5-14-2021

Leading Against the Grain: An Exploration of an Educational Leader's Experience with Consent in the Sex Education Curriculum

Jaray Mazique
Georgia State University

Follow this and additional works at: https://scholarworks.gsu.edu/eps_diss

Recommended Citation

Mazique, Jaray, "Leading Against the Grain: An Exploration of an Educational Leader's Experience with Consent in the Sex Education Curriculum." Dissertation, Georgia State University, 2021.
doi: https://doi.org/10.57709/22787744

ACCEPTANCE

This dissertation, LEADING AGAINST THE GRAIN: AN EXPLORATION OF AN EDUCATIOAL LEADER'S EXPERIENCE WITH CONSENT IN THE SEX EDUCATION CURRICULUM, by JARAY E. MAZIQUE, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Education, in the College of Education & Human Development, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chairperson, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty.

_____
Yinying Wang, Ed.D.
Committee Chair

_____   _____
Susan Ogletree, Ph.D.   Gregory Middleton, Ph.D.
Committee Member   Committee Member

_____
Date

_____
Jennifer Esposito, Ph.D.
Chairperson, Department of Educational
Policy Studies

_____
Paul A. Alberto, Ph.D.
Dean, College of Education &
Human Development

AUTHOR'S STATEMENT

By presenting this dissertation as a partial fulfillment of the requirements for the advanced degree from Georgia State University, I agree that the library of Georgia State University shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote, to copy from, or to publish this dissertation may be granted by the professor under whose direction it was written, by the College of Education & Human Development's Director of Graduate Studies, or by me. Such quoting, copying, or publishing must be solely for scholarly purposes and will not involve potential financial gain. It is understood that any copying from or publication of this dissertation which involves potential financial gain will not be allowed without my written permission.

JARAY E. MAZIQUE

CURRICULUM VITAE

Jaray E. Mazique

ADDRESS: 310 Hambrick Park, Fayetteville, GA 30215

EDUCATION:

Ed.D.	2021	Georgia State University Educational Leadership	
Masters Degree	1999	Salisbury University Post-Secondary Education	
Bachelors Degree	1997	William Paterson University English	

PROFESSIONAL EXPERIENCE:

2011-present	Assistant Dean of Students Georgia State University
2010-2011	Senior Coordinator, Conduct Georgia State University
2007-2009	Coordinator, Student Conduct Georgia State University
2003-2007	Director of Residence Life Rutgers University – Newark
2000-2002	Area Director – CPA Ramapo College of New Jersey
1999-2000	Complex Director Seton Hall University

PRESENTATIONS:

Mazique, J.E. (2020, November). An Exploration of Education Leaders Implementation of Consent in the Sex Education Curriculum.
    UCEA Conference, Virtual

Mazique, J.E., McDonald, M. & Blackburn, I. (2019, March). *Leaning in Without Falling:*
Balancing Family, Work & Graduate School.
NASPA Conference, Philadelphia, PA.

Mazique, J.E., Mazique, R.K., & Holloman, D. (2018, March). *Beyond Discipline:*
Shifting Conduct Resolution.
NASPA Conference, Philadelphia, PA.

PROFESSIONAL SOCIETIES AND ORGANIZATIONS
2020	University Council for Education Administration
2020	Student Affairs Administrators in Higher Education
2020	National Association of Community and Restorative Justice

LEADING AGAINST THE GRAIN: AN EXPLORATION OF AN EDUCATIONAL

LEADER'S EXPERIENCE WITH CONSENT IN THE SEX EDUCATION CURRICULUM

by

JARAY E. MAZIQUE

Under the Direction of Yinying Wang, Ed.D.

ABSTRACT

Purpose: The sexuality education (sex education) curriculum in the United States has long been guided by morality. Even with the recent updates to sex education as a result of the #MeToo movement, the government primarily funds abstinence-focused curricula. This study examined educational leaders who are leading against the grain by including consent in their sex education curriculum while other leaders focus on the minimum state requirements.

Theoretical Framework: Grounded in transformational leadership theory, this study focused on educational leaders' transformational leadership behaviors when implementing change in the curriculum. This qualitative study used narrative inquiry to examine three participants' lived experiences with the sex education curriculum in their school district.

Methods: In this quantitative study, three participants included (1) a district health and physical education coordinator, (2) a district principal, and (3) a former student of the school district who is currently in college shared their experiences with sexual consent implementation in the sex education curriculum. Each participant engaged in a thirty-minute initial contact, a one-hour in-depth interview, and document gathering. The district health coordinator participated in an additional one-hour interview. Data analysis included restorying, which is a retelling of participants' stories of their experiences to highlight a broader significance.

Results: The shared stories of the participants provided data which revealed the participants' experiences regarding sex education and their perceptions of leadership surrounding consent in the sex education curriculum. Using a narrative analysis, themes emerged that emphasized the importance of transformational leadership behaviors such as influence, motivation, stimulation, and consideration as well as the impact of curriculum leadership throughout the implementation process, such as monitoring, implementing, and improvement.

Implications: This study makes substantive contributions to the theory, practice, and policymaking impacting educational leadership by determining how existing policies effect curriculum development. Through a possession of certain leadership behaviors, educational leaders can find ways to successfully use the curriculum cycle when implementing consent in the sex education curriculum. There is limited empirical research examining leadership behaviors in conjunction with sex education curriculum.

INDEX WORDS: curriculum leadership, narrative study, sexual consent, sex education, transformational leadership

LEADING AGAINST THE GRAIN: AN EXPLORATION OF AN EDUCATIONAL

LEADER'S EXPERIENCE WITH CONSENT IN THE SEX EDUCATION CURRICULUM

by

JARAY E. MAZIQUE

A Dissertation

Presented in Partial Fulfillment of Requirements for the

Degree of

Doctor of Education

in

Educational Leadership

in

Educational Policy Studies

in

the College of Education & Human Development

Georgia State University

Atlanta, GA
2021

DEDICATION

I write this section with tears welling up in my eyes because this dissertation is dedicated to my beautiful mother, Elizabeth Harvey, who we loss during this doctoral journey. I recall successfully presenting my prospectus and visiting her to celebrate. Upon entry to her home, I saw a foyer full of balloons, cards, and my mother lying on the couch. She was not feeling well, but she had my brother go to the store and purchase balloons and cards for me. She was so proud of me and said, "I just hope I make it to your graduation." I replied, "Of course you will be there." At the time, I could not fathom having to be on this Earth without my mom. Well, here we are. You are no longer here physically, but I feel your spirit every day. You are my inspiration, and I would not be the woman I am without you. I miss you and I love you, Mom!

This dissertation is also dedicated to my children (Kevin, Keith, Katelyn, Ronald) and my husband, Ronald Mazique Jr. To endure a program like this with four children was no easy task, but I had the best support that a mom and wife could ask for. I still laugh at the time my daughter said, "Why do they do this to you, they must not like you!" (referring to the college and the professors). I laughed and explained how most things worth having are going to be difficult, but let it challenge you to work harder. When I discussed going back to school, my husband immediately said, "Let's do it." Knowing this journey was not going to be easy given that we both work full time and are raising children, he encouraged me to do it anyway and has been my biggest cheerleader. The late nights and early mornings were taxing, but with my husband by my side, I would always wake up to a cup of tea or coffee, have dinner cooked, or have quiet time to write because he took the children outside or to visit the grandparents (special shout out to my in-laws, Ronald & Deborah Mazique who went above and beyond supporting us). Thank you, thank you, thank you all and I love you so much! To extraordinary!

ACKNOWLEDGMENTS

I would like to acknowledge my GSU work team for their encouraging words throughout this arduous process. Also, I wish to acknowledge all the supportive members of my cohort, Cohort VII (Amanda, Lisa, Wade, Nick, Christian, John, Ashley, Brock, Genna) and Tim Jansa, Cohort VI, for always checking in on me and challenging me to think differently. Special thanks to all the study participants. I literally could not have accomplished this without you.

Thank you to Dr. Moss and Dr. Brezicha for being understanding when life continued to throw me serious curveballs. I would like to thank all my professors in the College of Education for your knowledge and feedback. To my dissertation committee (Dr. Wang, Dr. Ogletree, Dr. Middleton), thank you for going on this unchartered journey with me. Your flexibility and insight allowed me to be true to the work yet challenged me to be my best. Particularly the weekend hours Dr. Ogletree dedicated to help get this dissertation on a better qualitative track yet allowing me to be a little creative.

A special thank you to Dr. Yinying Wang. You are not only my committee chair, but a true inspiration to me. You exemplify hard work, passion, and innovation. Thank you for believing in me from the very beginning. I could not have been a successful Jackson Scholar without your nomination and support. I hope to have opportunities for future collaborative research that help educational leaders thrive.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

1 THE PROBLEM

The Center for Disease Control's National Intimate Partner and Sexual Violence Survey (NISVS) states the majority of victimization starts early in life (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). The survey findings highlighted that approximately eighty percent of female victims experienced their first rape before the age of twenty-five and almost half experienced the first rape before they turned eighteen years old. In addition, the survey emphasized that thirty percent of female victims were between the ages of eleven and seventeen years old and twenty-eight percent of male victims were first raped when they were ten years old or younger (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). These published data regarding sexual assault presents an opportunity for educational leaders to review their sex education curriculum to determine if sex education is the appropriate place to include information about sexual assault, consent, and healthy relationships.

Key Terms

Abstinence-Only: Curricula that adheres to the "A-H definition," established under the U.S. Social Security Act, §510(b)(2)

Comprehensive Sex Education: SIECUS (2014) defines it as a program that includes age appropriate, medically accurate information topics related to sexuality, including human development, relationships, abstinence, contraception, and disease prevention.

Consent: Defined by RAINN as an agreement between participants to engage in sexual activity.

Narrative Inquiry: Clandinin defines it as a qualitative research method that allows for the study of the individual's experience in the world, an experience that is storied both in the living and telling and that can be studied by listening, observing, living alongside another, and writing, and interpreting texts.

Transformational Leadership: Defined by Bass as a theory of leadership where a leader works with teams to identify needed change, creating a vision to guide the change through inspiration, and executing the change in tandem with committed members of a group.

Curriculum Leadership: Wiles defines it as leaders who establish new directions, align people and resources, motivate participants, and aid school improvement processes.

Research Questions

The following research questions have been designed to be answered through my data collection and analysis. My research questions are:

1. How does a district health and physical education coordinator perceive the implementation of consent in their sex education curriculum in the state of Georgia?

2. How does a principal perceive the implementation of consent in their sex education curriculum in the state of Georgia?

3. How does a former student from the district who is a current college student perceive the implementation of consent in their sex education curriculum in the state of Georgia?

4. What are the perceptions of the district health and physical education coordinator and principal's transformational leadership behaviors when implementing consent in their sex education curriculum?

5. What are the perceptions of the district health and physical education coordinator's influence on the development of the sex education curriculum at the school or district level?

Research question one, two, and three focused on the overall experience and perceptions of the participants, while research question four focused on the perceptions of transformational leadership behaviors and question five focused on the perceptions of influence of curriculum leader-

ship. Harris, Jones & Crick (2020) believe that curriculum leadership requires a thorough consideration of content, progression, assessment, and pedagogy. This study uses narrative inquiry as the format and is a form of qualitative research in which the stories themselves become the raw data (Bleakley, 2005). The best form of qualitative research is through naturalistic observation, which gives a poetic resonance with the native interpretation (Christians & Carey, 1989,). The stories of these participants in my study constitute data surrounding transformational and curriculum leadership through in-depth interviews using open-ended questions (Ollerenshaw, 2002). In-depth interviews consist of preparing a discussion guide to interview participants to explore behaviors, descriptions, and motivations (Frances, Coughlan & Cronin, 2009).

Purpose

Although sex education is not a new area of study in U.S. education, including sexual consent in the sex education curriculum is a growing topical area (Seeberger, 2019). Since the subject matter is sensitive, and still fairly new, this study aims for more contextual information by using a narrative inquiry to present stories of educational leaders' lived experiences implementing consent in the state of Georgia, where the abstinence-focused curriculum is mandated. Although a quantitative approach would supply useful data points, it may not offer stories connected to values and morals. A quantitative approach would not account for the deeply embedded values that drive the implementation of sex education in U.S. schools. Sex education was intended to teach about character and health as well as stress abstinence until marriage (Huber and Firmin, 2014). Subsequently, sex education became a tool to help prevent sexually transmitted diseases (STDs) and, even further, prevent teen pregnancy. This study explored emerging aspects of educational leadership behaviors and the implementation of sex education in schools.

