

Scoping Review of Sex Education Discrepancies and Sexual Violence

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Abstract

Sexual violence is a widespread issue that affects many people and leaves victims with lifelong effects on their physical and mental health. In Canada, youth and minorities are some of the highest at risk to experience sexual violence. This scoping review was performed to gain a better understanding of the current literature on the sex education of LGBTQ+ and disabled people and the correlation between sex education discrepancies and sexual violence. LGBTQ+ and disabled people were less likely to receive inclusive and comprehensive sex education and, in turn, were more vulnerable to poor health outcomes and risk of victimization. Many sex education programs instilled heteronormativity and reinforced the notion that disabled people are asexual beings. Changes to sex education need to be made that benefit LGBTQ+ and disabled youth. By including information on disabled bodies, gender identity, sexuality, and sexual violence prevention, youth are better equipped for intimate relationships.

Keywords: sexual violence, disability, LGBTQ+, comprehensive sex education, gender

Table of Contents

Abstract.....	ii
Table of Contents.....	iii
List of Tables.....	v
List of Figures.....	vi
List of Abbreviations.....	vii
Chapter 1: Introduction.....	1
The Problem.....	1
Research Problem and Question.....	5
What is the Objective?.....	6
Historical Context.....	7
Why Sex Education?.....	8
Key Words and Concepts.....	10
Chapter 2: Methodology.....	14
Research Design.....	14
Information Sources.....	15
Inclusion Criteria.....	15
Exclusion Criteria.....	16
Search Strategy.....	16
Data Extraction.....	19
Chapter 3: Results.....	20
Study Selection Process.....	20
Study Design Information.....	24
Participant Information.....	33
Study Findings.....	34
Sex Education - LGBTQ+.....	34
Sex Education - Disability.....	38
Sex Education - General.....	42
Perpetration of Violence.....	44
Prevention of Violence.....	47
Healthcare.....	49

Chapter 4: Discussion	51
Gaps in the Literature and Future Research.....	53
Conclusion.....	53
References.....	55
Annex.....	66

List of Tables

Table 1. List of Definitions for Concepts and Terms.....	11
Table 2. Remaining Articles After Exclusion.....	24
Table 3. Breakdown of Sampling Methods.....	26
Table 4. Summary of Journal Publication and Discipline.....	27
Table 5. Summary of the Articles' Design, Aim, Sample Size, and Subject.....	30

List of Figures

Figure 1. The Process of Creating the Search Term.....	17
Figure 2. Process of Locating Duplicate Articles.....	21
Figure 3. Article Exclusion Results.....	23
Figure 4. Studys' Broken Down into Percentages.....	25
Figure 5. Distribution of Article Publication Year.....	29
Figure 6. Country Word Cloud.....	33

List of Abbreviations

SV: Sexual Violence

STI: Sexually Transmitted Infection

STD: Sexually Transmitted Disease

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Plus

ERIC: Education Resources Information Center

Chapter 1: Introduction

Sexual violence is an ongoing issue that significantly impacts the mental and physical health of its victims globally. Within Canada alone, the estimated rates of victimization suggest that one in four women and girls and one in eight men and boys experience sexual violence in their lifetimes; however, these statistics are just estimates, as the real rates are likely much higher (Ministry of Children, Community and Social Services [MCCSS], 2025; Statistics Canada, 2019). Globally, youth are particularly vulnerable to sexual violence with 67.3% of female and 71.9% of male victims between the ages of 13 and 24 reported their first exposure to sexual violence had happened by the time they turned 18 years old (Cagney et al., 2025). Among Canadians, youth and young adults are the most vulnerable age group to victimization (Statistics Canada, 2019). To further build on the point, LGBTQ+ and disabled people are also at an increased risk of victimization when compared to heterosexual or able-bodied individuals due to unique risk factors such as the reliance on a caregiver or discrimination (Bloom et al., 2022; Pérez-Curiel et al., 2024; (Streur et al., 2019). Overall, women, adolescents, young adults, LGBTQ+ individuals, Indigenous people, and adults and children with disabilities are the most at-risk demographics of sexual victimization. The reported rates of sexual violence heavily rely on police reports and documentation to generate estimates; meanwhile, sexual assault and sexual violence are among the most underreported and under prosecuted crimes (Orchowski et al., 2022). Sexual violence is underreported due to several individual, interpersonal, and sociocultural barriers such as the victim's age, fear, self-blame and shame, relationship to the perpetrator, negative reactions to disclosure, distrust in the justice system, and societal norms (Orchowski et al., 2022). Reporting rates vary internationally, with North American and European countries having more reported data on rates of sexual violence experienced by men and women than countries while North Africa and the Middle East either had sparse data or no available data on sexual violence rates by gender (Cagney et al., 2025)

The Problem

When looking at posts on the social media platform Twitter/X from people who had experienced sexual violence, self-blame was one of the most recurring intrapersonal barriers that

stopped many victims from reporting sexual violence, as many accounts cited the victims blamed themselves for being sexually assaulted (Orchowski et al., 2022). The provided reasoning behind why the victims were self-blaming ranged from having consumed alcohol prior to their victimization to feeling they were to blame for unintentionally giving their perpetrators mixed or positive signals about their receptiveness to sexual contact rather than strictly negative signals (Reich et al., 2022). Consequential and frequently reported interpersonal reasons people did not report sexual violence were negative reactions from others and not being believed. Receiving a poor reaction or outright being told they were not believed strongly dissuaded victims from reporting sexual violence to any kind of authority. Individuals shared on twitter that when they told someone they had experienced sexual violence they were often blamed for their assault, asked probing questions about what they were wearing, what they were doing, and why they were alone with their perpetrators, or were disregarded and dismissed, and not believed (Reich et al., 2022).

A lack of faith in police and the justice system was a major societal barrier included in victim statements. Issues ranging from thinking that police would be dismissive, police would not attempt to pursue perpetrators, the cost of taking legal action and attempted prosecution of perpetrators being greater than the possible benefits, and a complete lack of faith that perpetrators would receive a meaningful sentencing (Orchowski et al., 2022; Reich et al., 2022). The reported lack of faith in police and the justice system is supported by statistics; as between the years of 2015 and 2019 in Canada, only 36% of sexual assaults that were reported to police resulted in charges, with 61% of cases with charges preceding the judicial system and court appearances. Furthermore, only 48%, just under half, of perpetrators that faced charges were found guilty, and half of the perpetrators who received a guilty verdict received a sentence that resulted in the perpetrators being placed into custody and receiving a jail time sentence. The number of reported sexual assaults that result in charges laid or recommended is dependent on the gender of the victim, as 38% of assaults against women and girls resulted in charges against the perpetrators compared to 29% of perpetrators being charged when the victims of assault were men and boys (Statistics Canada, 2024).

When looking specifically at prosecution and the length of time sexual violence perpetrators spent in custody in Canada, it is important to understand the maximum and

minimum sentencing a perpetrator could receive. According to section 271 of the Canadian Criminal Code about sexual assault,

Everyone who commits a sexual assault is guilty of

(a) an indictable offence and is liable to imprisonment for a term of not more than 10 years or, if the complainant is under the age of 16 years, to imprisonment for a term of not more than 14 years and to a minimum punishment of imprisonment for a term of one year; or

(b) an offence punishable on summary conviction and is liable to imprisonment for a term of not more than 18 months or, if the complainant is under the age of 16 years, to imprisonment for a term of not more than two years less a day and to a minimum punishment of imprisonment for a term of six months. (Criminal Code, 1985, s 271)

This means that perpetrators who received an indictable offence, typically more serious offences with greater punishments and federal custody, could receive a maximum of 10 years of jail time with no specified minimum sentence until the victim was younger than 16 years old; then the perpetrator could receive a maximum of 14 years with a specified minimum of one year. However, if the perpetrator received a summary conviction, typically for less serious offences that may result in provincial custody, the offence could result in a maximum sentence of 18 months, a year and a half, with no minimum specified. If the victim was 15 years old or younger, then the maximum sentencing could be one day less than two years and a minimum of 6 months. The minimum and maximum sentencing for provincial custody is particularly important to note as the range between sentencing lengths is large.

A government report looking at the estimated economic cost of violent victimization, specifically sexual assault, reports that in 2009 male perpetrators of non-spousal adult victim sexual assault spent an average of 230 days in provincial custody, just under two-thirds of a year, while female perpetrators of the same offence spent even less time in provincial custody, just 165 days, or just a little under 6 months (Department of Justice, 2021). On average, perpetrators of sexual violence who are charged and sentenced to provincial custody are on average getting custody sentences less than the maximums; the female offender spent less time in custody than

the minimum for sexual assaults against minors under the age of 16. The report, while not primarily about incarceration, does illustrate the differences in custody sentencing amongst sexual violence perpetrators. Criminal punishment, and therefore the justice system, is one of the previously mentioned barriers to people reporting sexual violence, as severity of sentencing is likely one of the factors included in debating if the benefits of legal action outweigh the cost (Orchowski et al., 2022; Reich et al., 2022). The low likelihood of a guilty verdict and short sentence may not be worth the hardships of reporting sexual violence to the police and going through the justice system. The 2014 Canadian General Social Survey (GSS) found that 84% of sexual assaults were not reported to police or other authorities (Government of Canada, 2019). It is approximated that less than one-third of university/college students who experience sexual assault, a rough approximate of 5%, reported sexual violence to police (Lorenz & Jacobsen, 2024). Additionally, the halting of sex education during Covid-19 in conjunction with severe movement restrictions worsened inequities as people were unable to access support or information (Endler et al., 2021).

Sexual violence can have immediate, long-lasting, and indirect impacts on someone's health and devastating effects on a person's mind (Jina & Thomas, 2013). Immediate impacts, injuries, and outcomes that endure or occur within the first few days after a person experiences sexual violence can come in the form of physical injuries like abrasions, lacerations, bruising, torn skin or hair, sores, rashes, and bleeding on or in the skin, genitals, anal cavities, and oral cavities, as well as health outcomes like pregnancy and the contraction of STIs and STDs (Basile et al., 2021; Thomas & Kopel, 2023). In a group of 228 male victims, the most common area of the body injured was the anus, with 18% of male victims reporting anal injuries, while in a group of 5,131 female victims, injuries to the lower legs and genitalia were the most reported at 12.6% each (McLean et al., 2004). In female victims, the most common type of injury received across the body was bruises, except for the neck (Alempijevic et al., 2007). The most common injuries to the neck were abrasions, which are injuries caused by friction or blunt force that damaged the skin and possibly resulted in a minimal amount of bleeding, such as scraped skin or friction burns.

The physical long-term effects of sexual violence are varied and depend on each individual. Amongst women, a chief side effect of sexual violence was a variety of

gastrointestinal issues. In a study looking at a random sample of women from Los Angeles, 41% of the women who identified as having experienced sexual violence were twice as likely to report they struggled with gastrointestinal issues such as bloating, nausea, abdominal pain, and vomiting than the women who had not identified as having past experiences with sexual violence (Golding, 1994; Jina & Thomas, 2013). In conjunction with gastrointestinal issues, neurological and cardiopulmonary issues, or issues related to the heart and lungs, were another significant long-term side effect of sexual violence in adults. Symptoms included heart palpitations, shortness of breath, irregularities in the beating of the heart, chest pains, asthma, weakness, numbness, insomnia, and fatigue. Chronic health issues in adulthood, such as cancer, diabetes, high blood pressure, abnormal Pap smears, heart diseases, and thyroid disorders, were commonly experienced by those who experienced sexual abuse in childhood (Basile et al., 2021). Permanent physical disabilities such as chronic pain, chronic fatigue, and reduced mobility are additional permanent health outcomes that can stem from experiencing sexual violence, sometimes resulting in the need for mobility aids such as canes and wheelchairs (Basile et al., 2021).

Alongside immediate and long-term physical outcomes of sexual violence, there are also the mental and social impacts that are felt by victims. In both men and women, Post Traumatic Stress Disorder (PTSD) is a chronic and often debilitating condition that is a lifelong result of sexual violence. In a sample of 22,590 women, 56.6% of participants indicated they experienced PTSD symptoms, 58.9% had persistent concerns for their safety, and 65.2% were fearful prior to their experiences with sexual violence. Both men and women were more likely to attempt suicide, have suicidal ideation, and engage in non-suicidal self-harming behaviours after they experienced sexual violence (Jina & Thomas, 2013). Depression, anxiety, social isolation, and decreased self-esteem were among the long-term effects that continued to impact victims well beyond their initial experience with sexual violence, especially for male victims, as men had low rates of seeking physical or psychological help after victimization (Thomas & Kopel, 2023).

Research Problem and Questions

There is little understanding of how sex education influences victimization and the inequalities within sex education instruction based on the students' identities. Youth and young adults between the ages of 13 and 24 are the most at-risk age groups for sexual victimization

(Government of Canada, 2019). LGBTQ+ youth are at increased risk of sexual predation in online spaces when compared to their heterosexual counterparts (Bloom et al., 2022). The goal is to further understand the existing literature on the inequalities within sex education instruction based on the students' identities, the ability of sex education in providing information, and its effects on sexual victimization rates.

The specific issue that will be examined is the effects of sex education quality on sexual violence victimization across different demographics, such as LGBTQ+ and disability as statistics have indicated these demographics to be at higher risk of experiencing sexual violence (Statistics Canada, 2019). Increases in sexual victimization in youth can be attributed to poor quality sex education, as abstinence-only sex education is not effective in teaching or improving safe sex practices, sexual health outcomes, and sexuality and sexual health knowledge (Ott & Santelli, 2007).

The area of interest for this research is the quality of sex education based on demographics, with a focus on gender, LGBTQ+, disability, and rates of sexual violence. The questions are:

1. How might sex education instruction, such as time spent on content, what was and was not taught, and variety across gender, sexuality, and ability/disability differ?
2. How might sex education differences influence sexual violence victimization?

