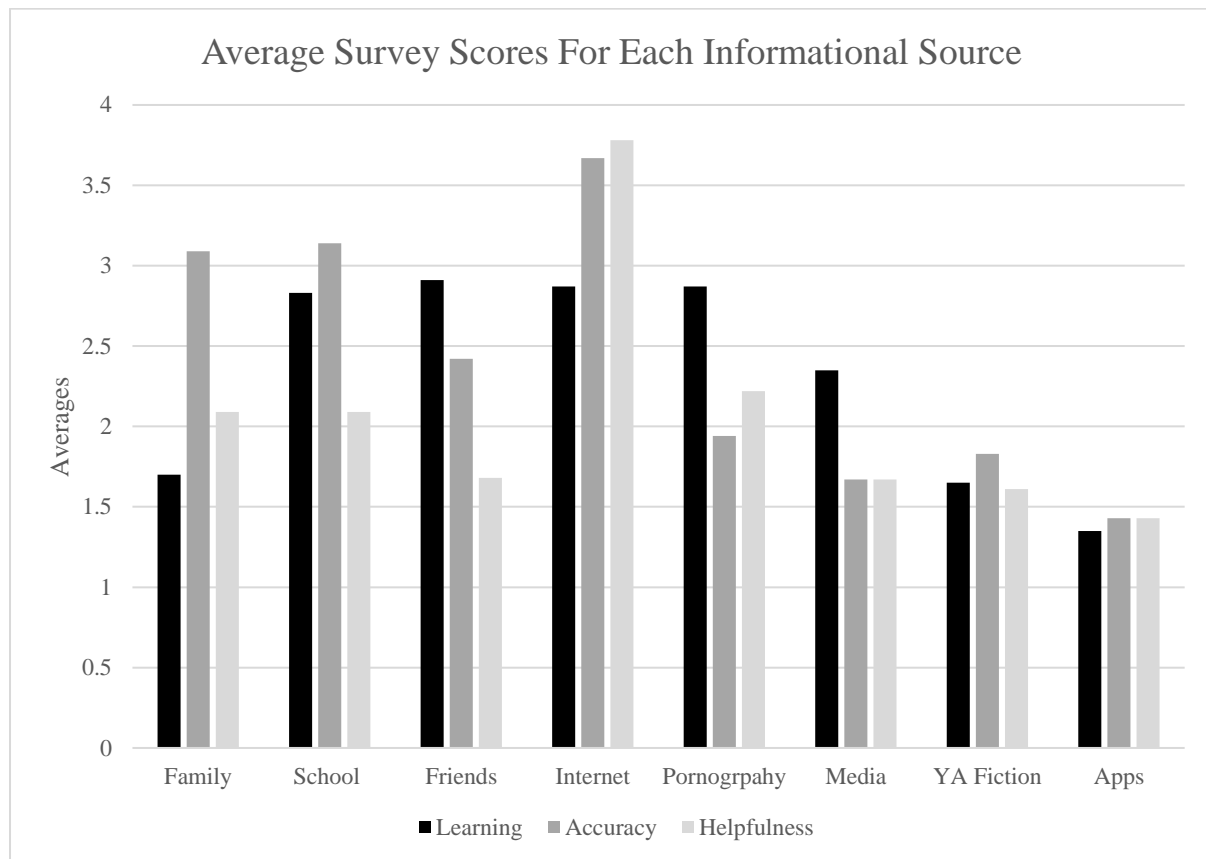
The data revealed a marginally significant, negative correlation between relying on pornography for sexual information and sexual self-efficacy  $r = -.301, p = .163$ . In the interviews, some participants who heavily relied on pornography as a source of information about sex reported they did not know what to expect when having sex. As one participant described it, “I feel like [porn is] harmful because [...] I feel like I'm not very aware of my own pleasure and sex and stuff, so I feel like its harmful because you have expectations now, once you see that you expect it, and once you realize those expectations are you, you assume that something's wrong, or something's going on.”

Lastly, relying on pornography for sexual information was shown to have a marginally significant, positive correlation with internalized homophobia  $r = .274, p .207$ . It may be that participants who rely on pornography to learn about sex do not end up seeing non-heterosexual sex portrayed in a realistic or self-affirming manner, thus leading to more self-stigma and stereotyping. As one participant put it, “For lesbian sex, there's a lot of stereotypical type depictions. I don't know; I think in general, it's just not. It doesn't show what it's really like.”

*Internet:* According to interviews, the internet was the most commonly utilized source of information about sex, with a learning mean of 2.87 out of 5. It was also rated highest out of all sources for accuracy ( $M = 3.67$ ) and helpfulness ( $M = 3.78$ ). In interviews, out of all the eighteen people who used the internet to learn about sex growing up, ten individuals stated that this source was accurate and helpful. As one participant put it, “I learned about other women's experience with men and with other women and communication and consent, like if you're consenting to one thing, you're not consenting to everything else. I learned about different forms of sex, different types of protection for the type of sex you're having, and what like, hygienic wise, you should do when you're doing this type of sex. [...] I feel like it was really accurate. [...] It kind of was more realistic, like telling me [how] things

will go wrong, but even if it goes wrong, you still can go through it, or you don't have to, like it's your choice.” Participants reported learning about various topics from the internet: LGBT+ sex-related information, communication, sexual pleasure, consent, and bodily changes, more ways to practice safe sex outside using condoms, such as dental dams and female condoms. On the whole, participants seemed to rely on the internet for much of their sexual education when growing up, likely due to the lack of LGBT+ specific coverage in traditional sex education (i.e., parental and school sources).