Sexual assault has been a part of small societal discussions for years, but it has come to the forefront of the discussions in light of the #MeToo movement as well as other reports of business and famous men being accused, charged, and sentenced to jail time for sexual assault. The National Intimate Partner and Sexual Violence Surveys (2010; 2015) shows a high rate of sexual violence among young people, and some educational leaders discussed how the #MeToo movement had an impact on the sexual assault discussions occurring amongst their students (McKray, 2018). This narrative study generates an opportunity to communicate educational leaders' experience and perceptions regarding consent in the sex education curriculum. Historically, sex education was meant to focus on the importance of marriage as the foundation of a healthy family unit (Hilton, 2009; Formby, 2011). This viewpoint makes the sex education curriculum socially exclusive, thus guiding what and how students think about themselves and their role in society. Some educational leaders are using their leadership abilities to change the way sex education is taught to students (Center for Health Journalism, 2017).

The purpose of this narrative study is to examine transformational leadership behaviors of educational leaders making changes to their sex education curriculum. This study reviewed the historical context of sex education in the United States, the revisions within the curriculum over the years, as well as the philosophy behind the sex education content. There are studies that show how abstinence-focused curricula increases STD rates and teen pregnancy (Brewer, Brown & Migdale, 2007; Stanger-Hall & Hall, 2011), while other studies show that peer education and prevention-based curricula, e.g., consent education, may decrease sexual assault rates (Swartout, 2013; Layzer, Rosapep & Barr, 2013). With the increase in reported sexual assault, educational leaders are identifying sex education as a way to reduce the risk for students (McKray, 2018).

This study is particularly essential because educational leaders in the state of Georgia are limited to funding options for implementing and teaching sex education (Division of Family and Children Services, 2020). There are few districts with consent in their sex education curriculum, and approximately thirty school districts are using the same abstinence-based curriculum (McKray, 2018). This narrative inquiry examined if a district health and physical education co-ordinator and a principal used transformational leadership behaviors while implementing consent in the curriculum. It sheds light on the professional development and support provided for teachers who had to facilitate lessons on consent (Kirby, Paradise & King, 1992). Also, this research reviewed the perceptions of the district health and physical education coordinator to determine how they have influenced the development of the sex education curriculum at the school or district level (Lo, 2012). To protect the identity of the participants, I anonymized the data by having the participants chose a pseudonym and referred to them accordingly throughout the study. The three participants are:

Chris Jones (CJ) – District Health and Physical Education Coordinator

Michelle Brown (MB) – High School Principal in the district

Taneese Price (TP) – Former student from the district

Significance of the Study

Some educational leaders have determined that sex education should be more comprehensive, so they included consent in the curriculum as a result of the conversations teachers were having with students about sexual assault (McKray, 2018). Empirical research is lacking in the study of educational leadership behaviors when implementing consent in the sex education curriculum. Although the number of states that include some form of consent in the sex education curriculum is increasing, research around the leader's role in this process is insufficient. My

study offers empirical research regarding the experiences and transformational leadership behaviors of educational leaders who implement consent in the sex education curriculum; particularly with the shift in federal funding for abstinence-focused sex education curricula (Hellmann, 2018).

Planned Parenthood, the Center for American Progress, the Georgia Coalition for Advancing Sex Education (GCASE), Sexuality Information and Education Council of the United States (SIECUS), and former federal programs are funding, guideline, and curricula sources for sex education. As a result of the change in presidential leadership over the last few years, federal funding for comprehensive sex education has since diminished. In fact, since the turn of the guard in the White House in 2016, the federal government has reverted to providing funding for schools that have abstinence-only or abstinence-focused sex education curricula (SIECUS, 2018). Although we are unsure if there will be a shift with the new president, we know the state regulations remain the same in Georgia. In 2018, the U.S. Department of Health and Human Services announced that the Teen Pregnancy Prevention Program, which was created in 2010 by the Obama administration to reduce teen pregnancy rates in the United States, would only give funding to organizations that promote abstinence-only information (Donovan, 2017).

I began this research by identifying what different states were doing with their sex education curriculum. I then homed in on Georgia because of the growing number of districts that were implementing consent. This narrative study delivers information regarding perceptions of consent implementation in the sex education curriculum as well as determines the transformational leadership behaviors and influence of curriculum leadership at the school and district levels. Although this study does not aim to determine any information correlation, the phenomenon

of the educational leader's lived experiences implementing consent in the sex education curriculum may spark interest in more research on consent, e.g., quantitative study on the effectiveness of consent in the sex education curriculum, case study comparing educational leaders' characteristics who implemented consent in their sex education curriculum, comparative studies on sexual assault data for schools with or without consent in their sex education.

Assumptions and Limitations

This study began with the assumption that educational leaders who decided to incorporate consent in their sex education curriculum had transformation leadership characteristics and used curriculum leadership characteristics to infuse consent in the sex education curriculum. Again, the state of Georgia does not mandate consent, so additional assumptions were that these educational leaders experienced pushback from staff, parents, teachers, local churches, and other stakeholders. The assumption was that research was conducted before they decided to implement a change in the curriculum and training was provided for the teachers who had to educate the students on the content. Lastly, this study assumed educational leaders decided to update the curriculum to shed light on a specific phenomenon.

Although I interviewed multiple people, educational leaders are the main subjects. The small sample size may cause a possible source of bias. Narrative research is not causal, so the room for error decreases because the focus is on the story of the lived experiences. Clandinin (2016) reveals the concept of narrative research to have the inquirer use an approach called restorying; finding the broader meaning of the story. Smaller participant pools have limitations because they provide less opportunity for comparisons with no cause and effect. The plus side is that a narrative study aims to allow the inquirer a chance to observe an individual's experience, ask questions, gather artifacts, and present a compelling story (Clandinin, 2016). As stated

throughout, this research delivers the experiences of three participants in the same county. Although this research shares insight into the districts' structure and design of the sex education curriculum, it does not give a way to quantify a problem. The design allows for transference, but the results may differ based on different participants and their experiences. This narrative research may not offer definitive answers, but it gives better understanding of the lived experiences of these participants.

Overview of the Study

When I began my research in 2018, there were twenty-four states and the District of Columbia that mandated sex education and seventeen states that required the content to be medically accurate (Guttmacher Institute, 2019). Currently, twenty-nine states and the District of Columbia mandate sex education, and twenty-two states require the content to be medically accurate (National Conference of State Legislators, 2020). In 2011, eleven states included some form of consent or healthy relationships component, yet as of May 2019, twenty-one states (see *Table 1*) included some form of consent or healthy relationships in their sex education curriculum (Brown & Quirk, 2019), which was a forty percent increase from 2018 (Seeberger, 2019). Although Georgia mandates sex education, the inclusion of consent in the sex education curriculum is not required. Georgia has minimum guidelines that mandate abstinence as the focus of the sex education curriculum (SIECUS, 2018). Beyond the minimum guidance, local school boards are left to decide how best to implement the sex education curriculum (SIECUS).

Table 1

Sex education curriculum requirements

Mandated sex education and standards related to consent included in the state curriculum.

■ Bill currently moving through legislative process

Mandated Sex Education	Arizona■, California, Delaware, District of Columbia, Delaware, Georgia, Hawaii, Iowa, Kentucky, Maryland, Minnesota, Mississippi, Montana, Nevada, New Jersey, New Mexico, New York■, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Rhode Island, South Carolina, Tennessee, Utah, Vermont, West Virginia,
Healthy Relationships	Arizona■, Alaska, California, Colorado, Connecticut, Hawaii, Kansas, Maine, Maryland, Massachusetts■, Michigan■, New Jersey, New Mexico, New York■, Oregon, Pennsylvania■, Rhode Island, South Dakota, Texas■, Vermont, West Virginia
Consent or Sexual Assault	Arizona■, Alaska, California, Colorado, Connecticut, District of Columbia, Hawaii, Illinois, Maine, Maryland, Missouri, New Jersey, North Carolina, Oklahoma, Oregon, Pennsylvania■, Rhode Island, Vermont, Virginia, West Virginia, Wyoming

(Brown & Quirk, 2019)

Georgia has one hundred eighty-one school districts, and within those districts, thirty school districts teach consent in their sex education curriculum (SIECUS). According to the Georgia Department of Education (2009), curricula are developed locally and differ at each

school, yet the health standards are the same for all schools. Lo (2012) believes the curriculum

leadership model highlights the importance of curriculum development at the school or district

level. Seven of the ten largest school districts in Georgia are using the *Choosing the Best*

Way curriculum, which primarily focuses on abstinence (GCASE, 2018). For example,

the *Choosing the Best Way* curriculum identifies on its website that it is the "The Leader in Ab-

stinence-Centered SRA Education." The information in this curriculum uses some language that

people consider shaming, yet most recently, *Choosing the Best Way* has updated the curriculum

to include consent as an option for schools (GCASE, 2018). The curriculum for students pro-

vides teachers with

- Leader guide details teaching objectives, outline, plan, and optional classroom exercises

  and homework assignments. Conveniently features student curriculum on each page.

- Video vignettes for each lesson and optional STD slide presentation

- Student manual with interactive exercises

- Colorful posters to reinforce healthy choices and positive behavior

- Handy binder for easy storage

- Title V approved

  (Choosing the Best, 2020, para. 10)

In 2018, Georgia passed Act 401, requiring annual, age-appropriate sexual abuse and assault

awareness and prevention education be included in the curriculum in grades K–9 (Legislative

Services Committee, 2018). This law mandates lessons and instructor training on sexual abuse

prevention, which supports teachers who must teach this sensitive yet essential topic to students.

Legislators attempted to introduce legislation in Georgia that would incorporate instruction on

consent, dating violence, and healthy relationships into schools' sex education programs, but the

bill did not pass before the end of the state legislative session (Center for American Progress, 2019).

Sex education may be a controversial topic. Looking at this topic historically, there are many differing opinions on whether it should be taught to students and if it should be taught, how should the content in the curriculum be designed. This study examined the lived experiences of educational leaders involved with the sex education curriculum, retold the stories of how they infused consent in the curriculum, and identified relevant themes. I examined the behaviors of educational leaders to see if they correlated with transformational leadership behaviors or concepts of curriculum leadership. Also, this narrative study explored if educational leaders offered the type of training, support, and resources needed to update the sex education curriculum. For clarification, the subsequent literature will review the variations of abstinence-only, abstinence-plus, and comprehensive, which includes consent in the sex education curriculum.

Positionality Statement

Researchers should always start by articulating their research world view and acknowledge their position, biases, and assumptions (Austin & Sutton, 2014). Narrative researchers justify their research in three different ways, which are personal, practical and social (Clandinin & Huber, 2010). I am beginning with a personal justification, which justifies the inquiry in the context of my own life experiences (Clandinin & Huber). As a higher education administrator, I began researching sex education while investigating sexual assault cases on my campus. The majority of the accused students were males. During my conversations with students, I recognized their inability to define or understand sexual consent. Many students shared that their middle and high school sexuality education curriculum did not cover healthy relationships or consent. I knew that higher education was mandated by the Campus Sexual Violence

Elimination (SaVE) Act to provide prevention workshops and resources, so I was perplexed that preventative education was not occurring in the secondary environment. I continued to research studies on perpetration and victimization to create workshops and resources for students on my campus. Still, I was I was unaware of the experiences secondary educational leaders were having as it related to enhancing their prevention efforts through the sex education curriculum. My literature review highlights research regarding sexual perpetration, victimization, and its connection to sex education. I designed this narrative study to offer a greater understanding of educational leaders' experiences implementing consent in their sex education curriculum and to highlight the sex education experience of students before they enter college.

2 REVIEW OF THE LITERATURE

Based on the history of sex education, there seems to be a divide in the U.S. regarding the direction of the curriculum. According to Merriam-Webster, sex education is defined as education in schools about sex. Hendricks & Howerton (2011) stated that sex education "exhorts students about how to live the most intimate parts of their lives" (p. 590). This review gives a historical context of sex education, laws associated with sexual assault, male sexual perpetration, information about consent and the Georgia curriculum as well as theories that frame the study. These theories will give an overview of the categories of transformational leadership behaviors to determine if the educational leaders in this study possess any of these behaviors. Also, this study will review the perceptions of curriculum leadership to determine how it has influenced the development of the sex education curriculum at the school or district level.