What is the Objective?

The objective of this scoping review is to gather and synthesize the current research available on sex education content with a focus on how discrepancies in sex education based on disability, gender identity, and sexual orientation intersect and relate to sexual violence. Therefore, the aim in performing this scoping review was to thoroughly catalogue what research has been done, find where there are gaps in the literature, examine what kind of information is missing, look at how sex education and sexual violence have been examined and researched, and finally synthesize the obtained information into an easily digestible piece of literature.

A thorough exploration and examination of current literature will contribute to a deeper understanding of the discrepancies in sex education in relation to people's experiences with

sexual violence. It is crucial to identify gaps in literature, as it indicates the limitations of current knowledge and highlights the urgency for future studies aimed at examining overlooked and minority populations, such as people with disabilities, LGBTQ+ and ethnically diverse communities. By filling knowledge gaps, researchers, educators, and policy makers can work towards bolstering our understanding and creating effective, more inclusive sex education practices and curriculum that better serve all people. This effort is important for creating safer environments and ultimately reducing the prevalence of sexual violence in society.

Historical Context

In the 1900s, keeping youth uninformed was not an effective or successful method of education or protection used by parents and educators, as many children experienced sexual violence and were uninformed about sexuality and development into adulthood (Gleason, 2017; Schneider & Hirsch, 2020). Poor quality sex education fails to address early risk factors, such as gender roles, like girls having to be more responsible than boys, and child abuse, and contributes to rape culture (Clonan-Roy et al., 2021). Especially around the fifties, the dominant narrative around sex and youth was that preventing youth from learning about sex and sexuality protected their purity and safety. In more recent years, to some parents sex education was viewed as an attempt to teach children moral values that were different from their parents, which was seen in the 2015 protests when the Ontario Ministry of Education updated the sex education curriculum. Many parents believed exposing youth to sex education and information would cause youth to become sexually promiscuous (Gleason, 2017). To the detriment of many children and youth, common sexually transmitted infections, such as gonorrhea, were common ailments and the result of sexual abuse in the late 1950s and after, as reported by Dr. Fred Bryans in the Canadian Medical Association Journal: “Gonorrhoeal vaginitis was one of the commonest causes of discharge in children prior to the era of sulfonamides and antibiotics ... (e)pidemics were seen in schools and institutions” (Gleason, 2017). In a similar situation, Dr. Arthur Kiddy, when talking about infants and children admitted to the emergency department, claimed,

[T]here were 30 female children brought to the Emergency Department during the last six months of 1962 because of alleged sexual assault. No particular pattern was noted concerning whether the attacker was previously known to the child. Some alleged attacks

were unconfirmed. The most remarkable finding was that there was at least one child of each yearly age from 17 months to 14 years. One may well assume that some cases were unreported, and the problem appears a serious one (p. 54).

Candid discussions about sex and sexuality with youth by adults, such as guardians, educators, and healthcare providers, can help youth recognize problematic behaviours and health outcomes of sexual relationships (Johnson, 2020). Additionally, open discussions about STIs and STDs benefit the prevention of many widespread STIs and STDs, such as HIV and hepatitis (Gökengin et al., 2023). Lacking education as a mode of protecting both youths' innocence and physical health was not effective or successful; youths were not taught the tools and knowledge needed to recognize and report sexual violence, as well as how recognize sexual violent and perpetrator behaviours in personal relationships (Schneider & Hirsch, 2020).

Why Sex Education?

Sex education is a widespread aspect of schooling that most youth experience in Canada, as there has been some semblance of a sex education curriculum embedded into childhood education as early as the start of the 1900s. The quality of the information received, however, is dependent on the curriculum, educational legislation, and teacher instruction (Alcalde & Montgomer, 2018). The quality of sex education varied based on the identity of the people who received it, as sex education curriculums were catered to heterosexual, cisgender, and able bodies (Baker et al., 2021; Neille et al., 2024; Woolweaver et al., 2023). LGBTQ+, disabled, and people assigned female at birth received sex education that left them uninformed on what sex, development, and relationships looked like for LGBTQ+ and disabled folks (Baker et al., 2021; de Heer et al., 2021). While sex education has been viewed as increasing the risk of harm to children, poorer quality sex education increases the risk of sexual violence because it instilled victim-blaming sentiments into youth, and it does not address perpetration or prevention (Clonan-Roy et al., 2021; Gleason, 2017). Internationally, sex education can be a difficult topic to teach to children and embed in education and conversation due to cultural and religious values (Francis & DePalma, 2014; Martínez & Vigo-Arrazola, 2024). In South Africa's Free State province, abstinence only was the preferred and most endorsed sex education method by educators, although it was acknowledged that safe sex should be mentioned but not inherently

encouraged (Francis & DePalma, 2014). The Free State teachers viewed good sex education as curriculum that employed scare tactics, such as graphic details about diseases and childbirth, to discourage pre-marital sex in students. Educational legislature that mandated sex education faced challenges depending on the country. Within the United Kingdom, educators struggling with instruction and the removal of children under 16 years old from sex education classes, while in Spain frequent changes educational laws lead to inconsistencies in curriculum and material delivery (Martínez & Vigo-Arazola, 2024). American students from Massachusetts reported that their sex education curriculum lacked depth or discussion on topics students felt important, with 70% of Massachusetts school districts focusing on gender-segregated abstinence education (Rothman et al., 2024).

Given that the high-risk age group is composed of high school and post-secondary students, it would be assumed that research on victimization rates and perpetration prevention would be more commonplace, but that is unfortunately not the case (Government of Canada, 2019). The imminent and long-lasting effects of sexual victimization are felt and carried by victims throughout their lives and often affect the victims' behaviour and the risk of future victimization (Oshodi et al., 2020; Statistics Canada, 2019). There have also been few studies that look at the connection between sexual violence victimization and sex education instruction across different demographics in an encompassing study. While there have been studies that look at LGBTQ+, women, or disabled people individually, these studies are often focused on a specific aspect, such as sexual assault reporting or the effectiveness of different interventions, rather than sex education (Chin et al., 2012; Cook & Wynn, 2021).

Previous research has drawn attention to the inadequacy of current sex education programs in addressing the diverse needs of youth and young adults, which was associated with increased vulnerability to sexual exploitation and online sexual abuse as seen with LGBTQ+ youth's reliance on the internet due to a lack of vetted and reliable information sources (Baker et al., 2021; Bloom et al., 2022; de Heer et al., 2021; Neille et al., 2024; Pérez-Curiel et al., 2024). The prevalence of bias towards traditional gender roles, double standards between genders, and Christian values embedded in sex education perpetuates gender bias, contributes to rape culture - in particular the view that women are weaker than men, expectations for young girls to be more responsible than young boys, the emphasis on women being pure - and fails to adequately

address crucial topics such as consent and sexual health in all youth (Clonan-Roy et al., 2021; Hyde et al., 2005; Woolweaver et al., 2023). It is evident that comprehensive and inclusive sex education is crucial in providing youth the skills and knowledge to advocate for themselves and prevent sexual violence, emphasizing the urgent need for the development and implementation of comprehensive sex education curricula to ensure the safety and well-being of society's most vulnerable age group (Government of Canada, 2019). The findings of this study can be used to create improved sex education curricula and youth sexual violence reduction programs to decrease youth victimization.

While it is generally seen in existing research that sex education does not inherently cater to minority groups and that individuals such as women, youth, people with disabilities, and LGBTQ+ community members disproportionately experience and are affected by sexual violence, there still exists a substantial gap in knowledge. Moreover, very little is widely known about how variations in sex education curricula content and educator delivery impact the reported rates of sexual violence, and they are not well documented (Clonan-Roy et al., 2021; Woolweaver et al., 2023). It is also vital to consider how sex education programs address sexual violence and gender-based violence, as youth is an important time for development and building relationship skills (Bonnie et al., 2019).

Key Word and Concepts

There are several key words and concepts important to this research, and therefore they needed to be clearly defined for effective communication and dissemination. These keywords and concepts are gathered into table 1. To start, sexual violence in academic literature and research often has many different definitions that do not inherently coincide. For the purposes of clarity in this scoping review, the Ontario government's definition of sexual violence, “any violence, physical or psychological, carried out through sexual means or by targeting sexuality” (MCCSS, 2025), is the main definition used to define sexual violence.

Table 1*List of Definitions for Key Concepts and Terms*

Key Term or Concept	Definition
Sexual Violence	“Any violence, physical or psychological, carried out through sexual means or by targeting sexuality” (MCCSS, 2025)
Comprehensive Sex Education	A curriculum that taught about the cognitive, emotional, physical, and social aspects of sexuality of all people across ethnicity, gender, culture, religion, sexuality and ability (Alcalde & Montgomery, 2018)
Gender	Either psychological characteristics, gender expression, legal gender or self-defined gender identity of a person (Lindqvist et al., 2021)
LGBTQ+	People who identified as having a gender identity or sexual orientation that fell outside of cultural heteronormative norms and/or identified as being LGBTQ+ (Bloom et al., 2022)
Disability	“A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)” (CDC, 2025)

Note. Not all key terms and concepts in table 1 have definitions with direct quotes, as many of the concepts related to this research do not have clearly defined meanings.

The other key term introduced is "comprehensive sex education"—or "comprehensive sexuality education" (CSE)—which is a term that is seen frequently within sex education research but very rarely defined in clear detail. Comprehensive sex education is loosely defined by the UN as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality” (Alcalde & Montgomery, 2018). In addition to the UN definition, within this study, comprehensive sex education also included a curriculum that taught about the cognitive, emotional, physical, and social aspects of sexuality of all people across ethnicity, gender, culture, religion, sexuality, and ability.

Gender is another recurring concept that occurs through research on sexual violence and sex education. Within research, gender can have many different meanings, ranging from sex differences between male and female people, a way to separate males from females, or a social institution that men and women operate within (Stewart & McDermott, 2004). Gender as a concept is difficult to define, as it is multifaceted, including gender as a social construct, a set of traits and characteristics associated with a person's gender assigned at birth, legal gender, and self-identified gender identity (Lindqvist et al., 2021). Given the complexity of gender, a definition of gender as referring to the psychological characteristics, gender expression, legal gender, or self-defined gender identity of a person was primarily used for this research, as it is a broad conceptualization of gender that many studies that involved gender would fall under.

As LGBTQ+ folks and people with disabilities are key groups of people for this research due to their increased risk of victimization, it is also important to identify and define them just as it was to define key concepts. Starting with LGBTQ+ people, the term “LGBTQ+” is one of many versions of an acronym designed to represent and describe the sexual orientation and gender of people, especially those who fall outside of cultural and social norms (Bloom et al., 2022). LGBTQ+, the specific term used in discussion in this research, is short for Lesbian, Gay, Bisexual, Transgender, Questioning, or Queer, and plus. Within this version of the acronym, the plus symbol represents all the identities and people not included as a letter in the acronym, such as people who are asexual, non-binary, and gender non-conforming, to name just a few. 2S is a common acronym found in newer variants in LGBTQ+. 2S stands for Two-spirit, a term to represent Indigenous people who have both a masculine and feminine spirit or energy (Beaudry et al., 2024). In more recent years, two-spirit people have been recognized and included in

LGBTQ+ communities due to the intersectionality of Indigenous identity and LGBTQ+ identity. Within this research, LGBTQ+ refers to people who identified as having a gender identity or sexual orientation that fell outside of cultural heteronormativity and/or identified as being LGBTQ+. Heteronormativity is the widespread societal and structural belief that heterosexuality is the default, that it is assumed everyone falls into one of two complementary gender groups, and people will pair up with someone from the opposite gender group from themselves (Dollar, 2017). This framework pushes people, relationships, and identities that fall outside of two genders opposite pairs to the outskirts as something sufficiently different. Heteronormativity is a pervasive ideological framework that has been embedded in most aspects of society in Canada, such as social norms, gender roles, politics, and healthcare (Bloom et al., 2022; Marshall et al., 2024). Non-heterosexual and cisgender people get cast as an “other group,” viewed as outsiders, and need to identify themselves as something other than the preserved default to be viewed as their true selves rather than the same label attached to everyone.

Lastly is disability. Disability followed suit with many of the key concepts of this scoping review, in that disability is hard to clearly define. Historically, what is considered a disability and disease had been divided by a very blurry and ever-changing line. Certain conditions, such as hypermobility, have at some point in time existed under the label of disease, then eventually transitioned to being defined as a disability (Scully, 2004). The definition of disability used, “A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions),” was defined by the Centres for Disease Control and Prevention (CDC) in 2025, as it was inclusive of many types of disabilities and people with disabilities. It is important that through this scoping review, both people with disabilities and disabled people have been used to a degree of interchangeability. While person-first language—people with disabilities—is widely used and champions the language model, not all people with disabilities prefer it. Identity-first language—disabled person—is another language style that is used by people with disabilities to describe themselves and each other (Grech et al., 2024). A prime example of a group who prefer and have adopted identity-first languages would be Deaf people. Deaf people, with a capital D as it represents Deaf culture and identity, often adopt identity-first language because to many Deaf people deafness—lowercase d for the condition—and therefore disabilities are not inherently bad but could also be a neutral or positive aspect of

life that is not to be ashamed of. That disability can be a part of someone's identity, and communities of people who have their own unique cultures (Janiszewski et al., 2025). The use of person-first or identity-first language is ultimately a personal choice and very dependent on identity.