*Least used sources:* Apps, YA fiction, and media (television/movies) were the least used sources to find sexual information. YA fiction and apps had low mean scores in learning, accuracy, and helpfulness. Media had a relatively higher score in learning, but low accuracy and helpfulness scores. Overall, few participants reported using any of these sources (apps, YA fiction, media) for sexual information while growing up, so no further analyses were conducted (see Figure 1 for mean survey scores of all sources).



*Figure 1.* This graph illustrates that in all categories, learning, accuracy, and helpfulness internet has the highest overall score followed by school, while apps had the lowest overall score followed by YA fiction.

## Discussion

Overall, traditional sex education sources, including family and school, seemed to do more harm than good. For instance, there was a relationship between using school education as a source for sexual information and higher internalized homophobia which may explain a lack of relevant sexual health information for LGBT+ individuals and a reliance on abstinence-based, heteronormative information. This current finding matches up well with previous research stating heteronormativity in sexual education within schools makes being a part of the LGBT+ community feel unnatural (Francis, 2019). Relying on school for sex information also seemed to cause poorer sexual health due to the lack of teaching sexual

health information relevant to non-heterosexual intercourse, such as dental dams and HIV-prevention medications. Using family as a traditional source for sexual health information also implies negative outcomes, such as internalized homophobia. This source was one of the least used sources among the LGBT+ participants, and no one mentioned learning about LGBT+ topics from family. This heteronormative bias may have led to increased self-stigma among LGBT+ participants.

Overall, alternative methods, such as friends, the internet, and pornography, have mixed impacts on participants' sexual health, self-efficacy, and internalized homophobia. Most participants reported using the internet and pornography as their primary sources of sexual information while growing up. Participants found that these sources contained more information about LGBT+ sex, sexual health, and relationships. However, using pornography as a source of sexual health information was correlated with poorer sexual health. This finding was similar to past research stating that pornography could lead to riskier sex and inaccurate beliefs about sex (Litsou et al., 2020). Pornography was also related to poorer sexual self-efficacy. It may be that inaccuracy in pornography depicting sexual activities led some participants to be less confident in their ability to know what to expect when having sex or how to manage sexual communication, consent, and relationships. Pornography had a positive relationship with a participant's internalized homophobia. This relationship could be due to LGBT+ relationships in pornography being portrayed stereotypically, with queer people portrayed as sexually aggressive and even predatory, often trying to coerce people who self-report as heterosexual into having sex (Mercer, 2017). Lastly, participants who used friends as a source for sexual health reported higher levels of self-efficacy, implying that talking with friends about sex could be a non-threatening outlet for LGBT+ individuals to talk about and express their sexuality. Barriers exist when

individuals seek sexual health information from other sources, such as health professionals are not present when speaking to friends. (Currin et al., 2017).

The internet seemed to be the most helpful and accurate source of sexual information. It was also used to search for the most diverse and LGBT+-specific topics regarding sex and sexual health. Although this source showed no relationship with the sexual outcomes that were measured, it was reported to be the most LGBT+ friendly by participants. However, there are some problems with using the internet for sexual health information. First, there is still a stigma around using the internet to find sex information, and some youth may fear that simply searching for some information online is anxiety-producing. Another reason is that many LGBT+ youths are afraid that their parents will look into their search history and find out about the information they looked up (Magee et al., 2012). There is a need for more LGBT+-related content within traditional sex education. Almost universally stated by participants during interviews, many felt that they couldn't rely on sexual information they received from schools or their parents.

### **Limitations and Future Research**

The current findings in this study should be viewed with certain limitations in mind. For one, the sample size used in this study was insufficient to establish significant correlations between variables or accurately represent the LGBT+ community. Additionally, all data were self-reported by the individuals who participated in this study; therefore, the accuracy of each source was based on what they said, with no way to test the validity of these claims. Another limitation was that some interview questions may have been too broad or perceived differently by participants. For example, asking what apps the participant used for sexual information could have been perceived as social media apps, such as Instagram, or apps made explicitly for sexual health. Also, some questions asked about events years in the past, making it likely that some participants could not accurately report on such instances.

Future research can be done to test the accuracy of each source used by LGBT+ individuals. For instance, if someone analyzed the accuracy of using the internet as a source of sexual information, they can find what websites LGBT+ individuals use and determine if that site provides accurate information. Future research could also examine the effects of school sex education on a student's sexual self-efficacy, sexual health, and self-concept while they are taking the class. The questionnaire can be given before they take sexual education for the first time in school, during, and after. Such a study would be longitudinal and could also assess the long-term effects this type of sexual education has on LGBT+ youth up until their first sexual encounter. By further understanding, the effect of sexual health sources on LGBT+ youth, better ways to incorporate comprehensive and accurate sexual information could be developed into traditional sex education sources. This may help LGBT+ youth and adults gain greater confidence in sexual communication and relationships, bolster healthy sexual behavior, and decrease self-stigmatizing within this community.

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