Pop & Rusu (2015) categorize the sex education curriculum as abstinence-only, abstinence-plus, and comprehensive. Abstinence-plus is abstinence sex education with information about the use of contraceptives to reduce teen pregnancy and sexually transmitted diseases (Pop & Rusu, 2015). Comprehensive sex education includes information about avoiding risky behavior, using effective communication, decision-making, expressing sexual refusal, and recognizing warning flags in abusive relationships (McKeon, 2006). Kirby (2000) researched the efficacy of the comprehensive versus abstinence-only sex education curriculum. He concluded his review in favor of an abstinence-plus curriculum and believed these programs were valid for schools. Some of the challenges noted in Kirby's literature were that although most adults support comprehensive sex education in schools, they disagreed on what information should be taught to the students. Within that, five studies measured abstinence-only programs and found no significant evidence that these programs help delay students' experience with sexual intercourse (Kohler, Manhart, & Lafferty, 2008).

As stated earlier, there are data regarding sex education focused on teen pregnancy, Sexual Transmitted Diseases (STDs), and abstinence, but minimal data about consent in the sex education curriculum. Although future data should focus on the efficacy of including consent in the sex education curriculum, this research only focused on the educational leader's perceptions of including consent in the sex education curriculum. The discourse about sex education revolves around who should teach it as well as what and how it should be taught (National Conference on State Legislatures, 2020). As shown in Table 1, sex education curriculum differs across the nation, and some educational leaders are focused on abstinence-only while others have used what is considered a comprehensive approach by including consent education in the curriculum (SIECUS, 2018).

History of Sex Education

Sex education is not a new concept in the educational curriculum. Although sex education was the responsibility of the family (Harris, 2015), before the 1900s, the United States used McGuffey Readers to teach, and some of the lessons emphasized morality as well as developing and maintaining healthy relationships with others (Huber & Firmin, 2014). As each time period progressed, behaviors that were traditionally considered immoral began to increase and information about relationships, specifically intimate relationships, began to be included in the curriculum for those different eras (Huber & Firmin, 2014). Displeasure with this unethical behavior and outbreaks of STDs pushed the United States to create the nation's first sex education classes (Huber and Firmin, 2014). The progressive era had the most significant influence on sex education, and when the curriculum was approved, the focus was on character, health, and abstinence until marriage (Huber and Firmin, 2014). Abstinence-only education structured the curriculum to

teach students to abstain from sexual activity outside of marriage because it was considered the only way to avoid teen pregnancy and STDs (Brewer, Brown & Migdale, 2007).

Huber and Firmin (2014) wrote that family life education became essential to the U.S. government, who made it a priority to teach students the significance of remaining abstinent to strengthen their future marriages. Changes continued through the years, yet the government's commitment the early commitment to morality and maintaining healthy relationships remained the same. Since 1982, the federal government has supplied grants for abstinence-only education in schools (S.510 (b), 2010). On March 23, 2010, Title V of the Social Security Act was amended to re-authorize the Title V State Abstinence Education Program (AEP). The AEP project supports decisions focused on abstaining from sexual activity by providing abstinence-only programming defined by Section 510(b) of the Social Security Act, which states abstinence education must:

- have as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- teach abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- teach that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

- teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

- teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

- teach the importance of attaining self-sufficiency before engaging in sexual activity. (S.510(b), 2010, para. 5)

Historical Laws

As mentioned above, Title V is another law that guides how sex education is framed. In Georgia, districts are provided with the *Title V State Abstinence Education Grant Program* to support decisions to abstain from sex by providing abstinence-focused information in the sex education curriculum (DFCS, 2020). Although it is the choice of schools to decide the content of the sex education curriculum (minus it being abstinence-focused) there are laws such as Title IX of the Education Amendment Act of 1972 that requires all public and private elementary and secondary schools, school districts, colleges, and universities who received any federal funds, comply with the law (Department of Education, 2018). Title IX, 20 U.S.C §1681 et seq., is a federal civil rights law that prohibits discrimination based on sex in education programs and activities (Ali, 2011). The Department of Education (DOE) and its Office for Civil Rights (OCR) state that "sexual harassment of students, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX" (Ali, 2011, p. 1). Title IX defines discrimination based on sex as sexual harassment, stalking, or sexual violence, which includes sexual assault and sexual coercion (Department of Education, 2018). According to the law, once educational institutions who receive federal funding are made aware of sex discrimination, they are obligated to respond and redress the issue immediately, yet that has not always been the case.

Even after the passing of the law, concerns remained regarding how educational institutions complied. As a result, the DOE's OCR issued a memorandum, later titled Dear Colleague Letter (DCL), that guided self-evaluation and necessary adjustments to comply with the requirements of the law (Department of Education, 1979). Since then, there have been thirty DCLs regarding Title IX, including the 2011 DCL under President Obama's administration that clearly defined Title IX and the obligations of institutions to comply. The current state of the law includes the Department of Education's, under President Trump's administration, creation of the most recent guidance and laws. In 2020, the law changed, and the final rule went into effect in August 2020 (U.S. Department of Education, 2020). This change in Title IX required schools to adjust their responses to provide a safe space for students, but not impede on the accused student's due process rights. Here are key provisions to the Department of Education's new Title IX regulation:

- Defines sexual harassment to include sexual assault, dating violence, domestic violence, and stalking, as unlawful discrimination on the basis of sex
- Provides a consistent, legally sound framework on which survivors, the accused, and schools can rely
- Requires schools to offer clear, accessible options for any person to report sexual harassment
- Empowers survivors to make decisions about how a school responds to incidents of sexual harassment
- Requires schools to offer survivors supportive measures, such as class or dorm reassignments or no-contact orders

- Protects K-12 students by requiring elementary and secondary schools to respond promptly when *any* school employee has notice of sexual harassment

- Holds colleges responsible for off-campus sexual harassment at houses owned or under the control of school-sanctioned fraternities and sororities

- Restores fairness on college and university campuses by upholding a student's right to written notice of allegations, the right to an advisor, and the right to submit, cross-examine, and challenge evidence at a live hearing

- Shields survivors from having to come face-to-face with the accused during a hearing and from answering questions posed personally by the accused

- Requires schools to select one of two standards of evidence, the preponderance of the evidence standard or the clear and convincing evidence standard, and to apply the selected standard evenly to proceedings for all students and employees, including faculty

- Provides "rape shield" protections and ensures survivors are not required to divulge any medical, psychological, or similar privileged records

- Requires schools to offer an equal right of appeal for both parties to a Title IX proceeding

- Gives schools flexibility to use technology to conduct Title IX investigations and hearings remotely

- Protects students and faculty by prohibiting schools from using Title IX in a manner that deprives students and faculty of rights guaranteed by the First Amendment (Department of Education, 2020, para. 4)

Current State of Sex Education

Merriam (2007) highlights the difference in political parties by stating how the "religious right contends that to protect teenagers from pregnancy and sexually transmitted diseases (STDs), public high schools must encourage students to abstain from sexual activity" (p. 539). In contrast, Merriam noted, "the secular left claims that because young people will have sex regardless of whether schools teach them sexual abstinence, public high schools must teach teenagers how to engage in safe sex" (p. 539). This difference may be seen in the juxtaposition of proposed laws. The Title V State Abstinence Education Program (AEP) focused on abstinence, yet the Teach Safe Relationships Act of 2015 was sponsored by Senator Tim Kaine and presented to the Senate on February 3, 2015. It was read twice and referred to the Committee on Health, Education, Labor, and Pension (S.355, 2015). The requirements of the Title V State AEP and the Teach Safe Relationships Act defines safe relationship behavior education as education that:

- is medically accurate and appropriate for an individual's age, developmental stage, and culture;
- promotes safe relationships and teaches students to recognize and prevent coercion, violence, or abuse, including physical and emotional relationship abuse;
- includes education regarding communication skills, emotional health, accountability, and well-being in relationships; and
- includes education regarding healthy relationships and consent. (S.355, 2015, para. 5)

The 2010 National Intimate Partner and Sexual Violence Survey (NISVS) data report that thirty percent of women were between the ages of eleven and seventeen at the time of their first completed rape. These data, along with the #metoo movement and current trials of politicians, musicians, actors, coaches, etc., could be why the ongoing shift in the sex education curriculum

includes more than abstinence-only information. Study participant Chris Jones reinforced this notion and identified the #MeToo movement as a hot topic for his students. He highlighted that the news and music and movies impact his students and highlighted that consent looks different in media and movies and songs and in music videos than it does in real life. Although less than half of states include information about consent or healthy relationships in their sex education curriculum, there was almost a forty percent increase in the number of states in 2018-2019 (Seeberger, 2019). Also, twenty-two states and Washington, D.C., now include references to consent or healthy relationships in their sex education standards. "Eight states have updated their sex education standards in the past year—including six states that passed legislation to include consent and healthy relationships in their curriculum" (Seeberger, para. 3).

The Obama administration attempted to eliminate additional abstinence education programs from being incorporated within United States school systems because they determined that the government should support a comprehensive sex education program (Huber & Firmin, 2014). Comprehensive sex education programs include elements of abstinence, but focuses on promoting safe relationships and teaches students to recognize and prevent coercion, violence, or abuse, including physical and emotional relationship abuse as well as teach communication skills, emotional health, accountability, and well-being in relationships; specifically the concept of healthy relationships and consent (S.355, 2015, para. 5). In 2010, the Obama administration created the Teen Pregnancy Prevention Program, but in 2018, the U.S. Department of Health and Human Services announced that the Teen Pregnancy Prevention Program would only provide funding to organizations that promote abstinence-only information (SIECUS, 2018). Study participant Michelle Johnson believes that abstinence is important, but they [students] need to hear a little bit more than "*just don't do it… the abstinence piece because we know a lot of them are active.*"

Although some believe that abstinence-focused curricula are the healthiest for children, just like Michelle, others have a differing belief. Gilbert (2018) explored how a significant aspect of children's development is understanding affirmative consent and she mentioned the impact of consent laws on the youth. Her writing presented the need to include affirmative consent in sexual education curriculum and policy. She traced how discussions of consent have emerged in sex education debates and highlighted how their activism was instructive for how their lobbying proved to add this update to the structure of the curriculum (Gilbert, 2018). Her study posed whether sex education could have elements that prepare young people to recognize the complexities of consent and the law. She presented the information written in an essay that addressed how "pressure is a normatively acceptable way for boys to convince girls to have sex and that pressure becomes part of the courtship" (Gilbert, 2018, p. 270).

This information seems very similar to the curriculum used in the *Choosing a Better Way* program that most of the school districts in Georgia utilize (GCASE, 2018). According to its website, *Choosing a Better Way* has recently updated its curriculum to provide options for school districts to incorporate consent into their school curriculum. The state of Georgia does not have guidelines or guidance regarding sex education besides the abstinence-focused curriculum mandate. Educational leaders are left to offer different variations of sex education to students across the state. According to study participant Chris Jones, most states do not have an actual coordinator for the sex education curriculum at the district level. He stated that some districts have the science person do it or a lead teacher that is a high school teacher who has been in the district for many years and they kind of just lead the program even though they're not a district level person. Chris identified the importance of having a district person coordinate health and considers it high-level. His role allows him to research and determine how he can supply the best information

for students in his district and he utilizes organizations such as RAINN and SIECUS to supply his health education teachers with resources.

The Sexuality Information and Education Council of the United States (SIECUS) provides guidelines for a comprehensive sex education program (SIECUS, 2021). Experts developed guidelines in the field of adolescent development, health care, and education. These guidelines furnish a framework of fundamental concepts, topics, etc. that would encompass a comprehensive sex education program (SIECUS, 2014). Similar to Barr, Moore, Johnson, Forrest, & Jordan (2014), SIECUS supports the notion that "parents are – and ought to be – their children's primary sexuality educators" but "they often need help and encouragement" (p. 13). In addition to SIECUS, there is the Future of Sex Education Initiative (FoSE), which provides national standards to institutionalize comprehensive sex education programs in public schools in hopes of preventing inconsistent implementation of sex education programs throughout the U.S. (Future of Sex Education Initiative, 2012). As Chris Jones mentioned, there is RAINN, which is the Rape Abuse and Incent National Network. RAINN is an anti-sexual assault organization that provides assistance and resources regarding sexual assault as well as prevention and training for institutions on topics about consent (RAINN, 2021). The above-listed resources are available to help educational leaders present consistent sex education instruction. Currently, fewer states have consent in their sex education curriculum (Hall, Jones, Witkemper, Collins, & Rodgers, 2019).