Chapter 2: Methodology

Research Design

Scoping reviews are an excellent tool for determining the scope of current literature on a given topic, as scoping reviews can gather works on a specified topic. Therefore, providing a wealth of information on the amount of research that has been done on a given topic, as well as proving both broad and detailed specifics into the topic at hand and the research that has been done (Arksey & O'Malley, 2005; Munn et al., 2018). A scoping review is a beneficial tool for identifying available literature, clarifying key concepts and definitions, identifying key characteristics of an overarching concept, identifying knowledge gaps, and laying the foundation for a systematic review. Overall, scoping reviews excel at gathering many different types of works that fall under the same topic and allowing for the mapping and identification of gaps in the literature with relative ease. This is more of a collection of information that can be used as a platform to inform future research. This is opposed to systematic review, which is designed to create a well-informed synthesis using a large amount of international research on a specific question that informs policy making and implementation and capable of furthering research (Munn et al., 2018). Additionally, systematic reviews are typically performed by skilled groups of research rather than individual people (Munn et al., 2018). Systematic reviews are highly specific and time intensive, while scoping reviews are broader.

Given that the primary objective of this research is to find and coalesce the current research on demographic-based discrepancies in sex education and how it is associated with sexual violence rather than the deep analysis on the effectiveness of sex education, a scoping review was a better fit than a systematic review. A scoping review allowed for a broad view and understanding of sex education discrepancies and sex education. A scoping review was also the best fit for this research, as it was performed by a single individual rather than a team, meaning that a scoping review was more manageable and appropriate for the goals and the number of

people involved. Sex education and its connection to sexual violence is a relatively niche area of research spread across multiple subjects and is not well known. Overall, a scoping review was better suited over a systematic review due to the number of researchers, available resources, skill-level, broadness, and the ability for a scoping review to inform future research.

Information Sources

The databases used would be the Education Resource Information Centre (ERIC) using the ProQuest platform search engine, the American Psychological Association PsycINFO (PsycINFO) using the Ovid platform search engine, and Web of Science. These three databases were selected as they span different subjects and areas of research—education research, psychological research, and multidisciplinary research, respectively—to keep the retrieval of duplicate articles to a minimum and include a variety of different perspectives across different disciplines of research.

Inclusion Criteria

Inclusion criteria will be determined by the research question and pertain to sex education and sexual violence. The inclusion criteria included:

- a. Articles published in English,
- b. Peer-reviewed articles published in a reputable journal
- c. Articles accessible online
- d. Pertained to minorities, specifically LGBTQ+ and/or disabled people
- e. Participants consisted of middle school students and older (roughly 11 years or older),
and
- f. Was about sex education and sexual violence.

Studies published in English were the only articles selected on the basics of fluency and language skills. The inclusion of publications in languages other than English would have risked the possibility of mistranslation and misunderstandings. There were no limits on the country the study occurred in or the location of the sample so long as the article was published in English, allowing for an international collection of articles and samples to be included within this scoping review. Peer-reviewed articles were allowed as the examination of sex education and sexual

violence research that was considered acceptable and credible by the standards of other established researchers. All of the included articles needed to be electronic for accessibility and ease of access outside of a physical library location, as travel and distance were limiting factors of physical-copy-only materials. Middle school aged children—children approximately 11 years and older—were included because for younger, elementary-age students, they may not yet be receiving sex education curriculum or are receiving sex education as part of another curriculum, such as Fully Alive in some Ontario Catholic elementary schools.

Exclusion Criteria

If an article meets any of the exclusion criteria, even just one, it was not included in the final scoping review. The exclusion criteria included:

- a. Articles that involved a population of elementary-aged children (roughly those under 11 years of age),
- b. Evaluations of prevention program not about sex education,
- c. Books, dissertations, and other non-peer-reviewed literature,
- d. Articles unavailable in English, and
- e. Only available in a physical copy

Articles that evaluated the effectiveness of sexual violence risk reduction programs that did not pertain to sex education were excluded because those programs feel outside of the parameters of this scoping review. Additionally, articles that could not be accessed due to paywalls were excluded, as they were not accessible and therefore could not be included in the final scoping review.

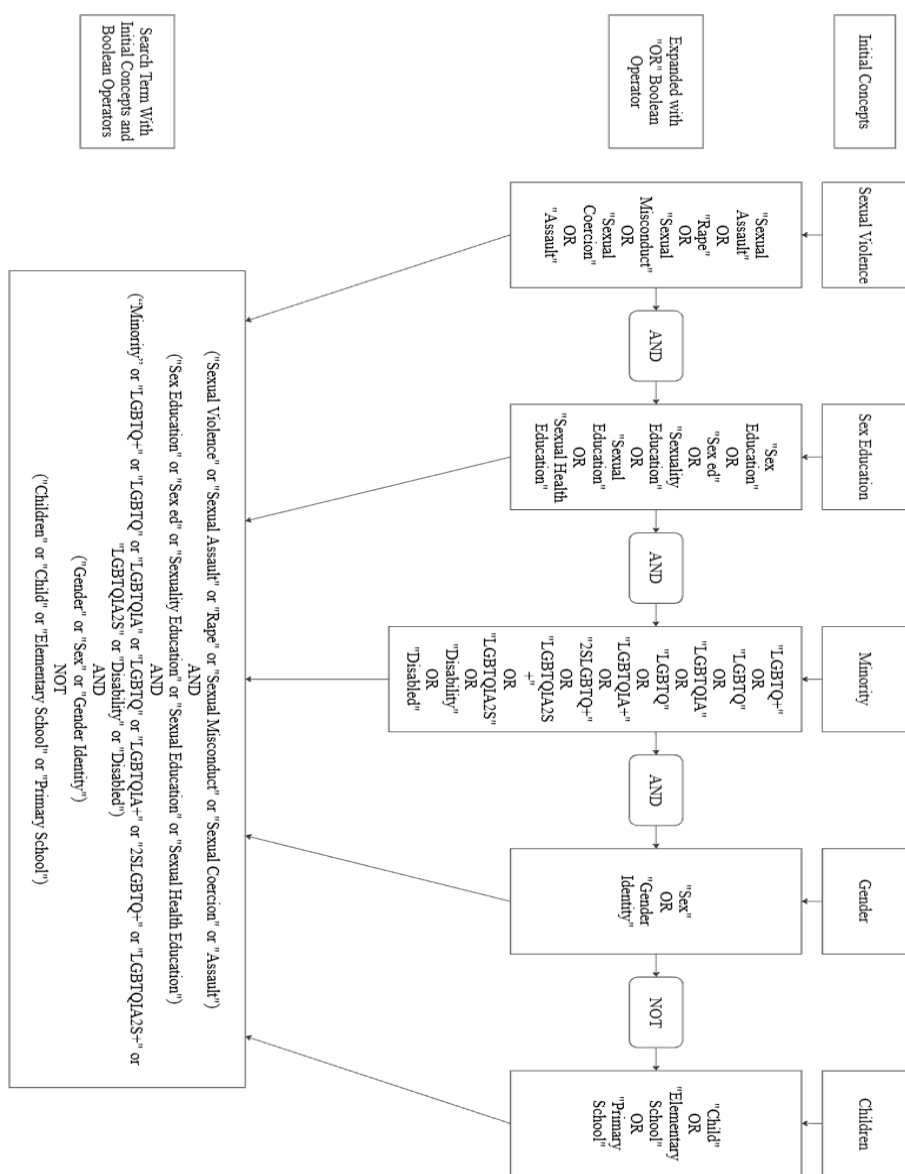
Search Strategy

Before the search term could be created and used, the key terms and concepts had to be identified and expanded upon. Figure 1 demonstrates the process of assembling the final search terms, which started with the initial key terms being identified for the search. The identified key terms were sexual violence, sex education, minorities, and gender. Each of the main terms was separated into its own key category that included synonyms and related terms that fall under the main umbrella term. In the final search, each main group was separated by the Boolean operator

“AND” to ensure that any articles retrieved would include all of the key concepts, not just one or two. From there, synonyms for each key term were selected and added to the main term using the “OR” Boolean operator and contained, along with the key term, inside of parentheses. The last Boolean operator utilized in the search was the “NOT” operator, as it enabled the exclusion of studies with samples containing young children.

Figure 1

The Process of Defining and Creating the Search Term



Note. Figure 1 shows the process of creating the implemented search term

As it had been established, sexual violence is a broad umbrella that encompasses many different types and names for acts of sexual violence; the terms added were other names and forms of sexually violent acts that fell under the sexual violence definition mentioned in the introduction. The specific terms added with an “OR” Boolean operator for sexual violence were sexual assault, assault, rape, sexual misconduct, and sexual coercion. Sex education was expanded primarily through the inclusion of synonyms for sex education. The specific synonyms used were "sexuality education," "sex ed," "sexual education," and "sexual health education," as they were recurring terms in the reviewed literature. Seeing as the sex education of specifically disabled and LGBTQ+ people was of interest, the terms "disability" and "LGBTQ+" were added into the same parenthesis as "minorities." Some of the many variations of the acronym LGBTQ+ were added with an “OR” operator, with LGBTQ, LGBTQIA+, 2SLGBTQ+, LGBTQIA2S+, and LGBTQIA2S being included. In addition to "disability," the term "disabled" was also included. With the complex nature of gender as a concept, gender was expanded to include sex to account for the use of gender as a biological distinguisher and gender identity for the social and societal aspects of gender. Lastly, the “NOT” Boolean operator group that excluded elementary-aged children from the search was expanded with synonyms for children, such as “child,” and the school terms “elementary school” and “primary school.”

After expanding upon the initial key terms and adding the Boolean operators, the final search term was ("sexual violence" or "sexual assault" or "rape" or "sexual misconduct" or "sexual coercion" or "assault") and ("sex education" or "sex ed" or "sexuality education" or "sexual education" or "sexual health education") and ("minority" or "LGBTQ+" or "LGBTQ" or "LGBTQIA" or "LGBTQ" or "LGBTQIA+" or "2SLGBTQ+" or "LGBTQIA2S+" or "LGBTQIA2S" or "disability" or "disabled") and ("gender" or "sex" or "gender identity") not ("children" or "child" or "elementary school" or "primary school"). Each section was contained in parentheses so that terms and synonyms were kept together and did not influence the other categories or the search.

After the databases were selected, the final search term was inputted directly into the database search bar, and the search was enabled. None of the databases required any

modifications to the search term, as the databases and the built-in or utilized search engines were able to compute the search terms and did not limit them by word or character count. In addition, none of the databases limited the number of Boolean operators used nor required the operators to be separated out from each other. After the search was run across all three databases, the citations for all of the retrieved articles were collected and then downloaded. After all of the citations were downloaded, all of the citations were inputted into an Excel sheet, with one article per cell in a column, and organized alphabetically by the first author's last name.

Data Extraction

All of the data from the articles was extracted by hand, without the assistance of any programs or language models, and thoroughly checked multiple times to prevent any errors when the data was extracted from the articles. All extracted data was compiled and categorized within Microsoft Excel sheets for visual clarity. Additionally, Excel had the advantage of having both operators and functions, such as countif, that enable the extracted data to be categorized, filtered, and analyzed with greater ease and clarity. The data that was extracted from the articles included study design and sampling method, the journal published in, the distribution of what years the articles were published in, participant information, field of study, a summary of the articles' goals or objectives, and important findings of the included studies.

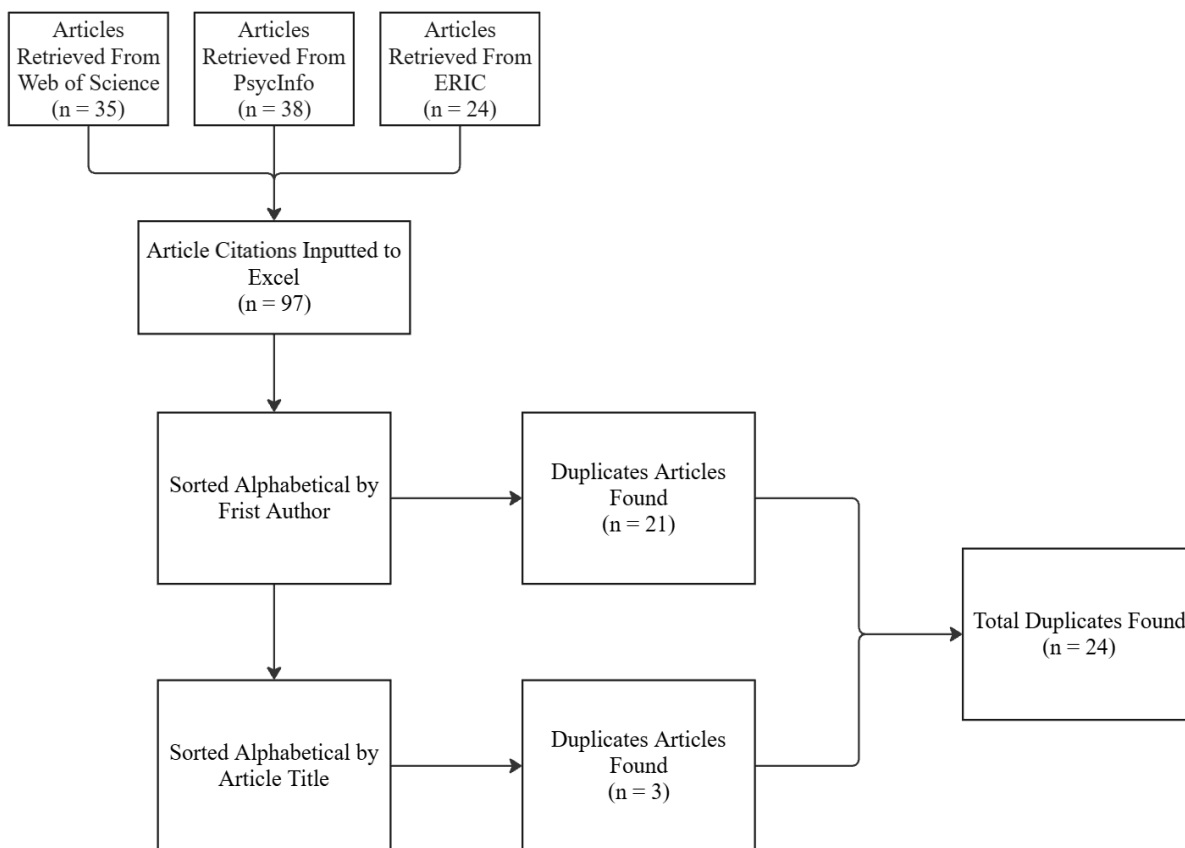
The study characteristics that were of particular interest were the type of study design used, the number of articles that utilized qualitative, quantitative, mixed methods, or review methods to collect, analyze, and disseminate information; and the sampling methods that were employed, such as simple random sampling, cluster sampling, or convenience sampling. The distribution of probability and non-probability sampling was of particular interest, as the sampling method is highly influential on a study and therefore on the results from studies. What countries the articles pertained to, and the distribution of said countries were also collected. For the participant information, several pieces of information were considered and extracted. What type or aspect of sex education – such as having received comprehensive sex education, abstinence only education, or no sex education at all –, as well as specific acts of sexual violence, was extracted? The information from each study that was coded for, if provided within the article, was the participant demographics, such as the participants' age, gender, and ethnicity. The

number of LGBTQ+ participants and participants with disabilities would also be extracted, as those two groups were the key minority groups focused on within this research. Additionally, the reported data on participants' experience with sexual violence and the types of sexual violence experienced.

Chapter 3: Results

Study Selection Process

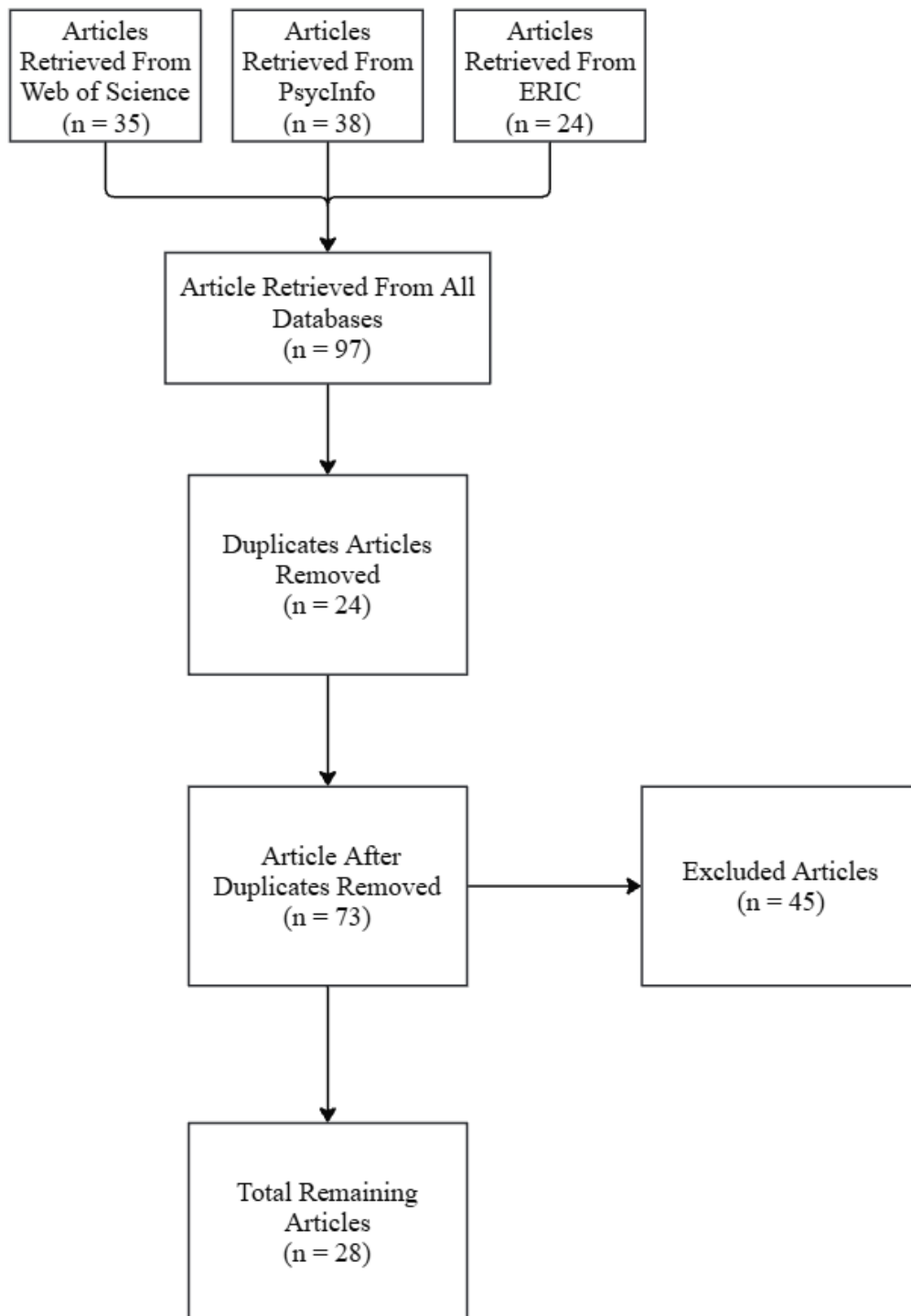
After the search was completed, there were 97 total articles found across the three different databases. Any duplicate articles across the different databases were highlighted and later removed by hand prior to the exclusion of articles. Prior to the removal of duplicate articles, the Excel list of articles was double-checked for duplicates as the articles were re-sorted alphabetically by title to ensure no repeating studies were unaccounted for and moved into the exclusion process. The process of retrieving, sorting, and removing duplicate articles was visually illustrated in figure 2. Of the 97 articles initially retrieved from the search, there were 24 duplicate articles were identified and removed; therefore, 73 articles remained and moved on to be screened for eligibility.

Figure 2*Process of Locating Duplicate Articles*

Note. Figure 2 depicted the process of locating duplicate articles that utilized Excel

The next step after all the duplicate articles were identified and removed was for the remaining articles to be screened for characteristics on either the inclusion or exclusion criteria. First, all the remaining articles were filtered for peer review using the different databases' built-in filtering systems. After the articles were filtered for peer-reviewed journal articles only, 31 articles remained. After checking for peer-reviewed status, the abstracts of all 73 articles were screened for their inclusion of any form of sexual violence, mention of sex education, a sample that contained participants that were approximately middle school-aged and older, and mention of minority groups, very specifically LGBTQ+ people or people with disabilities. If any of the abstracts had not included the listed characteristics, they were excluded from the final analysis. After the articles were checked based on the inclusion criteria, the abstracts and article information were checked against the exclusion criteria. After checking the abstracts from the

inclusion and exclusion criteria characteristics, there were 31 articles identified as being eligible for use in the scoping review and moved along in the article selection process. The full texts for the selected 31 articles were obtained and read in full as a secondary check on the inclusion criteria. It was primarily within this stage that all of the articles were checked to see if they were accessible online and had been published in English. If any articles were found to only be available in a physical copy, were not in English, had a sample that contained elementary school-aged children, were dissertations or from a book, or pertained to the evaluation of a program's effectiveness, the article was excluded from the scoping review. One article was removed as it was not published in English despite the provided abstract being in English, and another article was excluded because the full text was not available online. As displayed in figure 3, after the completion of the secondary article screening, the final number of articles retained was 29, and therefore these were the articles analyzed for this scoping review. There were no disputes over the inclusion or exclusion of a study, as this scoping review was completed by a single individual rather than performed by a team of reviewers.

Figure 3*Article Exclusion Results*

Note. The results were obtained on August 14th, 2025

When broken down by database, as seen in table 2, the retained articles were not distributed perfectly evenly across the three databases, but one database does not excessively skew higher or lower than the other two databases. There was a total of 18 articles, with 10 excluded articles and 8 retained articles from ERIC. As for PsycINFO, there were a total of 30 articles found, 21 of which were excluded and 9 articles to be kept. Lastly, from the Web of Science database, 25 articles were initially retrieved; 14 of said articles were excluded, which left 11 articles to be used in the scoping review. In total there were 28 articles retained after screening, and 45 had been excluded for failing to sufficiently meet the inclusion criteria or containing an item on the exclusion criteria.

Table 2

Remaining Articles After Exclusion

Database	Number of Articles Retained After Exclusion
ERIC	8
PsycINFO	9
Web of Science	11
Total	29

Note. In table 2 the retained articles were organized in alphabetical order by database

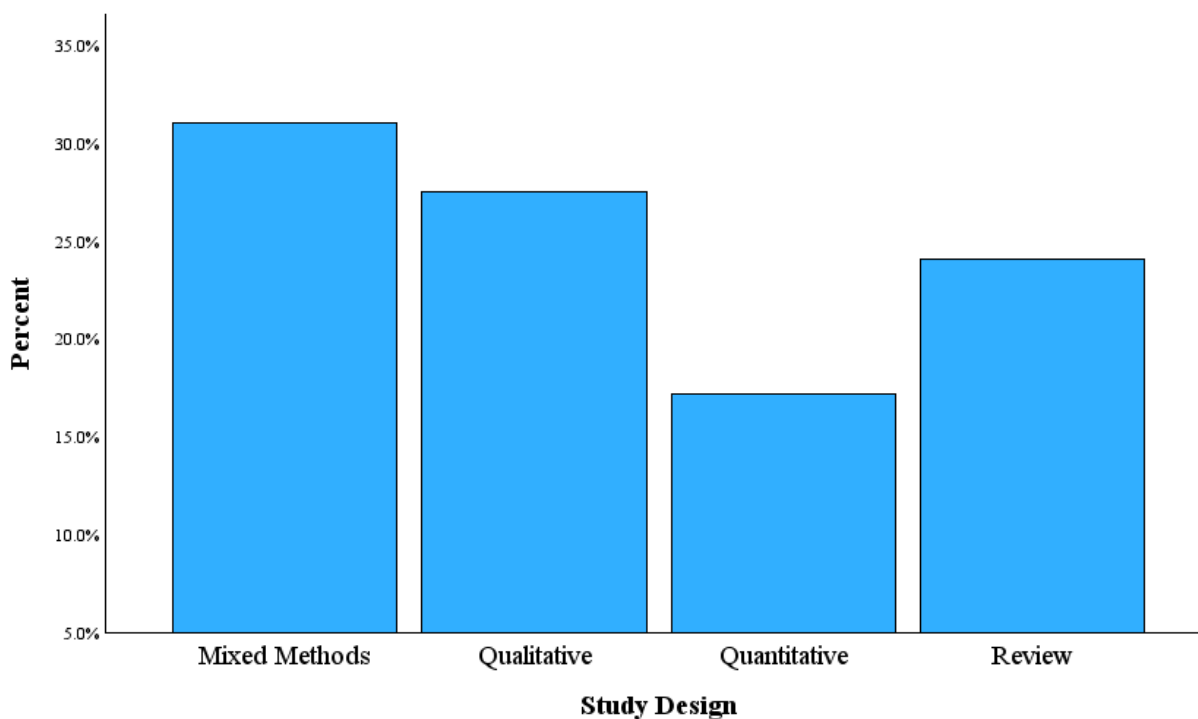
Study Design Information

Across the 28 examined studies, a wide range of research designs was utilized, reflecting the complex nature of researching how the sex education of minority groups and sexual violence rates. It was notable that there was not a single study design that drastically outperformed the other designs. Instead, qualitative, quantitative, mixed-methods, and review articles were all employed multiple times in the literature. By a small margin, the study design that was used the most was mixed methods, with 9 articles utilizing the study design. Mixed methods were

followed closely behind by qualitative design, as it was used second most with 8 articles. Interestingly, review articles were the next most common, as there were 7 review articles. Of the different types of study designs, quantitative design was utilized in the fewest articles, with 5 out of the 28 articles featuring a strictly quantitative design. Figure 4 demonstrated the percentage breakdown of the study designs, indicating which designs were utilized the most compared to the other designs. The balanced distribution of methodologies reinforces the notion that no single approach is universally superior; rather, the choice of design is often dictated by the research question, context, and desired outcomes.

Figure 4

Study Design Broken Down into Percentages



Much like with the study designs, there were a wide variety of sampling methods used in the articles to create the participant lists. In total, there were six different sampling methods employed through the 28 reviewed articles. The sampling methods found in the articles were convenience, snowball, purposive, paired, random, and matrix sampling. However, the gathered information on sampling methods departed from the trend set by study design in one keyway. In the sampling methods, there was a clear difference in use across the articles, as one sampling

methods were used more than other methods. It should be emphasized that some articles used more than one kind of sampling method, and the 7 review articles did not have any sample and therefore did not have any sampling method information to be retrieved. The most common sampling method used across all of the articles was convenience sampling, with nearly half of the articles, excluding the review articles, having employed this method. The next most used sampling method was purposive sampling, followed by snowball sampling. The least commonly used sampling methods were random sampling, matrix sampling, and paired sampling, with each method being used a single time across all the articles. Table 3 showed the specific breakdown and the associated percentages of the sampling methods.

Table 3

Breakdown of Sampling Methods

Sampling Method	Times Used	Percentage
Convenience	11	44%
Snowball	5	20%
Purposive	6	24%
Paired	1	4%
Random	1	4%
Matrix	1	4%

Note. This table did not include the review articles as they had not utilized any sample methods and did not have any participants.