There are data available to help educational leaders, school boards, and the department of education see how their state aligns with others. Hall et al. (2019) focused on state policy on school-based sex education by conducting a content analysis focused on sexual behaviors, relationships, and identities. They used all the source documents for the policies and compiled them

into fifty documents to facilitate a state-level analysis. The results provided three overarching categories (sexual behavior, sexual relationships, and approach to sexual identity diversity) and two subcategories for the sexual behavior category (abstinence and contraceptive or barrier methods) shown in *Figure 1* below. Also, twenty-two codes fell within these categories. *Figure 1* shows the categories and codes that emerged from the data, as well as illustrative examples of policy statements for each system. Sexual behavior consists of abstinence (stresses abstinence, stresses abstinence until married, covers abstinence, abstinence not covered). This table in their study identified which states included or excluded the sexual education policy content themes and are shown in *Figure 2*. Hall et al. (2019) concluded that abstinence is emphasized in most state policies. About half of the states addressed relationship issues (e.g., healthy relationships, sexual decision-making, and sexual violence); however, few states required sexual consent.

Sex Education Policy Codes, Illustrative Examples, and State Percentages

Category or Code	Illustrative Example	Percent of States
I. Sexual Behavior		
A. Abstinence		
1. Stresses abstinence	"The program of AIDS prevention education shall stress the life-threatening dangers of contracting AIDS and shall stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact." (Revised Code of Washington § 28A.230.070)	30%
2. Stresses abstinence until marriage	"Abstinence from sexual intercourse outside of lawful marriage is the expected social standard for unmarried school-age persons" (Alabama State Code § 16-40A-2)	44%
3. Covers abstinence	"Sexuality health education programs funded by the State shall provide medically accurate and factual information that is age appropriate and includes education on abstinence" (Hawaii Revised Statute § 321-11.1)	14%
4. Abstinence not mentioned	"…" (Idaho Statute § 33-1608)	12%
B. Contraceptive or Barrier Methods to Prevent Pregnancy and STIs/STDs		
1. Contraceptive or barrier methods included	"Abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention." (Revised Code of Washington § 28A.300.475)	46%
2. Using multiple methods	"All comprehensive human sexuality education must stress the importance of the correct and consistent use of sexual abstinence, birth control, and condoms to prevent pregnancy and sexually transmitted infections" (Colorado Statute § 22-1-128)	38%
3. Effectiveness of methods	"Methods of contraception are analyzed in terms of their effectiveness in preventing pregnancy and the spread of disease." (Virginia Department of Education . Family Life Education: Board of Education Guidelines and Standards of Learning for Virginia Public Schools. Richmond, VA: Virginia Department of Education; 2014)	24%
4. Pros and cons of methods	"Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy." (Oregon Revised Statute § 336.455)	12%
5. How to use methods	"The abstinence-based education program shall … provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy." (Hawaii Revised Statute § 321-11.1)	8%
II. Sexual Relationships		
1. Healthy sexual relationships	"'Comprehensive health education' …. includes the study of …. how to recognize and prevent sexual abuse and sexual violence, including developmentally appropriate instruction about promoting healthy and respectful relationships" (Vermont Statute Annotated, Title 16 § 131)	42%
2. Empowered sexual decision-making	"Sexual behavior. Student work must be personalized and show progression through a decision-making process: identify the decision to be made, consider options and consequences, take action or make decision, and evaluate or reflect on the decision" (New Hampshire State Department of Education . New Hampshire Health Education Curriculum Guidelines. Concord, NH: New Hampshire State Department of Education; 2003)	52%

Sex Education Policy Codes, Illustrative Examples, and State Percentages

Category or Code	Illustrative Example	Percent of States
3. Communicating sexual consent or refusal	"Student will demonstrate the ability to use communication skills for dealing with sexual pressure from peers and from one's girlfriend/boyfriend (pressure to date and/or be sexually active; saying no and communicating limits, etc.)" (Rhode Island Department of Education. Rhode Island Department of Education Comprehensive Health Instructional Outcomes. Providence, RI: Rhode Island Department of Education; 2015)	34%
4. Seeking sexual consent	"Teach students that no form of sexual expression is acceptable when the expression physically or emotionally harms oneself or others and teach students not to make unwanted physical and verbal sexual advances" (Oregon Revised Statute § 336.455) "…consent is an essential component of healthy sexual behavior." (Oregon Administrative Rule § 581-022-1440)	20%
5. Sexual violence addressed	"The instruction and materials shall: (1) Focus on healthy relationships. (2) Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction. (3) Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse. (4) Examine common misconceptions and stereotypes about sexual assault and sexual abuse." (North Carolina General Statute § 115C-81)	54%
III. Approach to Sexual Identity Diversity		
1. Homosexuality as a lifestyle or preference	"No district shall include in its course of study instruction which: (1) Promotes a homosexual life-style. (2) Portrays homosexuality as a positive alternative life-style." (Arizona Revised Statute § 15-716)	6%
2. Homosexuality is socially or morally unacceptable	"Course materials and instruction relating to sexual education or sexually transmitted diseases should include … that homosexuality is not a lifestyle acceptable to the general public" (Texas Health and Safety Code § 163.002)	12%
3. Homosexuality is unhealthy	"AIDS prevention education shall specifically teach students that engaging in homosexual activity, promiscuous sexual activity, and intravenous drug use or contact with contaminated blood products is now known to be primarily responsible for contact with the AIDS virus" (Oklahoma Statute § 70-11-103.3)	10%
4. Homosexuality as criminal	"Course materials and instruction that relate to sexual education or sexually transmitted diseases should include …. that homosexual conduct is a criminal offense under the laws of the state" (Alabama State Code § 16-40A-2)	4%
5. Different forms of sexual intercourse	"'Sexual intercourse' means a type of sexual contact or activity involving one of the following: (A) Vaginal sex; (B) Oral sex; or (C) Anal sex." (Oregon Administrative Rule § 581-022-1440)	4%
6. Inclusive of diverse sexual orientations	"Instruction and materials shall affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, shall be inclusive of same-sex relationships." (California Education Code § 51933)	24%
7. Inclusive of diverse gender identities or expressions	"The comprehensive plan of instruction shall include information that … uses inclusive materials, language, and strategies that recognizes different sexual orientations, gender identities and gender expression." (Oregon Administrative Rule § 581-022-1440)	14%
8. Separate instruction based on sex or gender	"Instruction in pregnancy prevention education must be presented separately to male and female students." (South Carolina Code Annotated § 59-32-30)	10%

Figure 1. Hall et al. (2019) State Level Analysis

Sex Education Policy Content Across the 50 States

Figure 2. Hall et al. (2019) Content Across Fifty States

Parental Involvement

Several studies indicated that students lack direct parental involvement in sex education (Gilbert & Bailis, 1980). Some parents are uncomfortable with having their children learn about sex in school, so as a response, most districts offer parents a choice to have their students opt out of the sex education class (Barth, 2005). Georgia offers this opt-out choice for parents as well (GCASE, 2018). Study participant Taneese Price stated she does not remember many of her peers opting out of the sex education class. Gilbert & Bailas (1980) explained that parents lack knowledge regarding sex education. Parents and students rarely discuss sex (Bennett & Dickson,

1980). Gilbert & Bailas (1980) conducted fifty-nine direct interviews with parents to gather their base knowledge regarding the response acquisition training program to improve parents' skills and comfort around sex education. They concluded that there is a need for more parental sex education programs to help parents tackle a wide variety of situations involving sexuality (Gilbert & Bailas, 1980).

Barr, Johnson, Moore, & Jordan (2014) addressed support for sexuality education in elementary schools in their literature. They used the Behavioral Risk Factor Surveillance System (BRFSS) Survey under the Florida Department of Health and conducted the Florida Child Health Survey (FCHS). Parental buy-in is critical when attempting to incorporate sensitive topics in the school curriculum. Study participant Chris Jones emphasized the importance of communicating with parents, being transparent, and providing them with curriculum information to be comfortable with the content. Barr et al. (2014) conducted a qualitative study that involved communicating with parents who had children living in their home (N = 1715). Data were collected through phone calls. The study's conclusion provided the support of substantial age-appropriate school-based sex education starting at the elementary school level (Barr et al., 2014). Their research also supported the new National Sexuality Education Standards and helped fund evidence-based abstinence-plus or comprehensive sex education (Barr et al., 2014). The National Sexuality Education Standards reported that it gives clear, consistent, and direct core content for sex education (SIECUS, 2014).

Although this literature review primarily focuses on the United States, there is literature showing that sex education and parental involvement is not solely a U.S. issue. Ganji et al. (2017) collected published and unpublished research and synthesized the research into three main categories. Those categories were sexually related knowledge, attitudes, and parents' skills

to manage children's sexual behavior and related education. Their results highlighted that "employed approaches to children's sexuality were reported to be useful in developing healthy sexual behavior in children. Education was identified as the primary focus of the included [sex education] packages and guidelines. Parents were recognized as the first-line educators in SE [sex education]" (Ganji et al., 2017, p. 890). Their results also noted that interventions aimed at parents' skills in SE for children were limited (GaSE skills2017). Barr, Johnson, Moore, & Jordan (2014) informed the need for response acquisition training programs to improve parents' skills and comfort around this topic of sex education. Ganji et al. (2017) emphasized the importance of sex education for children and modules in the program to equip parents with the necessary skills needed to manage their children's sexual development.

Although there is a perception that sex discussions should occur at home, schools provide essential, consistent, and accurate information for students (Kenny, 2000). Much of the comprehensive sex education information is reliable because of guidelines developed by organizations like the Sexuality Information and Education Council of the United States (SIECUS). They guide schools on what should be taught based on age, using distinctions between vital developmental stages (Kenny, 2000). Not only do organizations like SIECUS and RAINN deliver guidelines for schools, but they also focus their information on assisting parents who need to have these inclusive discussions with their children (SIECUS, 2014; RAINN, 2021). Kenny (2000) states students want to obtain this information from their parents, yet schools are the second place to retrieve the data.

Sex Education as Primary Prevention

Although students and parents identify the importance of a comprehensive sex education program, there are community-level successes and challenges of implementing adolescent sex

education (Allen & Rasmussen, 2017). In their qualitative study, Allen and Rasmussen interviewed program directors and educators and noted the importance of "science-based practices include identifying public health objectives, specifying goals for behavior changes, logic models, selecting or developing curricula using behavioral/social science research, and integrating evaluation into program development, adaptation, implementation, and assessment" (Allen & Rasmussen, p.169). These practices are indicators of transformational leadership. Amanachukwu, Stanley, & Ololube (2015) mention that an effective leader can inspire, motivate, and direct in a way that achieves the organizational goals. Transformational leadership involves more of the team, unlike the instructional leadership model, which many believed focused too much on the leader as the center of expertise (Hallinger, 2003).

When tasked with including additional information in the sex education curriculum, do educational leaders consult with the team, and are they equipping them with the necessary tools to succeed? Teachers have limitations with their time, content, and evaluation placed upon them by the school (Allen & Rasmussen, 2017). Schools dictate the material, so there is a lack of consistency within school districts. In Georgia, school districts do not give much guidance on teaching sex education, and thirty school districts are using an abstinence-centered software that expanded to include consent information (McKay, 2018). Allen & Rasmussen (2017) believe that communication and good relationships are keys to success and enhanced access to students, allowing more time in the classrooms and targeted content. They note that complicated relationships are roadblocks to access and implementation.

Researchers are beginning to present data used to create an informed, age-appropriate, evidence-based sex education curriculum (s.355, 2015). A recent study examined historical risk factors linked to experiences and exposures that occurred before college. Their results indicated

that multiple historical factors were significantly associated with sexual assault in college for women, including adverse childhood experiences and having experienced unwanted sexual contact before college (Santelli, 2018). In the study, school-based sex education promoting refusal skills before age eighteen was an independent protective factor; abstinence-only instruction was not (Santelli, 2018). Study participant Taneese Price believes that sex education should begin in middle school because it would help students learn so much about their bodies when changes occur. Also, she wishes that students receive consent and healthy relationship information before college to help prevent sexual assaults from occurring.