When looking at the publishing information of the articles, there were a few disciplines, journals, and years that were key in the research of sex education and sexual violence. When the journals were examined, it was found that nearly every article came from a different journal, with a few key exceptions. The (1) *Journal of School Health, Sexuality and Disability*, and (2) *Sex Education* were the only journals to have had more than one of the included articles published under their name. The *Journal of School Health* had published 3 of the reviewed articles. Both *Sexuality and Disability* and *Sex Education* had 4 articles each published within

their issues. Table 4 provided a list of each journal, its associated discipline, and the number of articles from this scoping review found with those journals. The most common discipline across all of the journals was interdisciplinary. When it comes to what years that these articles were published in, there was a change in the number of articles published around 2020. Of the articles published prior to 2020, there was only one year that had more than a single article published in it. Two of the reviewed articles were published in 2018, while 2019, 2017, 2012, 2007, and 1998 each have a single article published. However, after 2020 there were more of the reviewed articles being published in those years. In 2021 and 2023, 3 of the reviewed articles were published during each of those years. In 2022, the number of published articles increased again, with 5 of the reviewed articles published. While in 2024, 11 of the 28 reviewed articles—a third of the total articles—were published. The distribution of the reviewed articles' publication by year can be seen in figure 5.

Table 4

Summary of Journal publications and Discipline

Journal	Discipline	Articles Published	Percentage
Acta Obstetricia et Gynecologica Scandinavica	Women's Health	1	3.6%
Africa Education Review	Interdisciplinary	1	3.6%
American Journal of Sexuality Education	Sexuality Education	1	3.6%
Archives of Sexual Behavior	Interdisciplinary	1	3.6%
Children	Children's Health	1	3.6%
Columbia Law Review	Law	1	3.6%
European Journal of Education	Interdisciplinary	1	3.6%
European Journal of Psychotraumatology	Interdisciplinary	1	3.6%
Health Education Journal	Health Education	1	3.6%
International Journal of	Interdisciplinary	1	3.6%

Journal	Discipline	Articles Published	Percentage
Impotence Research			
Journal of Intellectual & Developmental Disability	Interdisciplinary	1	3.6%
Journal of Sexual Medicine	Interdisciplinary	1	3.6%
Pediatrics	Pediatrics	1	3.6%
Sex Education	Interdisciplinary	4	14.3%
Sexual and Reproductive Health Matters	Interdisciplinary	1	3.6%
Sexuality and Disability	Interdisciplinary	4	14.3%
The Canadian Journal of Human Sexuality	Interdisciplinary	1	3.6%
The Journal of School Health	Education	3	10.7%
The Journal of Sex Research	Interdisciplinary	1	3.6%
The Journal of Sexual Aggression	Interdisciplinary	1	3.6%

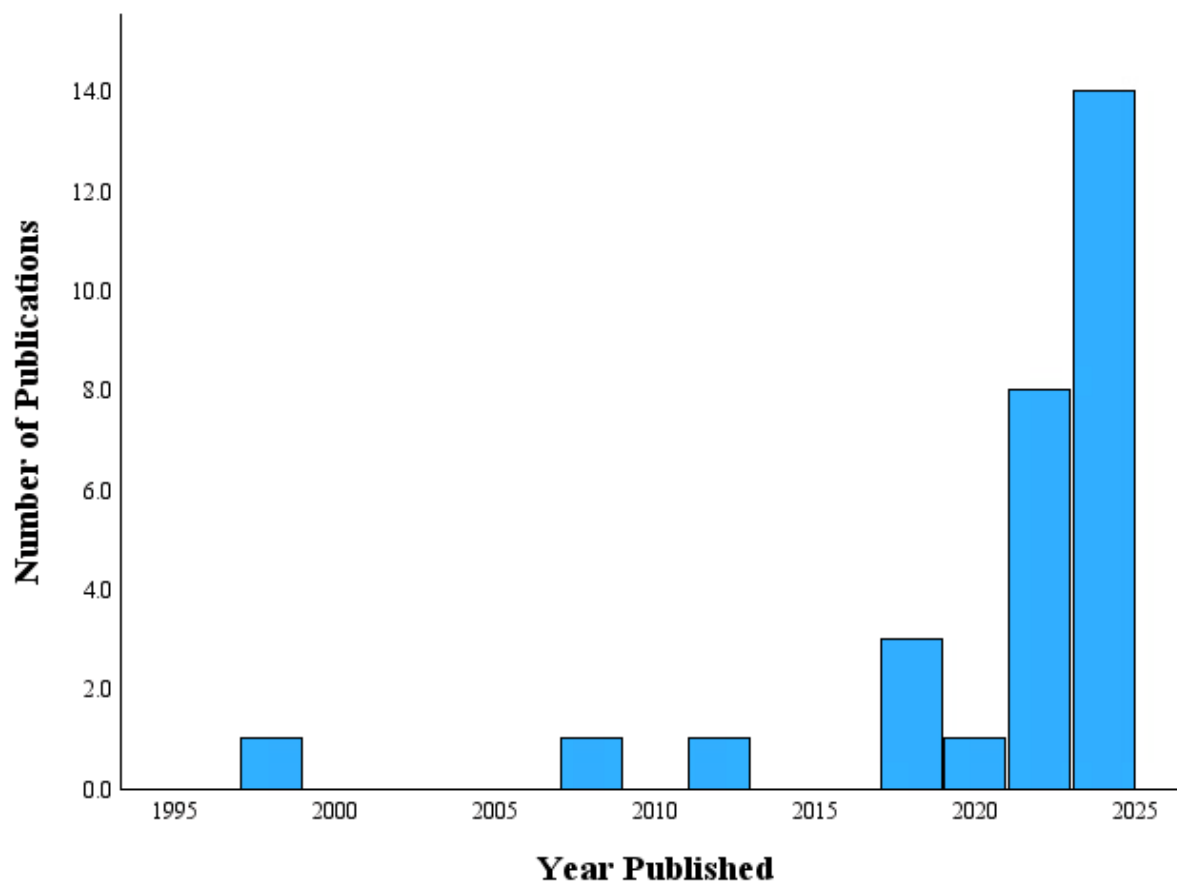
Figure 5*Distribution of Article Publication Year*

Table 5 summarizes the aim of each study, the sample size, the subject matter, and the research designs used. Most articles aimed to examine a specific aspect of sexual violence, sex education, or both for either specifically people with disabilities, LGBTQ+ people, or a population. The included articles a diverse number of topics of interest - such as the educational experiences of sex offenders with intellectual disabilities, students reported gaps in sex education materials, and sexual violence and pandemics -, and approaches to researching those topics and points of interest. Similarly, the countries the articles examined were just as diverse, with all continents except South America having had a study take place there. The United States, China, and South Africa were among the countries repeating. Figure 6 shows the number of countries involved in the studies and how many times they appeared.

Table 5*Summary of the Articles' Design, Aim, Sample Size, and Subject*

Article	Study Design	Article Aim	Sample Size (n)	Subject
Adhia et al., 2024	Mixed Methods	To understand LGBTQ+ students' perspectives on how school environments can be improved to prevent sexual violence	31	LGBTQ+
Andreassen et al., 2024	Review	Review four sex education programs for people with disabilities	-	Disability
Barrett & Mckay, 1998	Quantitative	Analyze sexual health topics in Canadian medical schools	62	Medical Students
Blackburn et al., 2024	Review	Provide an overview of sexual violence in LGBTQ+ communities	-	LGBTQ+
Bloom et al., 2022	Mixed Methods	Assess the quality and content of sex education received by LGBTQ+ college students	320	LGBTQ+
Brandenburg et al., 2024	Mixed Methods	Examine the differences in LGBTQ+ education based on generation	818	LGBTQ+
Chin, 2024	Review	Identify the ways legal, social economical, political and historical structures harm people with disabilities using the structural desexualisation of disability framework	-	Disability
Cruz et al., 2023	Quantitative	Examine if school policies and programs effect sexual violence experienced by LGBTQ+ students in schools	12,734	LGBTQ+

Article	Study Design	Article Aim	Sample Size (n)	Subject
Eleuteri & Toso, 2024	Review	To establish if mobile sexual health apps were effective at improving sexual health	-	Youth/Students
Endler et al., 2021	Mixed Methods	To give a global overview of how access to sexual health and reproductive right changed during the Covid-19 pandemic	51	Women
Graff et al., 2018	Quantitative	Evaluating sex education curriculum designed for people with intellectual disabilities	53	Disability
Graham Holmes et al., 2022	Review	Summarize research on autism and sex education, reproductive health, and sexual violence	-	Autism
Gülay & Eratay, 2024	Qualitative	Examine forensic interviewers' perspective on sex education for disabled victims of sexual abuse	25	Disability
Hanass-Hancock et al., 2018	Qualitative	Examine educators understand of the Breaking the Silence method of sex education to disabled students	100	Disability/Teachers
Lian et al., 2022	Quantitative	Examine the association between gender dissatisfaction with distress and sexual victimization in adolescents	1,094	Students
Lunsky et al., 2007	Qualitative	Determine the sexual knowledge and attitudes of sexual offenders with intellectual disabilities	86	Disability/Offenders
MacAulay et al., 2022	Qualitative	Examine contextual factors that influence sexual violence perpetration and victimization of LGBTQ+ youth	50	LGBTQ+
Manoj & Suja,	Review	Conduct a systematic review	-	Disability

Article	Study Design	Article Aim	Sample Size (n)	Subject
2017		and meta-analysis on the issues experienced by young girls with disabilities		
Murnen et al., 2021	Mixed Methods	Analyse the difference in degrading and sexually aggressive language use across 20 years	641	LGBTQ+/ Students
Muscari et al., 2023	Mixed Methods	Examine college students' perception of elementary to high school sex education on consent sexual assault, and intimate partner violence	343	Students
Okotie & Jolly, 2024	Qualitative	Address the gaps in disabled women's sex education and sexuality in Nigeria	5	Disability
Pella & McClung, 2024	Mixed Methods	Address the gap in consent education and college students understanding of consent	291	Students
Peng et al., 2024	Quantitative	Examine the effects of attitude towards gender roles and rape myth acceptance on dating sexual violence	2,134	LGBTQ+
Phasha & Nyokangi, 2012	Qualitative	Investigate sexual violence in two South African school of people with intellectual disabilities	16	Disability
Pincock et al., 2023	Qualitative	Determine the barrier faced by young female or disabled sex worker in Ethiopia when accessing sexual and reproductive health information	39	Disability
Sava et al., 2021	Mixed Methods	Examine the health needs of LGBTQ+ youth as school	47	LGBTQ+
Streur et al., 2019	Qualitative	To discover what women with spina bifida know about sexual health, educational sources,	25	Disability

Article	Study Design	Article Aim	Sample Size (n)	Subject
		their questions, and experiences with sexuality		
Wright & Greenberg, 2024	Review	Examine binary models of consent education critically	-	LGBTQ+

Note. Dashes indicated that information was not reported or not applicable

Figure 6

Country Word Cloud



Note. The size of a country's name indicates how often those countries occurred in research, the bigger they are the more often they appear.

Participant Information

Across all 28 reviewed articles, there were 22 articles that reported at least some information about the participants. Much of the reported data in the articles was not reported on in a consistent and formal manner, so gender, sexuality, and ethnicity were grouped by frequency

of reported characters as clearly as possible. Gender was broadly combined into six categories: male/boys/men, cisgender man, female/girl/women, cisgender women, agender/non-binary/gender non-conforming/transgender women/transgender men/queer/questioning/other, and self-described. The genders were organized this way because genders outside of the binary and transgender were often combined in the demographics section of articles as one demographic. Within the articles, some ethnicities were combined in the demographics, similarly to gender, so ethnicity also has some larger combined ethnic groups. The participants of the studies fell into one or more of these ethnic groups: Asian American/Asian/Native Hawaiian/Pacific Islander, White/European, Latin(o/a/x)/Hispanic, African American/Black, Middle Eastern/Arab/North African, Native American (Indigenous)/Native Alaskan, non-Latinx non-Hispanic white, non-Latinx non-Hispanic Black, Han, non-Han, Mixed/More than one ethnicity, and declined to answer. As it was with gender and ethnicity, sexual orientation was reported in a similar grouped manner, with the groups being heterosexual, mostly heterosexual, sexually diverse/sexual minority, Gay/mostly gay/lesbian/mostly lesbian, asexual, heterosexual women, heterosexual men, queer/pansexual/bisexual, other, prefer not to answer, questioning, unsure, and self-described.

Study Findings

Sex Education - LGBTQ+

Many students found sex education content to be lacking information about sexual violence prevention and was not inclusive of LGBTQ+ experiences. The LGBTQ+ students reported that sexual violence experiences can sometimes be unique to LGBTQ+ people and need addressing (Adhia et al., 2024). A prime example of the LGBTQ+-specific experiences with sexual violence can be seen with lesbian and bisexual girls. Lesbian and bisexual women and girls tend to experience identity-based sexual violence, typically in the form of cisgender heterosexual men telling these women and girls that they can change their sexual orientation by having sex with them (Adhia et al., 2024). That the only reason these women and girls experience same-sex attraction is because they haven't had good sex with a man and that they, the cisgender and heterosexual men, can do that for them. This false notion that LGBTQ+ people can be "turned straight" invalidated LGBTQ+ people's identities and fostered environments

where LGBTQ+ people fear for their safety. Many of the LGBTQ+ youth reported their belief that sex education curriculum should include LGBTQ+ experiences, sexual health, and sexual violence prevention (Adhia et al., 2024). A lack of inclusion of LGBTQ+ people was believed by students to reinforce heteronormativity and cisgender normative social norms and culture.