Taneese remembered the discrepancies with what was being taught to males and females. She felt like the ownness was on the female to protect themselves. Still, the males only received information about wearing a condom, which she emphasized should be baseline education, but needs to be so much more. Mainly because most victims report that their assailant was male (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011), and much of the research and prevention content is around male sexual perpetration. Sneider & Hurst (2018) conducted research that describes an ecological life course perspective and promises effective strategies for the primary prevention of sexual violence perpetration that would function by adjusting the known risk factors associated with perpetration. Their goal is to present information in sex education courses that do not victim-blame (Sneider & Hurst, 2018).

Cherry (2018) went back further by explaining how Erikson's psychosocial theory addressed Impersonal Sex (IS) through his focus on social interaction and relationships. She mentioned how Erikson's idea that people who unsuccessfully deal with conflict lose the psychological strengths needed for healthy development. Similarly, "Erikson's research showed that failing to deal effectively with these conflicts lead to the absence of the essential skills necessary for a

strong sense of self" (Cherry, para. 6). Study participant Chris Jones mentioned that his goal is to make sure his teachers are not trying to teach students what to learn but teach them how to learn. Abbey, Jacques-Tiura & LeBreton (2011) researched male sexual assault perpetration and tied the behavior to the confluence model. The confluence model is the first published model to present an empirical framework for a multifactorial integration of characteristics of men likely to commit sexual aggression (Malamuth & Hald, 2016). Abbey et al. used structural equation analysis to determine that delinquency, hostile masculinity, impersonal sex, and misperception of women's sexual cues were directly associated with sexually aggressive acts committed by men. They sampled four hundred and seventy young single men in their community and believed their findings could be used to broaden the confluence model (Abbey et al.). Study participant Chris Jones aims to add information about physiological responses and how physiological responses are not necessarily consent and that your body might physiologically react one way and you mean something different. Malamuth (1986) proposed that sexually aggressive behaviors correlate with developmental, personality, and behavioral factors, especially with males not charged with a crime.

The empirical framework for the confluence model guided the researchers in determining reasons for particular characteristics of sexual aggressors (Malamuth & Hald, 2016). While Abby et al. (2011) aimed to broaden the confluence model, Malamuth & Hald (2016) pointed out relevant research about replications and extensions. They looked at the impact of pornography and suggested that the term Confluence Mediational Model (CMM) of sexual aggression may be closely related to the theory (Malamuth & Hald, 2016). Just like the original Confluence Model, the study listed characteristics of non-prosecuted sexually aggressive men and pointed to Hostile Masculinity (HM) and Impersonal Sex (IS) as connections to sexual aggression (Malamuth &

Hald, 2016). The CMM identifies the causality of perpetration. Understanding the cause may help educational leaders decide the appropriate and effective content for their sex education curriculum.

Erikson's Psychosocial Stage 5 - Identity vs. Confusion occurs during the teenage years and presents a background on males connecting to other males and participating in behavior that they believe helps them identify with being a man (Cherry, 2018). Stage 6 - Intimacy vs. Isolation of Erikson's Psychosocial describes how those with a poor sense of self have less committed relationships; leading to emotional isolation (Cherry, 2018). Opposite of isolation is the connection of friend groups. Swartout (2013) provided a study focused on predictors of sexually coercive behaviors. In his research, he replicated an existing model focused on individual-level factors that predicted sexual coercion and created an alternate model incorporating peer-level elements. Swartout (2013) suggested that highly dense peer groups have fewer hostile beliefs toward women. Studies like his can be the future application of the research providing data for peer-based intervention strategies.

These strategies can be framed using a peer-based module to assist with implementing an updated sex education curriculum (Layzer, Rosapep & Barr (2013). Black et al. (2011) presented the national U.S. summary report that exposed data surrounding sexual violence, intimate partner violence, physical and mental health outcomes, and prevention information. The report suggested that these data are essential because there is a gap in research on the impact of sexual violence on the youth. Black et al. noted that their study is the first to collect state-level data and information about the health impact. The 2010 summary report lists the following relevant data:

• Thirty percent of women were between the ages of 11 and 17 at the time of their first completed rape;

• 12.3 percent of women were age 10 or younger at the time of their first rape/victimiza-

tion;

• More than one-third of women who report being raped before age 18 also experience

rape as an adult; and

• Across all types of violence, the majority of female victims said that their perpetrators

were male, and male rape victims reported predominantly male perpetrators

(Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011, p. 3).

These numbers have been updated in the 2015 report and are similar to what was reported in 2011. Again, this narrative study is not causal. This literature review gives a comprehensive look at sex education, studies highlighting it, and laws that may guide decisions regarding the curriculum.

Wegner, Abbey, Pierce, Pegram, & Woerner (2015) focused on how perpetrators of sexual assault used rape-supportive attitudes and sexual assault characteristics to justify their behaviors, increasing the risk of future perpetration. The Department of Justice (2018) defines sexual assault as "any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks the capacity to consent" (para. 2). Wegner et al. used a method that included hierarchical multiple regression analysis to indicate a list of predictors of perpetrators' post-assault use of justification. They conducted qualitative research on one hundred and eighty-three men in the community, and these men self-reported committing at least one act of sexual aggression. Wegner et al. pointed out the need for further research and explored when and why perpetrators use post-assault justifications and whether they are open to changing their behavior. This study focused on perpetrators identified as repeat offenders, providing data on recidivism, which can help design a sex education curriculum using predictive analytics.

Perpetrator's post-assault justification and recidivism can be linked with psychological theories related to sexual violence and abuse. Gannon & Ciardha (2012) presented a conceptual model of psychological problems facilitating sexual violence and abuse. They focused on psychological theories of sexual violence and abuse and how they incorporate other theoretical stances like biological or societal factors (Gannon & Ciardha, 2012). Unfortunately, there is a gap in psychological theories to explain adolescent sexual offending (Gannon & Ciardha, 2012). Ward & Hudson (1998) have three categories of sexual offending (single factor, multifactor, and micro-level). Micro-level offending theories focus on "how" rather than "why" offending occurs (Gannon & Ciardha, 2012). A potential "why" is the media. Arthurs & Zacharias (2006) states the media is another way students learn about relationships and intimacy. Study participant Chris Jones recognizes the role media plays with students. He states

> Our students and our children are bombarded with information on a daily basis… from media and technology, videos, music, and that information at times is not valid. In fact, depending on what the information is, it is very troubling when you think about that. That's another skill that we, you know, we actually talk about… a health skill. One of those national health skills is analyzing information to see if it's valid, you know... to know what to look for and to realize that everything you see on Snapchat may not be real life and everything you see and you hear in the media may be skewed by some sense.

Chris stated that they see a video or movie clip but may not see or learn about the consequences of behaviors.

Lisak (1991) studied the combination of several contributing factors that produce motivations conducive to sexual aggression. His direct theory highlighted how cultural forces shape the

environment and how people raise male children, possibly contributing to sexual aggression (Lisak, 1991). He used cross-cultural studies and presented that hypermasculinity and hostility towards women are a result of father-distant circumstances. This literature was slightly different than the rest because it connected male sexual aggression to social/familial relationships. Male aggression gives a framework for sexual perpetration, ideally providing the necessary data for creating comprehensive sex education programs as primary prevention. Empirical and theoretical research without a framework has resulted in the impromptu creation of theories that often overlap and neglect the others' existence (Ward & Hudson, 1998). These theories and data may help with prevention, and the Center for Disease Control (CDC) supports the focus on prevention and identifies evidence-based strategies to reduce violence (Smith et al., 2018 as cited in the NSIVS). They recommend a comprehensive prevention strategy which requires that:

• Prevention efforts start early, and continue through adolescence and adulthood;

• Public health partner with other sectors, such as education, justice, and social

   services, to implement prevention efforts; and

• Data are used to monitor the extent of the problem and to evaluate the impact of prevention efforts

(Smith et al. 2018 as cited in the NSIVS, p. 2)

Theoretical Framework

The theoretical framework is the structure and support (Grant & Osanloo, 2014) for this research. Transformational leadership behaviors are linked with the implementation of consent in sex education. This study applies Bass' (1985) transformational leadership to the educational leader changing the sex education curriculum in Georgia by determining if the leadership behaviors are transformational, inclusive, and supportive of the team helping with the implementation

goal.

Transformational Leadership

Transformational leadership has been overwhelmingly used in educational research over the last three decades (Hallinger, 2003). It is one of the leadership models that profoundly influences followers, organizations, and societies (Gummus, Bellibas, Esen & Gumas, 2016). Bass (1998) categorizes transformational leadership into four categories; individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence (Bass, 1998). Also, educational leaders with transformational leadership behaviors can impact motivation and performance (Bass, 1998). This assessment of leadership is based on Bass' four leadership categories. Although Bass and Avolio were able to validate leadership characteristics using the updated Multifactor Leadership Questionnaire (Antonakis, Avolio, & Sivasubramaniam, 2003), I did not use the questionnaire since I conducted in-depth interviews. My questions guided me to see if there is a correlation between the educational leader's behaviors within the four categories listed above, and I have highlighted them in my findings.

Transformational leaders have a vision first and then develop change (Hirlak & Kara, 2019). The importance of understanding leadership and change is that change requires a new system and new approaches (Eisenbach, Watson, & Pillai, 1999). An aspect of transformational leadership is equipping staff with the necessary tools to implement the changes successfully (Bass, 1998). Perez, Luquis & Allison (2004) state that teachers should be comfortable teaching sex education or preparing to teach it. Although it is not a requirement, some counties in Georgia are preparing their teachers by using programs that are evidence-based and teach about consent (McKay, 2018). Transformational leaders can focus on the group as a whole, and they connect with staff individually, which increases the motivation of followers and help all members of the

group see the importance of the task; ultimately helping staff members to reach their potential (Amanachukwu, Stanley & Ololube, 2015). Bass (1998) listed inspirational motivation as a transformational leadership behavior. Moral purpose, which was, historically, a guiding premise in education (Huber and Firmin, 2014) and maybe a motivating factor in designing the sex education curriculum.

Curriculum Leadership

Along with leadership behaviors, my study revealed whether there was the influence of curriculum leadership at the school or district level. A curriculum leader is responsible for monitoring, implementing, and improving the curriculum (Lo, 2012). Some describe curriculum leadership as leaders who have adopted the distributed leadership approach by involving teachers or other school personnel in developing the curriculum (Law, Galton & Wan, 2007). Curriculum leadership has similarities to transformational leadership because it provides a framework in which leadership consists of using multiple sources and not just one single authority (Hallinger, 2003). Lamb (2013) studied evidence-based sex education curricula and concluded that three discourses — a discourse of science, a discourse of healthy choices (with an emphasis on individuals), and an address of efficacy are all grounded in ideology and aid to legitimize certain kinds of knowledge while undermining other types. Curriculum leadership is about improving the curriculum, and some educational leaders believe having an evidence-based sex education curriculum is an improvement to non-evidence-based curricula.

The content in the abstinence-based sex education curriculum is described as shaming, and some of the lessons describe those who have pre-marital sex as a chewed piece of gum (GCACE, 2018). Participant Chris Jones stated the curriculum has been updated to fix any issues with shaming students. He trains the teachers to make sure their content is not value-driven. On

the frequently asked questions section of *Choosing the Best Way* curriculum website, they state that their curriculum is not shaming and further note that they inform all teachers to be mindful of how they teach because some of their students may already be sexually active at the time of the lesson. What about when the decision is made for the students? "For young people who have lost their virginity against their will, sitting in sex education classes where purity is emphasized can imply that they should feel ashamed" (GCASE, 2018, para 1). Hoefer & Hoefer (2017) highlighted in their study that participants believed their sex education classes presented insufficient information and resources, promoted sexist and heterosexist stereotypes, and assumed students of color were more sexually active than they were. In addition, participants stated they did not feel safe in their sex education classes and described the curricula as well as teachers as relying on fear and shame to educate (Hoefer & Hoefer). Participant Taneese Price recalls that her class did not separate students by gender, which created a very uncomfortable environment for her. Additionally, she had a male teacher and knew she would not be comfortable asking him particular questions, so she would save those questions for her mother.

There are theoretical and practical aspects of implementing a comprehensive sex education program. The Working to Institutionalize Sex Education (WISE) Initiative supports public school districts interested in advancing and sustaining a comprehensive sex education program (Butler et al., 2017). The WISE effort is privately funded and reviews the programs' success, e.g., increasing access to sex education, removing barriers, and highlighting best practices (Butler et al.). To assess, they used a set of performance indicators, guidance documents, and specially designed tools to see changes in sex education implemented in the WISE school districts. The study results showed, "788,865 students receiving new or enhanced sex education, and eighty-eight school districts reached their school goals" (Butler et al. p. 152). These data allowed

WISE to create a practical toolkit to help schools implement sex education in their schools and districts. Butler et al. (2017) mentioned that implementing sex education comes with barriers that can be eliminated with administrative support and specific technical assistance and training. These leadership attributes may be connected to transformational leadership behaviors as well as curriculum leadership components.

Some educational leaders equip their team with the resources needed to add consent to the sex education curriculum because they have identified that including consent is a form of prevention and risk reduction (Coker, Bush, Cook-Craig, DeGue, Clear, Brancato, Fisher, Recktenwald, 2017). For example, a study found that schools that implemented a high-school-adapted version of the Green Dot sexual assault prevention program saw rates of student-initiated sexual violence drop by the third and fourth years of the program (Coker et al., 2017). The NISVS data suggests that victims have post-traumatic stress disorder (Black et al., 2011). Post-traumatic stress disorder may impact student performance in school. Daggert and Jones (2014) believe the process of improving student performance "comes down to the single goal of raising student achievement through change" (p. 1). The change these educational leaders are making in sex education curricula may be based on sexual assault data. The WISE Initiative identified schools that were ready to change their curriculum to tackle this ever-growing issue and assisted in implementing that change. The readiness indicators used in the WISE Initiative listed commitment, supportive policy, the actual sex education curriculum, and time allotted on instruction (Butler et al., 2017). The literature shows how gradual the transformation has been in the United States, but many educational leaders are making shifts in sex education. Butler et al. (2017) believe that "Public schools continue to play a vital role in ensuring the health and well-being of

elementary and secondary students" (p. 155). Curriculum leaders must think about the implementation process and understand that it is not linear and cannot be removed from the people and contexts taking part in the practicality of the implementation (Jorgensen, 2012).

The anonymized district in this study has a department of curriculum, instruction, and assessment. Their purpose is to deliver what they consider necessary core curriculum, instructional resources, and professional learning that support the superintendent's instructional focus areas. The health and physical education coordinator is listed as one of the district leaders. This district highlights that it has a multi-level training plan to show all its staff, from the district-leaders to the teachers to the specific teacher and student behaviors present at each stage of instruction. Students in middle school receive nine weeks of health instruction annually, while high school students have to complete eighteen weeks before graduating. Georgia Performance Standards are established by the State Department of Education in health and are embedded in the curriculum.

The sex education portion is taught through scripted lessons from the *Choosing the Best* curriculum. Study participant Michelle Brown, a principal, states that the sex education part is included in the health course but is only one-week long. She does not feel like she can change the standards but could share the district protocol to change it possibly. Jorgensen (2012) notes how important it is for the principal to be the curriculum leader by providing vision and strategic direction. When it comes to sex education in Georgia, the district seems to be the ones creating the vision. Although the principals and the district leaders comply with Georgia standards, Michelle questions whether one week is enough for students and supports providing more than one week of instruction. It seems as if the principal becomes more technical with the dissemination of information, but the district leaders have more opportunities to use their curriculum leadership to shape the curriculum. Castner (2020) notes that technocratic leadership continues by

school administrators and program directors interpreting and communicating standards through the development of the curriculum.

Although district leaders have autonomy with their sex education curriculum, they need to ensure they meet the state standards. Section D of Georgia's Comprehensive Health and Physical Education Program Plan state:

> Sex education/AIDS education – a planned program that shall include instruction relating to the handling of peer pressure, promotion of high self-esteem, local community values, and abstinence from sexual activity as an effective method of preventing acquired immune deficiency syndrome and the only sure method of preventing pregnancy and sexually transmitted diseases. This instruction shall emphasize abstinence from sexual activity until marriage and fidelity in marriage as important personal goals.
>
> (Georgia Department of Education, 2020, para. 9)

Curriculum leadership may be a factor for educational leaders heading in transforming their sex education curriculum in their schools and keeping their schools. This study provides a narrative review of educational leaders' experiences infusing sexual consent in the sex education curriculum. Particularly, this study aims to seek answers to the following research questions:

1. How does a district health and physical education coordinator perceive the implementation of consent in their sex education curriculum in the state of Georgia?

2. How does a principal perceive the implementation of consent in their sex education curriculum in the state of Georgia?

3. How does a former student from the district who is a current college student perceive the implementation of consent in their sex education curriculum in the state of Georgia?

4. What are the perceptions of the district health and physical education coordinator and principal's transformational leadership behaviors when implementing consent in their sex education curriculum?

5. What are the perceptions of the district health and physical education coordinator's influence on the development of the sex education curriculum at the school or district level?

3 METHODOLOGY

My study is a narrative inquiry based on Clandinin (2010), which retells the stories of the lived experiences of two educational leaders and one former student from a school district in the state of Georgia. The goal of narrative research is to think about and study experience (Clandinin, 2010). This qualitative approach presents a way of knowing, constructing experiences, and giving meaning to experience (Kramp, 2004). Conducting this research, I aimed to understand the perceptions and lived experiences of educational leaders who implemented or had experiences with the sex education curriculum in Georgia through retelling and restorying. When the participants tell their stories, they frame their experience, author it, and the researcher pulls out elements that matter or the meaning the experience had to the participant (Kramp, 2004). Retelling stories is "one of the ways that we fill our world with meaning and enlist one another's assistance in building lives and communities" (Clandinin & Huber, 2010). "What feels new is the emergence of narrative methodologies in the field of social science research" (Clandinin & Rosiek, 2007, p.35). With narrative inquiry, the research is justified in three different ways: personal, practical, and social (Clandinin & Huber 2010). My justification is listed in my positionality statement. The practical justification is to see the motivating factors of changing the sex education curriculum. The social is identifying if the changes were considered primary prevention methods against sexual assault.

Theoretical Framework

This study applies Bass' (1998) transformational leadership to the educational leader changing the sex education curriculum in Georgia by determining if the leadership behaviors were transformational, inclusive, and supportive of the team helping with the implementation goal. Bass (1998) categorizes transformational leadership into four categories: individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence (Table

2). This research examined the shared stories of the educational leaders' experiences and looked for behaviors within the four categories listed above. The participants gave an in-depth view of their experiences with sex education in their county and the state of Georgia as well as communicated what drove their decisions, barriers they faced, made them motivate and influence, and impact these lived experiences had on their lives. These experiences were extracted to determine if the educational leader was transformational and if curriculum leadership guided the changes in the sex education curriculum.

Table 2
Transformational Leadership Categories

Individualized Consideration	When there is an emphasis on what a group member needs. The leader acts as a role model, mentor, facilitator, or teacher to bring a follower into the group and be motivated to do tasks.
Intellectual Stimulation	Is provided by a leader in terms of challenge to the prevailing order, task, and individual. S/he seeks ideas from the group and encourages them to contribute. learn, and be independent. The leader often becomes a teacher.
Inspirational Motivation	Giving meaning to the follows of a task. This usually involves providing a vision or goal. The group is given a reason or purpose to do a task or even be in the organization. The leader will resort to charismatic approaches in exhorting the group to go forward.
Idealized Influence	Refers to the leader becoming a full-fledged role model, acting out and displaying ideal traits of honesty, trust, enthusiasm, pride, and so forth.

A curriculum leader is responsible for monitoring, implementing, and improving the curriculum (Lo, 2012). Some describe curriculum leadership as leaders who have adopted the distributed leadership approach by involving teachers or other school personnel in developing the curriculum (Law, Galton & Wan, 2007). Wiles (2009) believes that curriculum leadership is what the individual leader makes it, and the leader is professionally responsible for sorting out and prioritizing the tasks associated with the change. A curriculum leader goes beyond the management

role and focuses on their impact on community-building and the school improvement process.

Some examples would be spearheading textbook adoption, maintaining subject area expertise,

vision-building, identifying student needs, setting standards and benchmarks to assess student

achievement, engaging with stakeholders, and managing the overall (Wiles, 2008). Curriculum

leadership has similarities to transformational leadership because it provides a framework in

which leadership consists of using multiple sources and not just one single authority (Hallinger,

2003).

Participants

My study participants are from one school district in the state of Georgia. I chose this

county because of their recent inclusion of consent in their sex education curriculum, even when

the state of Georgia requires the curricula to be abstinence-focused. This county is one of Geor-

gia's most populated districts, with a high percentage of poverty and academic struggles

(GA•AWARDS, 2019). Table 3 shows some demographics of the county (GA•AWARDS,

2019).

Table 3
Demographics of District

Race	Percentage
Black	68%
White	11%
Hispanic	13%

In addition, I chose this county because a recent study highlighted how marginalized students are

impacted by the sex education curriculum (Hoefer & Hoefer, 2017) and this district has a high

percentage of marginalized populations. I used direct recruitment for my study participants and

was able to include the district health and physical education coordinator who oversees the

school district's health education, including the sex education curriculum, a principal in the

county, and a former student from the county.

The three participants presented their lived experiences with the sex education curriculum in their county. Although none of them taught sex education, they all received sex education information, and the two educational leaders had supervisory experience over the sex education instructional staff. To protect the participants' identity, I had to anonymize the data. Anonymizing data can be challenging, but to avoid ethical issues and reduce harm, I assigned aliases to maximize participant anonymity (Saunders, Kitzinger & Kitzinger, 2015). The aliases were the pseudonyms* the study participants chose, which they are referred to throughout the study. For the purposes of the study, the participant names are pseudonyms, the school district has been identified as county or district, and direct job titles have been changed to protect the confidentiality of the participants. Table 4 shows additional demographics of the participants.

Table 4
Demographics of Participants

Name	Race	Gender	Age	Position
Chris Jones*	White	Male	Late 50s	District Health Coordinator
Michelle Brown*	African-American	Female	Mid 50s	High School Principal
Taneese Price*	African-American	Female	Late 20s	Former District Student; Current College Student

Instruments

Data collection is paramount when conducting research, and the instrument for collecting the data is even more critical. This qualitative study used the narrative inquiry approached, and therefore, interviews served as my main instrument. Silverman (1997) discloses that interviews are active interactions between participants, leading to a negotiated contextually based result. Narrative research offers contextual information about the lived experience of the participants. Planning the interview should consider the completeness of the interview, tact, precision, accu-

racy, and confidentiality (Silverman, 1997). Interviews require specific skills from the researcher, who negotiates a good relationship with the participant to ensure detailed and valid data is collected and transcribed (Silverman, 1997).

Procedures

Before collecting any data, I had to show the institutional review board (IRB) that my study follows ethical research guidelines. Although my research involved information about minors, a protected population, it did not include direct contact with minors, so the IRB considered my study low risk, conducted an expedited review of my narrative research, and approved my study (Appendix A). My interview protocol helped guide and organize the interviews conducted. The data collection included multiple phases: (1) initial thirty-minute phone introduction with each participant to gather demographic data, obtain informed consent, request documents for the one-on-one interview, and schedule the one-on-one interview times; (2) one-hour virtual interview, due to the COVID-19 global pandemic, asking in-depth questions about their experiences with the sex education curriculum and perceptions of the implementation of consent in the sex education curriculum; (3) one-hour interview asking the educational leaders questions regarding transformational leadership behaviors and their perceptions of the health coordinator's influence on the development of the sex education curriculum at the school or district level, and (4) email for participants to review their interview transcripts. This final email is known as member-checking, which helps make sure I represented the participants and their ideas accurately and promoted credibility (Glesne, 2006; Lincoln & Guba, 1985). With research, credibility is the confidence placed in the truth of the findings (Lincoln & Guba, 1985). Stake (1995) identified the participants' role in the process as:

the actor is requested to examine rough drafts of writing where the actions or words of

the actor are featured. . .The actor is asked to review the material for accuracy and palata-

bility. The actor may be encouraged to provide alternative language or interpretation but

is not promised that that version will appear in the final report. Regardless, some of that

feedback is worthy of inclusion. (p. 115-116)

These interviews occurred over the fall of 2020 and winter of 2021. The narrative procedures

produced stories from the participants that delivered robust stories for this study.