Inclusive, comprehensive sex education is vital for the well-being and safety of many students, particularly LGBTQ+ youth are at an increased risk of sexual violence and abuse (Sava et al., 2021). Transgender youth were particularly susceptible to abuse in romantic relationships, as it was not uncommon for transgender people to be sought out by others who fetishized or objectified transgender people. Within schools, sexual violence is underreported due to shame, the possibility of rejection, and the mental toll of reliving victimization (Sava et al., 2021). Additionally, LGBTQ+ students have experienced dismissal from teachers and staff when they did try to report sexual violence, discouraging youth from reporting and causing distrust (Sava et al., 2021). Sex education more often than not failed to provide youth with the information needed to recognize warning signs for abuse and manipulation in all kinds of relationships, sexual violence prevention, how to advocate for themselves, how to establish and maintain boundaries in relationships, and resources for mental, physical, and sexual health. The reinforcement was seen as leaving LGBTQ+ youth vulnerable, as they were without resources, without vital sexual health knowledge, and without support.

While there are changes that need to be made that have not been yet, there is promise for more to come. In a sex education review by Andreassen et al. (2024), it was found that positive change has occurred. In America, there has been a move towards the inclusion of sex-positive and rights-based sex education curriculum. These newer curricula, like the Family Life and Sexual Health (FLASH) curriculum, teach about sex-positive attitudes and encourage family participation through work to be done at home and through a community effort. Research on the FLASH program has shown there to be a beneficial impact on the ability to refuse sexual contact and condom use, self-efficacy, assertiveness, and attitudes towards the use of male and female contraceptives. There has been a reported decrease in homophobia and transphobia within schools that have implemented FLASH, supporting the use of comprehensive sex education to reduce violence and hostility (Andreassen et al., 2024). In Australia there have been three programs that show promise for the future of comprehensive sex education. The SECCA App,

created by the Sexuality Education Counselling and Consultancy Agency in Australia, has shown to be well suited for accessibility, comprehensive in nature, and in a digital format. The sex education topics addressed through the SECCA app are vast, with topics ranging from emotional regulation and identification, effective communication, sex and sexuality, puberty, healthy and unhealthy relationships, giving and receiving consent, the law, sexual and physical health, and parenting skills and information. All of the topics are tailored to the age of the user, and there are plenty of customization options in the app, allowing youth a sense of agency in their learning. Additionally, the SECCA app capitalizes on gamified learning, which is an interactive, engaging, and effective method of learning. Another Australian sex education program, Every Body Needs to Know, showed promise by employing a scaffolding layout that blends well with in-classroom instruction that allows learners to branch out and learn about a plethora of topics such as Australian law around sex and sexuality, social media, and sexting. Lastly, Planet Puberty has made strides in the education of the body, bodily function, puberty, pleasure, relationships, and personal hygiene. Planet Puberty is also working towards the accessibility of sex education to children with intellectual disabilities and autism, as it is fully accessible online, marketed as being affordable, and designed with disabled children in mind with gamified learning and clear instructions (Andreassen et al., 2024).

In a sample of college-aged LGBTQ+ individuals, participants reported that the sex education they had received prior to post-secondary was less tailored and applicable to them than to their non-LGBTQ+ classmates (Bloom et al., 2022). LGBTQ+ participants' sex education was less likely to have taught about how to refuse sexual contact, consent comprehension, the ability to set boundaries, sexual desire, and relationships. An increased reliance on media and the internet was associated with LGBTQ+ participants having higher levels of misinformation, vulnerability to online sexual harassment, and poor sexual health outcomes. Poor quality sex education was associated with an increased risk of victimization of youth in communities that did not receive adequate sex education and negative outcomes like poor sexual health, shame, and lack of healthy relationship standards (Bloom et al., 2022). Without comprehensive sexual education, many youths are left vulnerable and lacking vital resources, which results in more adverse outcomes for youth like internalized homophobia and shame. Comprehensive sex education that is designed to be inclusive of all people and addresses specific community needs

can reduce several risk factors, including internalized homophobia, shame, and sexual violence victimization (Bloom et al., 2022).

Despite all of the possible benefits of sex education, in America most states do not have any legal requirements to provide comprehensive and inclusive sex education (Brandenburg et al., 2024). When asked, many LGBTQ+ people across multiple generations wished that sex education had included the acceptance of LGBTQ+ identities, comprehensive sex education, and the inclusion of relationships and sexual violence prevention. The most common theme found through all the generations, from Generation Z to boomers and older, was the acceptance and normalization of LGBTQ+ people and their identities. It was the hope that through sex education, the acceptance and normalization of non-heteronormative and cisgender identities would reduce the stigma LGBTQ+ people faced in their daily lives. What healthy relationships look like, and LGBTQ+ history and culture were three other key topics that many younger LGBTQ+ folks had wished were included in their sex education curriculum. LGBTQ+ history and culture was of particular interest to younger people, and many of the older LGBTQ+ community members lived through the peak of LGBTQ+ rights movements like the Stonewall Riot, the AIDS epidemic, or bathhouse raids (Brandenburg et al., 2024).

Many sex education curricula had embedded heteronormativity into the content and the instruction style (MacAulay et al., 2022). One of the most common types of sex education was abstinence-only models, which scorn sexual activity before marriage, which typically was described to be a heterosexual marriage as well. Some youth reported that schools separated classes by gender for sex education and delivered lacking instruction that way. Youth as a whole were missing vital information important to sexual relationships, safe sex, pregnancy, and the prevention of STDs and STIs. Double standards that positioned girls as responsible for other behaviours but did not do so with boys were frequently reported by youth, with mention of phrases like 'boys will be boys' commonly heard while female students were being harassed by male students who did not receive any repercussions for their actions (MacAulay et al., 2022). Comments made by students about the sexual harassment experienced by girls were disgusted as jokes to downplay sexual harassment and, on a larger scale diminished the severity of sexual violence. The downplaying of boys' roles as perpetrators of sexual harassment reinforced

traditional gender roles and double standards and absolved boys of responsibility or blame for their actions.

Many gender-based violence prevention programs view sexual and physical violence through a binary gender lens, inherently excluding non-binary people (Wright & Greenberg, 2024). Alongside the erasure of non-binary identities, indigenous spirituality and identities, for example, two-spirit, also experience erasure, and the binary gender model in North America is largely a result of settler colonialism (Wright & Greenberg, 2024). The exclusion of non-binary people and identities is important because more youth are identifying as non-binary, and non-binary people are facing high rates of sexual violence and are overlooked by school-provided sex education. Sex education often does not adequately teach consent, as they utilize outdated and flawed models that do not accurately represent sexual violence. There is a need for comprehensive sex education that actively opposes oppression and is mindful of trauma in LGBTQ+ youth.

Sex Education - Disability

Special education programs play a role in the stripping of intellectually disabled people of their status as sexual beings and portraying them as non-sexual beings unable to make decisions about their own reproductive rights or sexual activity (Chin, 2024). Special education programs fail to provide comprehensive sex education to disabled people, leaving them uninformed and vulnerable without resources or skills to rely on. Poor quality sex education supports a patronizing norm that portrays disabled people as being unable to be fully autonomous and to be informed on topics of sex and sexuality. The viewpoint of people with disabilities, especially youth and young adults, as asexual being's who do not experience sexuality contributes to the marginalization and oppression of disabled people (Manoj & Suja, 2017). There are many barriers to sexual and reproductive health, such as financial dependence, limited access to healthcare providers, low self-esteem, and a lack of knowledge. Both in conjunction with and as a byproduct of the view of disabled people as non-sexual, many disabled people did not receive sex education, or if they did, they received poor-quality sex education. A lack of information and education about sexuality can increase risks of poor health outcomes like unplanned pregnancies, the contraction of STDs/STIs, and vulnerability to abuse (Chin, 2024;

Manoj & Suja, 2017). People with disabilities are at high risk of sexual violence victimization due to a lack of resources and key safety information.

Autistic people are fully capable and able to feel romantic and sexual attraction, and just like most people with a disability, they are viewed as asexual beings and are less likely to receive sex education during their schooling (Graham Holmes, 2022). As it is with most people, autistic people would benefit from sexual and reproductive health services that support bodily autonomy and well-informed decision-making. The gaps in knowledge caused in youth follow people into adulthood, where autistic people have lower rates of gynecological visits and regular cancer screening (Graham Holmes, 2022). Additionally, while the evidence is sparse, autistic individuals who are pregnant likely experience more complications and higher anxiety (Graham Holmes, 2022). Associated with a lack of knowledge, autistic youth and adults experience higher rates of sexual violence and the adverse outcome of abuse (Graham Holmes, 2022). Behaviours like running away, self-harm, and suicide are more strongly linked with abuse in autistic people.

Disabled women experienced many barriers to exploring their sexuality, such as the viewpoint that disabled people are inherently non-sexual, violence, and a lack of sex education (Okotie & Jolly, 2024). Due to a lack of education on consent, intimate relationships, and sexual violence, disabled women felt vulnerable and unable to keep themselves safe (Okotie & Jolly, 2024). There was an even greater sense of vulnerability when disabled women were reliant on intimate partners for caregiving, as there was the risk of losing that caregiving should they say no and enforce boundaries. Four of the six participants in Okotie & Jolly (2024) study believed that comprehensive sex education and environments that enabled learning and independence as youth would help many disabled people avoid pitfalls and challenges into adulthood (Okotie & Jolly, 2024). Additionally, sex education could be used to help prevent sexual violence and vulnerability in disabled people by giving them information and resources. Disabled people had to take charge of their own sex education, as few received any meaningful instruction at school. Education from school or from family members tended to emphasize abstinence until marriage, although some women noted they learned about menstruation and the body from their mothers. Primarily disabled women had to rely on the media to learn about sex, pleasure, and sexual fantasies, as they did not learn about it from family or in sex education. While media was a useful tool for some disabled women, it also tended to foster unrealistic expectations on sex,

pleasure, orgasms, and relationships, as media fantasized aspects of sex and relationships that were not true to real life (Okotie & Jolly, 2024).

People with disabilities were also viewed as not being sexuality active by doctors and other healthcare providers, hindering access to healthcare like gynecological visits and regular Pap smears (Streur et al., 2019). A lack of sex education left women with spina bifida without vital information about sexuality and sexual health, leaving them uninformed on behaviours like unsafe sex and health and the potential health repercussions like STI/STDs and unplanned pregnancy. A lack of information left many women unaware of how their bodies worked in sexual relationships. Primarily, women were unaware of the potential mobility difficulties, the potential of incontinence, and a lack of sensation during sex. Lastly, a lack of sexual knowledge leads to a lack of women's self-esteem around sex and therefore increases their vulnerability (Streur et al., 2019). Women with disabilities are particularly at risk of sexual violence because they are not taught how to recognize the signs of abuse, sexual violence, and coercion and lack the tools and confidence to leave unsafe environments and relationships. The fear of losing a caregiver or someone who views disabled women as whole sexual beings influences their vulnerability to abuse and sexual violence.

In a study that examined how police interviewers in Turkey perceive the sexual education needs of individuals with disabilities who have experienced sexual violence, it was indicated by the interviewers that a lack of sex education increased the risk of victimization for people with intellectual disability (Gülay & Eratay, 2024). A common theme across the interviews was that the sex education of people with disabilities was lacking and that the sex education of disabled people should be planned and tailored to each individual, visual, and developmentally appropriate. The need for sex education to be developmentally appropriate is necessary to provide disabled people with resources and information to report victimization. One provided reason that people with intellectual disabilities were at higher risk was because they likely struggled to understand their perpetrators' behaviours, and the perpetrator likely thought disabled people would not be listened to (Gülay & Eratay, 2024). It was emphasized that people with disabilities should be taught awareness and boundaries. One participant noted that disabled people having the ability to express themselves would act as a possible deterrent against offenders.

Sex education curriculum that contained information around interpersonal relationships, physical anatomy, STIs and STDs, sex, and warning signs for abuse delivered through a variety of methods such as modeling, role-play, and rehearsal were effective at teaching sex education information to people with intellectual disabilities. People with intellectual disabilities benefited greatly from participating in a sex education program and more so from the diversity in information delivery. The positive choices sex education curriculum was designed with disabled people in mind and had the course materials delivered through simplified materials, role-playing, guided notes, and assessments. Mock scenarios were particularly useful for teaching participants how to recognize abusive behaviours and what to do if a participant was in a relationship with someone who engaged in abusive or sexually violent behaviours. The positive choices curriculum groups saw statistically significant improvement in their understanding of and knowledge on sexual education and sexual health compared to a control group who did not participate (Graff et al., 2017). Topics like healthy relationships, sexual violence prevention, and gendered sexual health information were viewed as highly useful.

There were a few suggestions made by students with intellectual disabilities and staff at their schools for addressing sexual violence within schools, one of which was better education on sexual violence (Phasha & Nyokangi, 2012). A repeated theme was that students knew little about sexual violence and had few skills and tools at their disposal. Female students pointed to the need for their male classmates to be taught that their behaviours were hurting girls. Male students felt that all the students needed to be educated on sexual violence, specifically that there needed to be open discussions and that girls needed to be empowered. School faculty indicated that sexual violence education needed to extend beyond school and involve the community by facilitating learning outside of school and amongst community members, and this belief was echoed by some students who believe that students learned these behaviours outside of school within their communities. Multiple students recommended that education on sexual violence should not be taught by their teachers, but rather by a third party or outsider agency. Planet Puberty is also working towards the accessibility of sex education to children with intellectual disabilities and autism, as it is fully accessible online, marketed as being affordable, and designed with disabled children in mind with gamified learning and clear instructions (Andreassen et al., 2024).