Once I confirmed the desired district for my study, I used direct recruiting to obtain study

participants. I proceeded by sending emails to the participants and a flier to a university's in-

volvement site. My initial request was to the curriculum director of the county, but this person

was unavailable, so she referred me to her staff member who led the districts' health and physi-

cal education components of the curriculum. I thanked her for the referral and reached out to the

district health coordinator, Chris Jones. It was evident that Chris was busy. With a southern ac-

cent, he shared that he would meet with me later in the day, after his evening health leader learn-

ing class, to ensure ample time for us to communicate. He was committed to keeping his educa-

tors prepared, yet willing to provide ample time for this study. In addition to my email to the

Chris, I sent email requests to all public highs school principals in the county. Michelle Brown

was the first to respond. She had a few preliminary questions, but once they were answered, she

agreed to talk with me further about the study. She was unsure about her ability to aid with the

data collection but felt much better once I explained the studies' foci. Finally, I had to find cur-

rent college students who attended secondary school in the study's district. I created and up-

loaded a flier to the university's involvement network and Taneese Price responded. Taneese is a

graduate student who took a sex education class in her freshman and sophomore years of high

school. She took another sex education class and as an elective as an undergraduate in college. Once all the participants responded and agreed to partake in the study, I began the process using my interview protocol.

With IRB approval, I received verbal consent from each participant due to the COVID-19 global pandemic. I placed a notation near the participants' names of the verbal consent on the informed consent form and shared it with the participants before continuing with their interviews, reminding them that the interviews will be recorded, their participation was voluntary, and they were free to withdraw at any point (Shenton, 2004). I also reminded the participants their responses were confidential, and they would only be identified by the pseudonyms the chose. To ensure an in-depth conversation, I requested the participants to choose a quiet location, where they could be comfortable and can speak freely and uninterrupted during the interview. Once the interviews began, I incorporated transformational leadership theory and curriculum leadership theory in my interview questions. A sample of my interview questions is listed in Table 6 below. These questions were open-ended and focused on the phenomenon and experience of the participants. Patton (2002) stated three basic approaches to collecting qualitative data through open-ended interviews, including informational conversational interviews, standardized open-ended interviews, and the general interview guide. Informal conversations consist of a spontaneous flow of interview questions that go with the natural flow of the conversation, and standardized open-ended questions are strategic and constructed to have each participant answer the same question in a particular sequence (Patton, 2002). I used the general interview guide because it combined both versions of open-ended questions and allowed me to retrieve more data. Each participant supplied a natural flow of information, which allowed a robust conversation and connection with me as the researcher and the participant.

I stored all interviews, documents, notes, and artifacts in password-secured digital files to which access is restricted to me. Each question has been identified to answer questions connected to my research questions, as shown in Table 5. The questions regarding the introduction of the change, inspiration, and resources are aligned with the transformational leadership framework. Bass' (1998) transformational leadership categorizes leaders into four categories; individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence. Educational leaders with behaviors aligned with transformational leadership can impact motivation and performance (Bass, 1998). Particularly when it comes to changing a curriculum, proper

Table 5

Connecting Research Questions to Data Collection and Evaluation

Research Question	Data	Evaluation
How do the research participants (district health and physical education coordinator, staff, student) perceive the implementation of consent in their sex education curriculum in the state of Georgia?	In-depth interviews and documents (training manuals, sex education guidelines, sex education curriculum and syllabi, and sex education assignment criteria)	Analyze the data for stories and developing themes
What are the perceptions of the district health and physical education coordinator and principal member's transformational leadership behaviors when implementing consent in their sex education curriculum?	In-depth interviews, documents, field notes, artifacts.	Determine which leadership behaviors have been identified through interviews by utilizing Bass' four areas of transformational leadership (individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence)
What are the perceptions of the district health and physical education coordinator's influence on the development of the sex education curriculum at the school or district level?	In-depth interviews, documents, field notes, artifacts.	Determine which behaviors were aspects of curriculum leadership and its influence on the curriculum changes (defined vision, designed a comprehensive plan).

funding, training, and resources are paramount and may raise a higher level of performance while meeting the team's goals (Wiles, 2009). The questions aligned with curriculum leadership determined if the educational leader defined the vision and designed a comprehensive plan before implementing the curriculum (Wiles, 2009). My questions also examined if the educational leader developed an evaluation process for future change (Wiles, 2009; Lo, 2012). This sequence of events is considered a curriculum cycle (Wiles, 2009), shown in *Figure 3*. Through the participants shared experiences, this research determined if there was a correlation of leadership behaviors that were influential the implementation of consent in the curriculum.

Analysis

Defined Vision

Designed Comprehensive Plan

Evaluation

Implementation
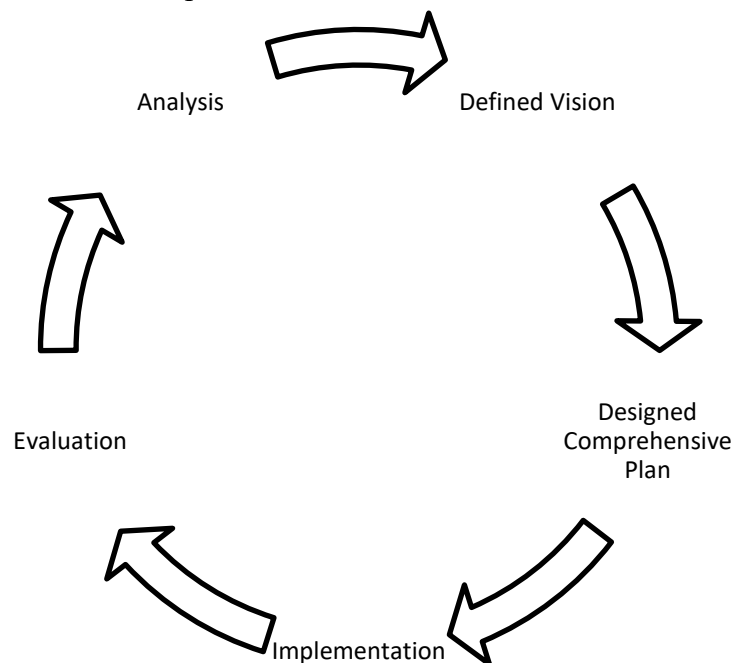
Figure 3. Curriculum Cycle, Wiles (2009).

As stated earlier, the interview ensures detailed and valid data are collected and transcribed (Silverman, 1997). Table 6 provides a sample of the interview questions for the district health education coordinator, district principal, and former student in the school district who is currently in college.

Table 6
Sample Interview Questions

Interview Questions for Educational Leader	Interview Questions for District Principal	Interview Questions for Former Student
Questions Regarding Overall Experience with the Sex Education Curriculum		
What was your overall experience with sex education in your district?	What was your overall experience with the sex education in your district?	What was your experience like in your sex education classes?
How did you decide to implement changes?	What was your experience with the curriculum changes?	Were there any changes to the lessons? Please explain.
Questions Regarding Transformational Leadership		
How were the sex education curriculum changes introduced to staff? (Individualized Consideration & Idealized Influence)	How were you informed of the change in the sex education curriculum? What were overall reactions to the change in curriculum?	What are your thoughts about sex education in grade/high school? Describe how your teacher taught the lessons in the sex education class?
Do you believe you inspired your team for this change in curriculum? Please explain. (Inspirational Motivation & Idealized Influence)	Did you feel inspired by your supervisor to implement consent in the sex education curriculum? Please explain.	Did your teacher seem excited to teach the content in the sex education class? Please explain.
Were there any resources available for your team? If so what were they? (Intellectual Stimulation and allocating resources)	What resources or staff development did you receive to effectively implement consent in the curriculum?	Did your teachers seemed equipped to teach the sex education classes? Please explain.
Questions Regarding Curriculum Leadership		
Did you have any concerns about the curriculum? If so, what? (Individualized Consideration)	Did you have any concerns about the curriculum? If so, what?	Did you have any concerns about the curriculum? If so, what?
Talk about the goal setting and planning; monitoring, reviewing and developing of the updated sex education curriculum. (inclusion of staff in development)	What was your experience with the goal setting and planning; monitoring, reviewing and developing of the updated sex education curriculum?	If you could have provided feedback regarding the content of your sex education class, what feedback would you have provide?
Is including consent in the sex education curriculum an improvement? If yes or no, why?(improvement component)	Is including consent in the sex education curriculum an improvement? If yes or no, why?	What are your thoughts about including consent in the sex education curriculum?
How did you prepare the schools for the change in curriculum content? (culture building)	How were schools prepared for the change of content in the?	Knowing your community, what is the best way to implement curriculum change?

When educational leaders contemplate incorporating consent in their sex education curriculum, they have to decide on the content and develop a strategy that would infuse the updated material in the entire district's curriculum. Wiles (2009) states that educational leaders can adapt the curriculum to meet the school's changing needs, incorporate emerging technology, and infuse new and creative ways surrounding pedagogy. The research participants talk about how those changes have been and can further be enhanced in the sex education curriculum. Again, the state of Georgia does not mandate consent, so hearing why these educational leaders decided to add it and what those experiences were like on many different levels was intriguing. I asked questions about pushback from staff, parents, teachers, local churches, or other stakeholders. Also, we discussed if they conducted research before they decided to implement a change in the curriculum.

The stories shed light on the training given to teachers who have to educate the students on the sex education content. These participants conveyed if they believed adding consent to the sex education curriculum sheds light on a specific phenomenon. Although I interviewed multiple people, educational leaders were the main subjects. The small sample size may cause a possible source of bias. Narrative research is not necessarily comparative, so the room for error decreases because the focus is on the story of the lived experiences. During the interviews, these experiences surfaced and allowed me, the inquirer, to use an approach called restorying, finding the broader meaning of the story (Clandinin, 2016). This method enabled me to retell the story of the participant's experiences through a new story (Creswell, 2013) while also giving me a chance to discuss, ask questions, gather artifacts, and present a compelling story. I used triangulation (*Figure 4*) to establish the trustworthiness of the data in my study, e.g., interview recordings, transcripts, notes, and documents (Warin, Solomon & Lewis, 2007).
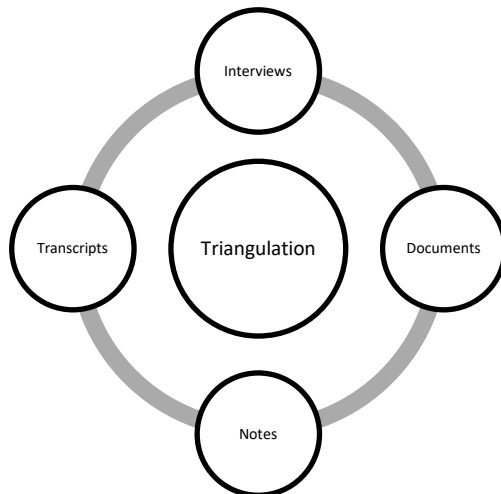
Figure 4. Triangulation Visualization and Confirmation.

Triangulation uses different methods and data sources or collection of data from different organizations (Shenton, 2004; (Onwuegbuzie & Leech, 2007). I aimed to retrieve the documents and artifacts, training manuals, sex education guidelines, sex education curriculum, and sex education assignment criteria from the district health and physical education coordinator and the principal. Participant Chris Jones guided me to retrieve the *Choosing the Best Way* curriculum and updates from the website. There are four different versions. *Choosing the Best Way* is for lower middle school – 6th grade, *Choosing the Best Path* is for middle school – 7th grade, *Choosing the Best Life* is for upper middle school – 8th grad, and *Choosing the Best Journey* is for lower high school – 9-10th grade. For purposes of this study, I will call the curriculum, *Choosing the Best*. I obtained the *Choosing the Best* state guideline compliance, curriculum update addendum, curriculum information, and curriculum Title V compliance (Appendices A, B, C, D). In addition, I received the district health education guidelines and standards from the district website, which have not been included due to specificity.