One challenge in the sex education of disabled people is teacher instruction. Teachers are influenced by many factors, such as cultural norms and the school environment, which in turn are reflected in how they teach and what barriers are faced when sex education is being implemented or taught (Hanass-Hancock et al., 2018). Three distinct barriers faced by teachers of intellectually disabled students in South Africa are the teachers' socio-cultural upbringing, poor attitudes towards sexuality from the teachers' peers, and the risk of sexual violence. For many educators, teaching about sex and sexuality can be a large source of discomfort, as cultural or religious norms may not inherently encourage sexuality or teaching about it. Teachers who do not teach sex education or disabled people strongly frown upon the teaching of topics like masturbation, pleasure, and same-sex relationships, resulting in scorn for the curriculum even if it is vital. Teachers and their peers viewed sex education as a preventative tool, using sex education to discourage sexual activity to safe-guard people with disabilities rather than teaching about informed choices and safe sex (Hanass-Hancock et al., 2018). The fear of students experiencing sexual violence when they are at high risk to do so influences a protection mentality in educators. The fear of harm to students and the protector mentality work together to promote the use of sex education as a protection.

Sex Education - General

In a sample of post-secondary students, 36.2 % of students reported that their sex education from either middle school and/or high school was inadequate on subjects like consent, healthy relationships, sexual assault, refusal of sexual contact and domestic violence (Muscarel et al., 2022). Participants did indicate that the sex education they received in school did focus on very basic information on consent, sexual violence, intimate partner violence, and healthy relationships. The information provided was indicated to be surface level, including definitions, sexual violence statistics, and characteristics of healthy relationships presented in a non-interactive lecture format without the opportunity to engage with the information provided. Topics like how to refuse sex (61.5%), information on domestic violence (55.7%), and sexual assault (62.4%) were infrequently taught about or included in sex education curriculum (Muscarel et al., 2022). It was not uncommon for sex education to be taught by unprepared or untrained teachers who did not know how to effectively teach the curriculum, utilize educational tools, or did not have access to evidence-based information and materials (Muscarel et al., 2022). Between

a lack of information, poorly covered topics, and ill-equipped teachers, there were participants who considered the sex education they received unhelpful. Of particular interest was that respondents strongly wished that they had learned about sexual violence, non-consensual situations, and myths about intimate partner violence.

While it was understood by college students that no answer does not mean consent, many students still struggled to grasp the concept and application of enthusiastic affirmative consent (Pella & McClung, 2024). One struggle for students was the interpretation of non-verbal and verbal cues as consent. While nearly all participants knew silence was not consent, students indicated non-verbal—silent—cues were not affirmative consent at a lower rate than they would accept verbal consent for actions like the removal of clothing (49%), and nodding (67%) (Pella & McClung, 2024). In addition to consent confusion, cisgender heterosexual men and asexual people had the lowest understanding of consent, scoring poorly on topics like non-verbal consent, sexual advancements, and sexual violence. Context was also an important factor for consent understanding, as some participants had difficulty understanding non-consent in certain situations. In particular, some people, like cisgender men, were able to identify that having sex with a minor or kissing someone without consent was bad and unethical but were unable to point out that the lack of consent was in part why those situations were bad. Except for non-consensual kissing, an online sex education program about consent and sex were not found to be effective at improving students' understanding of consent in most situations (Pella & McClung, 2024). Consent education was beneficial to older students, as they were better able to recognize non-consensual kissing as sexual misconduct than younger students.

In Ethiopia, youth and young adult sex workers who were women and/or disabled faced many challenges in their health, well-being, relationships, and rights (Pincock et al., 2023). Despite the fact that the Ethiopian government and non-government organizations have launched many programs and efforts to improve the sexual and reproductive health of young female and disabled sex workers, comprehensive sex education that addresses all aspects of sexuality is still lacking and limited. Work with young female and disabled sex workers had been limited to urban locations, like cities, leaving rural communities without sex education resources and programs. Many of the programs that do work with young sex workers primarily focus on physical health and rarely touch on reproductive health or sexuality. Of the sexual and

reproductive health programs that exist, few were well equipped or large enough to handle many youths out of school. Government plans and programs for youth were constrained by a lack of resources and finances, while government restructuring meant programs for at-risk people were deprioritized and overlooked. In Ethiopia, the new state minister role for social affairs had been created, and while it showed some promise, there had not been enough time for any meaningful changes to have occurred. As young female and/or disabled sex workers are particularly vulnerable in Ethiopia, the facilitators of comprehensive sex education programs need to be specifically trained to provide effective interventions and target the needs of two populations— young women and people with disabilities (Pincock et al., 2023).

Perpetration of Violence

People with intellectual disabilities who had engaged in sexual offending in the form of sexually inappropriate behaviours had similar sex education knowledge as a paired sample of non-sexual offending participants with intellectual disabilities (Lunsky et al., 2007). Unlike with the offenders engaged in inappropriate behaviour without committing a serious crime, those who had committed serious sexual offences did have more sex education knowledge than their non-offender comparison group. While there was minimal difference in the knowledge between the two offender groups, the serious sex offenders had expressed more liberal attitudes toward homosexuality than the other sex offender group and the non-offenders did towards same-sex relations. Prior knowledge and experience with sex education ultimately did not have an influence factor until the serious offenders were looked at. Serious offenders were far more likely to have attended sex education than their non-offender counterparts. How sex education is linked to sexual offenders compared to how it is linked to victims is seemingly different, with sex education knowledge as an important factor to victims but not with perpetrators (Lunsky et al., 2007).

According to Chin (2024), people with intellectual disabilities can be largely socially and institutionally stripped of their sexuality and status as sexual beings through entirely legal means in courts. Therefore, they lose their sexual agency, and personhood in a systemic process that is a form of violence and causes a cycle of harm to people with disabilities. Despite being deserving of their autonomy, intimacy, and control over their own lives, people with intellectual disabilities

have their legal ability as beings capable of making autonomous decisions removed from them; they are rendered into non-sexual beings in laws. The process of desexualizing people with disabilities includes denying them the ability to be intimate and have sexual self-expression and removing their right over their own reproductive health through systems established to do just that. It was frequently mentioned that sex education for people with disabilities should pertain to abstinence and hygiene rather than how to make safe and informed decisions (Chin, 2024).

The lack of education on for intellectually disabled people, framed as for the protection of disabled people, all the while systemic violence is happening the whole time (Chin, 2024; Hanass-Hancock et al., 2018). Desexualisation happened in part through caregiving programs and legal guardianship. Programs, such as some group homes – institutions or organization run staffed housing program where people with disabilities live full time under supervision-, restrict disabled people's access to support, especially sexual support. Additionally, service programs often force certain moral or ableist norms onto disabled people in their care (Chin, 2024). The diminishing of disabled people's, especially disabled women's, autonomy and legal ability to make decisions was the foundation of the eugenics movement (Chin, 2024). The eugenics movement capitalized on the lack of autonomy to perform sterilizations to control reproduction, which is a form of cruel violence against people.

In a study looking at the use and perception of sexual language, there was a change in violent sexual language use among college students with time attributed by students to sex education and social movement (Murnen et al., 2021). In just 20 years, terms like “pussy” and “fuck” went from being perceived as degrading and sexually aggressive in 1999 to non-degrading or non-aggressive in 2019 (Murnen et al., 2021). In 1999, men were significantly more likely to use degrading terms for male and female genitals and use aggressive language for sex than women in 1999 regardless of if they were talking to an intimate partner, same-gendered friends, or a mixed-gendered friend group. The use of degrading and violent sexual language saw some significant changes by 2019. Men in 2019 used far less degrading or aggressive language than in 1999 in almost all situations except one. In 2019, more men used sexually aggressive language with a same-sex friend than men did in 1999. Interestingly, in 2019 more women used aggressive sex language with intimate partners than men. As for women, the results were mixed, as women in 2019 only used more degrading or aggressive language than women in 1999 in

certain contexts. Women in 1999 were more likely to use degrading or aggressive language for males in a same-gender friend context, whereas women in 2019 used more language in all contexts but with same-sex friends (Murnen et al., 2021). Women in 1999 used degrading language for female genitals more in all contexts, except with intimate partners, than women in 2019. Women in 2019 used more aggressive sex terms than women in 1999, except with mixed-gendered friends, where women in 1999 used more aggressive language. Overall, women in 2019 used more aggressive sexual language and degrading terms for female genitals, while women in 1999 used more degrading terms for male genitals.

Heterosexual and sexual minority men were more likely to use degrading or violent language than heterosexuals across all contexts. Sexual minority men and women were roughly even in degrading and aggressive language except for with intimate partners, where sexual minority women used more language than men (Murene et al., 2021). The use of pornography in women was predictive of degrading language use with intimate partners, while in men it was predictive of degrading terms for female genitals and sexually aggressive language. The most commonly used terms for male genitals, female genitals, and having sex were "dick," "vagina," and "having sex." All three of which were not considered degrading. The acceptance of anatomical terms and simple expression for education and stigmatization.

Attitudes toward gender roles and the acceptance of rape myths were found to influence dating sexual violence (Peng et al., 2023). LGBTQ+ women scored higher on the gender role attitude scale and had less favourable attitudes towards gender roles than heterosexual women, LGBTQ+ men, and heterosexual men. Heterosexual men were the most accepting of rape myths, then sexually diverse men and women, and heterosexual women. Gender role attitude was negatively associated with rape myth acceptance. Dating sexual violence varied by gender and sexual orientation, with LGBTQ+ men having the highest perpetration and victimization rate. Heterosexual and LGBTQ+ women have the lowest perpetration rates, while heterosexual men have the lowest victimization rates. Heterosexual students who had less favourable attitudes towards gender roles were less likely to perpetuate dating violence and less likely to experience dating violence victimization. Low rape myth acceptance was found to mitigate the gender role attitudes and the perpetration and victimization of heterosexual students but not LGBTQ+ students. Meaning that having low rape myth acceptance decreased the acceptance of gender

roles and therefore decreased dating violence perpetration and victimization of only heterosexual students. A lack of education on gender equality, rape myths, and sexual violence is in part attributed to the rates of rape myth acceptance and dating sexual violence (Peng et al., 2023).

Preventing Sexual Violence

Many Gen Z LGBTQ+ young adults, those born after 1996, had wished they learned more about intimate relationships and sexual violence prevention (Brandenburg et al., 2024). Additionally, there was an emphasis on learning about consent and how to recognize abuse in LGBTQ+ relationships, as in-community violence was not included in the sex education curriculum. While discussions on what abuse between a male perpetrator and a female victim had become more mainstream, female-on-female, male-on-male, and female perpetrator-on-male victim abuse was scarcely discussed or taught about (Brandenburg et al., 2024). Students indicated the vital need for school staff that could be trusted to support LGBTQ+ youth and be knowledgeable on issues LGBTQ+ youth face within schools. As well as take any reports of sexual violence, or violence in general, seriously (Adhia et al., 2024). Having visible and accessible communities and educational resources hubs, like gender and sexuality alliances (GSAs) in schools, was associated with decreased risk of all youth, LGBTQ+ and cisgender heterosexual, experiencing lifetime forced sex (Cruz et al., 2023). Additionally, there was a decreased risk of sexual violence among heterosexual cisgender students and decreased odds of dating violence among sexually diverse students when communities and resources were available and provided education and support to students. The social climate within a school and the school policies in place play an important role in mitigating risk, as the presence of an active community as educational and resource hubs deters violence against LGBTQ+ students. Inclusive and comprehensive sex education was associated with decreased risk of lifetime forced sex among lesbian, gay, and bisexual students and transgender and nonbinary students; reduced the risk of sexual violence among sexually diverse students; and increased odds of dating violence among heterosexual cisgender students. Inclusive teacher training was associated with increased risk of lifetime forced sex among transgender and gender non-conforming students (Cruz et al., 2023).

There are many factors that influence sexual victimization risk, such as past trauma, mental health challenges, and substance use that increased the risk of LGBTQ+ people experiencing sexual victimization (Blackburn et al., 2024). In addition, there are risk factors specific to LGBTQ+ people that increase their risk of victimization, like internalized stigma, lack of inclusive sex education, having to hide one's identity, and exposure to discrimination. The intersection of identities also influences risk, as LGBTQ+ people who are disabled or women or belong to an ethnic minority are at high risk of victimization (Blackburn et al., 2024; Statistics Canada, 2019). However, much of this risk can be addressed through comprehensive sex education and sexual violence prevention programs designed to be inclusive of previously overlooked groups.

Gender dissatisfaction, referring to the distress or discomfort related to a person's gender and gender expression, has been found to be associated with poor mental health and sexual violence victimization in both Chinese adolescent boys and girls. Gender dissatisfaction was higher in girls than it was in boys, with the rates sitting at 44.24% of the girls and 15.47% for boys (Lian et al., 2022). The higher rate of gender dissatisfaction in teenage girls may be due to menstruation, cramping, and premenstrual syndrome (PMS). The associations between gender dissatisfaction and sexual victimization varied between genders. In adolescent girls, sexting and non-physical sexual harassment were the most prevalent forms of victimization and were higher among students with gender dissatisfaction than those with low levels or no gender dissatisfaction. Among male students, however, the most common types of victimization were mouth–genital contact, attempted sexual assault, and completed sexual assault. Like teenage girls, rates were higher among students who had gender dissatisfaction (Lian et al., 2022). Overall, teenagers who had gender dissatisfaction were at significantly higher risks of sexual victimization when compared with their gender-satisfied peers. Comprehensive sex education programs that are inclusive of gender diversity in students may reduce gender dissatisfaction by validating multiple gender expressions and providing adequate education on the body and bodily functions, as well as discussions on diversity. By addressing gender issues and gender dissatisfaction, some youths' risk of sexual violence and poor mental health would also be addressed and managed.

African students with disabilities believed that having clear rules on sexual violence and consequences for perpetration would mean there would be no confusion as to what behaviours were against the rules and what would happen should students engage in violence (Phasha & Nyokangi, 2012). Additionally, clear rules and consequences would assist teachers in addressing incidents of sexual violence. Some faculty at a school for people with intellectual disabilities indicated the sexual violence in schools for disabled people was on the rise, and therefore teachers and staff needed to be trained or regularly refreshed to adequately handle violence. Stricter supervision of schools and surrounding areas is needed, as students pointed out. To increase monitoring of the implementation of school prefects, students in leadership roles who enforce rules and support their peers would assist in deterring sexual violence perpetration. Additionally, student leaders and representatives called prefects would be a liaison between teachers and students to assist in reporting issues and support their peers. More support staff was suggested by staff members to mitigate violence and victimization. Additional staff would assist in monitoring issues, as well as directly support the students more than the teachers were able to.

Healthcare

In a 1998 study looking at what sexual health information was taught to Canadian medical students, it was found that most students reported having sexuality and sexual health as a component of their curriculum and therefore their education to become doctors (Barrett & McKay, 1998). Looking at a group of students across 5 different types of medicine programs—obstetrics and gynecology, family medicine, urology, psychiatry, and undergraduate medicine—offered at 16 universities, it was found that only the 7 urology programs did not have some form of compulsory human sexuality course. 67% of the undergraduate medicine programs had compulsory human sexuality courses, and 60% of family medicine. 8% of obstetrics and gynecology programs had mandatory human sexuality courses, while 33% of the programs had optional human sexuality courses. 92% of psychiatry programs had mandatory human sexuality programs. Regardless of whether or not certain branches of medicine were compulsory, all of the participants were asked about how much emphasis their field of medicine put on 19 different health topics. Of all 19 sexual health topics, sexual violence and assault (72%) had the most participants reporting that their program put considerable or heavy emphasis on the topic, with a total of 72% of participants reporting so. Between 46% and 58% of programs in each field of

medicine failed to meet the expected standard of emphasis and coverage on sexual health topics (Barrett & McKay, 1998).

During the Covid-19 lockdowns access to vital sexual health education services plummeted. Access to sexual and reproductive healthcare and rights was greatly limited. Additionally, sexual violence based on gender identity and a moderate to severe increased risk at 79% (Endler et al., 2021). Many sexual and reproductive healthcare services and rights were halted and made inaccessible as they were deprioritized, putting people at risk of more harm. From a group made up of 51 individuals from 29 countries, 86% of participants indicated that they had less access to contraceptive services (Endler et al., 2021). 62% of participants reported they had either less or much less access to surgical abortions, while 46% of people said that they had less access to medical abortions. Countries that had less strict laws around abortions were more likely to implement government changes to enable access, but countries with strict abortion laws were less inclined to do so during the pandemic. During the lockdowns, many sex education programs, gender-based violence resources and in-school courses were stopped when quarantine measures were put in place, people at an increased risk of violence without resources. Amidst the pandemic there was an increased perceived risk of sexual violence. 79% assessed increased risk of gender-based and sexual violence.

In a digital age cell phone, and therefore cell phone apps, can improve sexual well-being and grant increased access to education and access to services and service providers (Eleuteri & Toso, 2023). Reviewing 22 studies from the past six years, it was found that there were 4 main benefits of mobile sexual health education apps. The first benefit was seen in people's general health, as mobile health apps offered a quick and cost-effective method to access wellness services and care and provided personalized advice. The mobile apps were accessible sources of information on safe sex, access to therapies and support, and STI and STD testing and were capable of connecting teenage girls with each other. For LGBTQ+ folks, mobile apps like Trans Life and Trans Women Connect were good tools to connect with community members and access LGBTQ+-specific sex education information. The downside to such apps, however, was that they often lacked professional involvement and lacked any meaningful empirical data backing them. Most apps were not well implemented, and information on topics like sexual violence was underrepresented on the apps despite access to vital information being advertised.

LGBTQ+ youth have some different mental and physical health needs not addressed by sex education within schools. LGBTQ+ youth and school healthcare professionals, such as school nurses, have identified the need for inclusive sex education and mental health services in schools (Sava et al., 2021). Transgender youth in particular face challenges with access to credible gender care and sexual health information and safe spaces needed to care for their physical health. For information on transgender specific topics like hormone replacement therapy, chest binding, and tucking was important to have reliable source taught to students by an educator or health care practitioner like a school nurse as incorrect use has the potential to cause physical harm (Sava et al., 2021). Chest binding can be very dangerous if done improperly, as it can restrict the chest's ability to expand and take air into the lung.

Chapter 4: Discussion

Poor-quality sex education and ignorance are likely to increase the risk of youth and young adults experiencing sexual violence. Lack of knowledge leaves people uninformed and increases vulnerability to victimization and coercion (Bloom et al., 2022; de Heer et al., 2021). People who did not receive comprehensive sex education are inclined to search for information using the internet, exposing especially youth to online predators (Baker et al., 2021). LGBTQ+ individuals regularly rely on media and the internet as a source of sex education information, as LGBTQ+ topics are excluded in sex education curriculum, increasing the risk of youth being sexually coerced online. Poor-quality sex education textbooks contain content that promotes rape culture and gender-biased sex scripts (Clonan-Roy et al., 2021). Sex education curricula strictly adhere to the abstinence-until-marriage approach of education, which teaches that abstinence is the only way to prevent pregnancy and sexual assault for girls (Hyde et al., 2005; MacAulay et al., 2022; Muscari et al., 2022; Okotie & Jolly, 2024; Woolweaver et al., 2023). Adolescent girls are held to a double standard, with girls being expected to be pure and solely responsible for avoiding pregnancy, while adolescent boys are not seen as equally accountable.

People with disabilities were found to have negative experiences with dating, relationships, and sexual encounters due to lack of sex education, experiences with abuse, and internalized ableism (Neille et al., 2024; Okotie & Jolly, 2024; Streur et al., 2019). The pervasive view of disabled people as asexual beings contributes to the gap in sex education topics on disability and sexuality, as sex education is viewed as unnecessary for people with disabilities

(Pérez-Curiel et al., 2024). The viewpoint of disabled people as asexual and infantilization increased their vulnerability to sexual violence (Okotie & Jolly, 2024; Streur et al., 2019). Disabled individuals have indicated a desire to learn about sexuality, health, family planning, and relationships but are not taught or given the resources to do so. Disabled people also experience systemic violence as their autonomy and legal rights of their own reproduction and sexuality are stripped from them, leaving them without any say or legal power (Chin, 2024). Gendered power imbalances in sexual encounters have been linked to sexual violence, domestic violence, and bullying. LGBTQ+ people, women, and disabled individuals are disproportionately harmed by relationship power imbalances (Clonan-Roy et al., 2021; Statistics Canada, 2019).

LGBTQ+ students felt they had unmet needs while at school and lacked a supportive and trusted adult within school staff (Adhia et al., 2024). LGBTQ+ students identified the issue as faculty members lacking in any teacher education around LGBTQ+ students' issues and respect for LGBTQ+ students. Sex education curriculum did not include topics relevant to LGBTQ+ students, like same-sex relationships, and risk factor for sexual violence present in LGBTQ+ communities like stigma and the need to conceal one's identity increases the reliance on other unvetted sources for information (Blackburn et al., 2024; Bloom et al., 2022). The presence of LGBTQ+ communities was noted to be beneficial to all students, not just LGBTQ+ youth, as communities are sources of information and resources that help inform youth and combat sexual violence (Blackburn et al., 2024).

While this scoping review proposed to examine how sex education instruction differs across different demographics and how sex education instruction influences rates of sexual violence, there are some limitations. The broadness of the scoping review enabled the retrieved articles to extend beyond the initial scope of the research, requiring more time spent on screening articles. While the goal is to examine several variables, other influencing factors were not included. Factors such as religious beliefs, socioeconomic status, and type of school attended were not examined in depth. Another limitation of this research design is that scoping reviews cannot determine causal relationships between sex education and sexual violence, rather this review type can map existing evidence and literature that can determine a causal relationship.

Gaps in the Literature and Future Research

In current literature there was a lack of peer-reviewed research that looked at the intersection of disability and LGBTQ+ identity with sex education and sexuality. Few studies examined how being both LGBTQ+ and disabled affected people's rates of sexual violence, their experiences with sex education, and what barriers prevented them from accessing truthful and reliable information violence (Miller, 2018). There was a lack of literature on if minority-inclusive sex education would influence heterosexual and cisgender peoples understanding of sex education topics. There is a need for more articles that examine the direct association between sex education and sexual violence, both victimization and perpetration of multiple people. Gülay & Eratay (2024) examined sex education knowledge in sex offenders with intellectual disabilities, but it is unknown if the results would differ with offenders without intellectual disabilities.

Future research should examine the overlooked factors such as victimization and perpetration of sexual violence with same-sex relationships and female perpetrated violence against male victims. The direct association and relationship between sex education and sexual violence needed more thorough and dedicated examination to better understand risk factors for victimization and perpetration. The implementation of inclusive and comprehensive sex education delivered to students regardless of disability, gender identity, sexual orientation, ethnicity, and religion should be examined, for there is little know about the benefits of all-inclusive sex education for students already represented in current sex education materials. More complex and nuanced research on LGBTQ+ people, sex education, and sexual violence should include in-depth analysis of non-binary, two-spirit, and asexual people. Future research on sex education and sexual violence can determine if there is a causal relationship, explore the relationship between sex education and sexual violence perpetration, or determine exactly which factors about sex education and instruction may be associated with sexual violence risk.

Conclusion

Previous research has drawn attention to the inadequacy of current sex education programs in addressing the diverse needs of youth and young adults, which leads to increased vulnerability to sexual exploitation and abuse as seen with LGBTQ+ youth (Baker et al., 2021;

Bloom et al., 2022; de Heer et al., 2021; Neille et al., 2024; Pérez-Curiel et al., 2024). The prevalence of gender bias, double standards, and Christian values such as abstinence until marriage embedded in sex education perpetuates gender bias, contributes to rape culture, and fails to adequately address crucial topics such as consent and sexual health in all youth (Clonan-Roy et al., 2021; Hyde et al., 2005; Woolweaver et al., 2023). It is evident that comprehensive and inclusive sex education is crucial in providing youth the skills and knowledge to advocate for themselves and prevent sexual violence, emphasizing the urgent need for the development and implementation of comprehensive sex education curricula to ensure the safety and well-being of society's most vulnerable age group (Government of Canada, 2019). Media is sometimes the only place LGBTQ+ youth get information from, which has the potential to be very dangerous as the information viewed was not designed to be accurate (Bloom et al., 2022; Sava et al., 2021). Specialized training and refresher courses can better equip school health professionals to handle LGBTQ+ students' needs, like substance use, hormone replacement therapy, and gender-reaffirming care.

Comprehensive programs, like the Positive Change (+Change), have shown some promise in programs created with LGBTQ+ people in mind. When specific risk factors are taken into consideration and addressed, comprehensive programs and curriculum are more capable of reducing the impact of risk factors and, therefore, sexual violence (Blackburn et al., 2024). The findings of this scoping review can be used to create more comprehensive sex education curricula and youth sexual violence reduction programs to better protect youth from victimization. With the reduction of sexual violence, relationship power imbalance and domestic abuse can be addressed as well. Additionally, the information from this scoping review can help develop more youth-centred sex education research that sheds light on sex education and sexual violence prevention.

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Annex

Annex 1 – Framework for a scoping review according to Peters et al. (2020)

1. Define the objectives and questions.

2. Identify the inclusion criteria and align them with the objectives and questions.

3. Describe the planned research approach as well as the method for selection (PRISMA), data extraction, and presentation.

4. Search for the articles.

5. Select the articles.

6. Extract the evidence from the articles.

7. Analyse the evidence.

8. Present the results.

9. Summarize the data related to the purpose of the scoping review while drawing conclusions and noting the implications of the results.

Annex 2 – PRISMA-ScR Checklist according to Tricco et al. (2018)

Title	
1.	Identify that the article is a scoping review.
Abstract	
1.	<u>Structured summary</u> Structured summary that includes the context, objectives, inclusion criteria, sources for evidence, presentation method, results, and conclusions related to the questions.
2.	<u>Objectives</u> Provide a clear explanation of the questions and objectives raised, referencing their key elements (e.g., population, context, etc.), or other important factors used in conceptualizing the questions and objectives.
Method	
1.	<u>Protocol and registration</u> Indicate if a review protocol and an <i>a priori</i> exist, and if so, how to access them.
2.	<u>Inclusion criteria</u> Specify the characteristics of the sources used as inclusion criteria and explain why.
3.	<u>Sources of information</u> Indicate all information regarding the origin of the sources used (databases), as well as the date of the most recent search.
4.	<u>Search</u>

	Present a full example of the search conducted in one of the databases (including limits) so that the search can be replicated.
5.	<u>Selection of evidence sources</u> Explain the process for selecting the evidence sources included in the review.
6.	<u>Data extraction method</u> Describe the method of extracting and organizing information from the data.
7.	<u>Data variables</u> Define all variables used.
8.	<u>Synthesis method</u> Describe the method used to summarize the extracted data.
Results	
1.	<u>Selection of evidence sources</u> Indicate the number of studies found, screened, and included.
2.	<u>Characteristics of evidence sources</u> Present the characteristics of each included source with citation.
3.	<u>Individual results of sources</u> Present the relevant data from each source in relation to the objectives and questions of the review.
4.	<u>Synthesis of results</u>

	Summarize the results addressing the objectives or questions of the review.
Discussion	
1.	<p><u>Summary of evidence</u></p> <p>Summarize the main results related to the objectives and questions of the review (including concepts, themes, and types of available evidence).</p>
2.	<p><u>Limitations</u></p> <p>Discuss the limitations of a scoping review.</p>
3.	<p><u>Conclusions</u></p> <p>Include a general interpretation of the results in relation to the questions and objectives of the review, as well as the implications of these results.</p>
Funding	
1.	Describe the source of funding for the scoping review and the role of the funders.