Analyzing the data helped me understand the experiences of the participants. The narrative inquiry allows the researcher to focus not only on the 'what's' of storytelling but on the

'how's' (Gubrium and Holstein 2009). A narrative analysis also allows the researcher to conduct a systematic study of personal experiences and provide meaning to those experiences (Riessman, 2001). The three study participants presented in-depth stories of their experience with sex education and shared thoughts on leadership behaviors that have been analyzed in this study. Gubrium & Holstein (2009) highlights that the research offers the power to interpret, analyze, and lay the argument. It is imperative that researchers doing a qualitative analysis must learn how to code well and easily (Saldana, 2013). I used a thematic analysis to focus on the language, collect stories and inductively create conceptual grouping from the data (Riessman, 2012).

I began my analysis by referring to my research questions as they guided me on what needed to be analyzed (Brause, 2000). Although the recording software provided an initial transcription, I listened to all of the interviews between two to three times to ensure the transcripts were accurate and to determine any particular emergent themes. I noticed parallels in some of the stories as well as similar language descriptors. Reading the transcripts while listening to the interview audio recordings multiple times revealed ranges in the harmonies and disagreements (Gilligan, et al., 2003). As recommended by Gilligan et al., I conducted the multiple listening process, although it was time-consuming, because it allowed for a more in-depth familiarity with the data. Saldana (2013) warns about the researcher's influence and how it should be considered before pre-coding. Qualitative researchers often mix our identities with our methodological approaches, and we possibly wonder about our roles and the quality of our listening (Woodcock, 2016). Once I rectified any possible influences, I began my first coding cycle by going through the transcripts, highlighting and arranging the data.

As opposed to printing the document and using a highlighter to color code the transcripts for themes, I used Delve, a computer-assisted qualitative data and analysis software (CAQDAS).

Utilizing a CAQDAS supports a researcher in their work (Gibbs, 2009). The CAQDAS assisted me when I assigned labels to the data and captured significant ideas or possible issues (Saldana, 2013). For the individual stories, I used inductive coding methods, which consisted of similar words and larger blocks of data. I utilized open coding to reveal relevant and interesting quotes, particularly related to my research questions. Since this is a narrative inquiry, my second cycle of coding included narrative coding to explore intrapersonal and interpersonal experiences and actions to understand through the story, which is a legitimate way of knowing (Saldana, 2013). Some of the prosaic, poetic, and dramatic components available as coding and subcoding systems for narrative coding include

- Story Type (survivor narrative, epiphany narrative, quest narrative, confessional tale, coming-out story, *testimonio*, etc.)

- Form (monologue, soliloquy, dialogue, song, etc.)

- Genre (tragedy, comedy, romance, melodrama, satire, etc.)

- Tone (optimistic, pessimistic, poignant, rant, etc.)

- Purpose (historical, cautionary, persuasive, emancipatory, therapeutic, etc.)

- Setting (locale, environment, local color, artifacts, etc.)

- Time (season, year, order, duration, frequency, etc.)

- Plot (episodic, vignette, chapter, scene, prologue, subplot, etc.)

- Storyline (chronological, Labovian, conflict/complication, turning point, rising action, climax, etc.)

- Point of View (first-person, third-person, omniscient, witness, etc.)

- Character Type (narrator, protagonist, antagonist, composite, secondary, choral, trickster, *deus ex machina*, etc.)

- Characterization (gender, ethnicity, physical description, status, motivations, change/transformation, etc.)

- Theme (moral, life lesson, significant insight, theory, etc.)

- Literary Elements (foreshadowing, flashback, flashforward, juxtaposition, irony, motif, imagery, symbolism, allusion, metaphor, simile, coda, etc.)

- Spoken Features (volume, pitch, emphasis/stress, fluency, pausing, parsing, dialect, etc.)

- Conversation Interactions (greetings, turn-taking, adjacency pairs, questions, response tokens, repair mechanisms, etc.)

(Saldana, 2013, p. 135)

The data presented included several of the coding and sub-coding options listed above (story, characterization, theme). Although I included all the spoken features, I did not use it as a coding option because I wanted to focus on the story, characterization, and theme. After determining the codes, I used the sorting process to find the relationship between the codes, e.g., reference, occurrence, and sequence, then looked for categories or patterns of meaning and developed themes (Saldana, 2013). Themes are the outcomes of coding, categorizing, and analytic reflection (Saldana, 2013). Although the codes were classified into themes, I did not split up the stories into too many categories because narrative analysis uses larger text blocks than traditional coding methods to keep the individual narratives together (Riessman, 2008). "Texts and textual analysis have become de rigueur in the social sciences" (Gubrium & Holstein, 2012, p.31). Since my research is exploratory and not confirmatory, and my research questions are ontological, my first cycle coding was different for each question and involved thematic coding. Riessman (2000) describes thematic coding as researchers' attempts to control meaning. I have the ontological

commitment as the narrative researcher of this study to shape each stage of the narrative inquiry (Caine, Estefan & Clandinin, 2013) and provide meaning to the participants' stories. One way I was able to gather more information is by writing memos, documenting personal reflections, impressions, and interactions with participants (Saldana, 2013). I have each of those recorded and saved in a password-protected document. During the interview, I tracked notes on my interview guide's electronic version and saved one for each participant.

My findings delivered background information about my participants, my coding strategies, and thematic analysis. I stated each theme, what they stand for, and supported the theme with evidence retrieved from the data, e.g., participant quotes in italics. To conclude, I showed how my findings address my research questions, presented the relationship between the themes or any conflicting stories, and created a table visualizing the relationship of the results (Saldana, 2013), which Merriam (2009) describes as the meanings or understandings of the patterns or themes of what the participants said. Merriam (1998) states, "our analysis and interpretation – our study's findings – will reflect the constructs, concepts, language, models, and theories that structured the study in the first place" (p. 48).

Qualitative research requires me to ensure the findings' confirmability by presenting findings that emerge from the participants' stories rather than from my preferences (Shenton, 2004). As I mentioned earlier, I used triangulation to ensure my research's confirmability (Shenton, 2004). Triangulation helped to reduce my bias and cross-examined the integrity of participants' responses (Anney, 2014). My study presents an audit trail that consists of my research design, implementation, participant recruitment (Appendix D), and data collection (Merriam, 2009). Also, my dissertation committee examined my methodology to ensure dependability. Anney

(2014) states that a qualitative researcher must seek support and scholarly advice from professionals such as academic staff or dissertation committee to improve the quality of the inquiry findings. Although my study's goal was to focus on the lived experiences of implementing consent in Georgia, should researchers seek transference, they should be able to do so. The key is articulating sensitizing concepts that show contextually situated interpretive dynamics (Christians & Carey, 1989). These sensitizing concepts, with a thick description of the phenomenon, should be transferable to similar contexts (Lincoln & Guba, 1985). Narrative research aims to study human lives and honor the lived experiences as essential knowledge and understanding (Clandinin, 2013). Ultimately, the participants' experiences in this study may not ever be duplicated. Still, the readers will have an in-depth account [of the experiences], and the information will be used in knowledge translation in the field of education (Clandinin, 2013).

Expectations

I designed this qualitative study, specifically narrative inquiry, to explore the leadership journey of educational leaders who implemented consent in the sex education curriculum in Georgia and a former student's experience with the sex education curriculum. This research method is used to inquire into narrative ways of knowing (Yang, 2011). Caine, Estefan & Clandinin (2013) suggest that the researcher should focus on the living, telling, retelling, and reliving the stories of experience. Specifically, I examined educational leaders' lived experiences and determined if they used the categories listed in Bass' (1998) transformational leadership during the curriculum transformation and if curriculum leadership were influential. The challenge was formulating reliable questions and providing an atmosphere conducive to open communication between me and the participants (Gubrium & Holstein, 2012). Based on the findings, I fostered a relationship and created a welcoming space for the participants to provide ample data.

Connelly & Clandinin (1990) describes an excellent narrative study as one that focuses on an individual and collects the individual's stories related to a societal issue using a chronology to retell the story. The narrative approach brings researchers and educators together to construct school experiences (Connelly & Clandinin, 1990). Using the narrative inquiry method, I wrote the stories showing what the implementation process was like for the educational leaders during the time of constant literature, policies, and law changes (Mitchell & Egudo, 2003). It is essential to point out that there may be confounding variables, which could be that transformational leadership behaviors are not the only leadership behaviors of the educational leader or that there was not a thorough review of the sex education curriculum before implementing change. I employed a narrative research design instead of a case study to answer my questions through a narration of my participants versus setting particular parameters for a bounded case study or studies. With a narrative inquiry, I expect the in-depth interviews with the participants will reveal their stories, yielding the raw data (Hoshmand, 2005), will determine if transformational leadership characteristics were involved in their curriculum adjustments or if curriculum leadership was influential in the curriculum adjustment, and lastly honor the lives of the participants.

These stories represent the data, which I present in my findings using Polkinghorne's narrative analysis (narrative mode of analysis) as a frame for themes that surfaced in the interviews (Polkinghorne, 1995). Below is a further explanation of the narrative mode of analysis. Polkinghorne (1995) states, narrative reasoning works by noticing the differences and diversity of people's behavior. It attends to the temporal context and complex interaction of the elements that make each situation remarkable" (p. 6). It pulls out the richness of the story and can be summarized as follows:

- It focuses on the events, actions, happenings and other data elements to put them together in a plot;

- It uses to-and-fro-, recursive movement from parts to whole of from whole to parts;

- It fills in the gaps between events and actions using a narrative smoothing process;

- It maintains that narrative analysis is not merely a transcription of the data, but it is a means of showing the significance of the lived experiences in the final story;

- It makes the range of disconnected data elements coherent in a way that it appeals to the reader.

- It makes the final story congruent with the data while bringing narrative meanings that are not explicit in the data themselves; and

- It emphasizes connotation and sustains the metaphoric richness of a story.

Thematic Analysis

I used a thematic analysis to focus on the language, collect stories and inductively create conceptual grouping from the data (Riessman, 2012). The results section are narratives of the stories directly from the participants' lived experiences, including specific wording to focus on their language. Wang & Geal (2015) believe the stories of the narrative approach allow the researcher to create a space for the participants to speak of their experiences without externally imposed constraints. I took these stories and, through the narrative framework, used the themes to story and restory (Connelly & Clandinin, 1990). "The responses to the questions of meaning and social significance that ultimately shape field texts into research texts (Clandinin & Connelly, 2000, p. 131).

4 RESULTS

The Center for Disease Control's National Intimate Partner and Sexual Violence Survey highlighted that approximately eighty percent of female victims experienced their first rape before twenty-five years-old. Almost half experienced the first rape before they turned eighteen years old. In addition, the survey emphasized that thirty percent of female victims were between the ages of eleven and seventeen years old, and twenty-eight percent of male victims were first raped when they were ten years old or younger (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). These published sexual assault data presents an opportunity for educational leaders to review their sex education curriculum and determine if sex education is the appropriate place to include information about sexual assault, consent, and healthy relationships. This narrative study explored the experiences and perceptions of three participants from one school district in the state of Georgia. The data is provided through their stories and retold using the narrative approach to highlight their stories regarding the inclusion of sexual consent in the sex education curriculum and its purpose.

Three participants were interviewed for this narrative study to determine how they came to experience sex education. This study reveals the perceptions of leadership when implementing consent in the sex education curriculum. The participants provided in-depth stories of their experiences regarding sex education in their district and the infusion of consent in the curriculum. True to narrative studies, this section honors the lived experiences of two educational leaders and one former student from a school district in Georgia. In an analysis of the demographics, the participants share authentic experiences and provide unique perspectives of leaderships' infusion of consent in the sex education curriculum in their district. After the data were collected, I used a coding system to determine emergent themes and thematic coding was used to analyze the data. Their stories offered these emerging themes and presented their perceptions of transformational

leadership behaviors and influence of curriculum leadership when leaders change the curriculum. The amount of time varied between the three participants, and therefore the narratives vary in length and description.

The study results indicate the participants perceived transformational leadership behaviors and curriculum leadership played a role in implementing consent in the sex education curriculum. Through the subsequent stories, data are supplied to support the perception of transformational leadership behaviors and curriculum leadership influence. This study also revealed the stories regarding the participants' experiences with the sex education curriculum in the county and state that mandates an abstinence-focused approach to teaching. The authentic voice of each participant is emphasized, and direct quotes are italicized. Interviews were transcribed verbatim, which shows the participants' word repetitions and some ellipses in the text, which indicate the pauses in their statements. Participants have been given pseudonyms, the school district is only described as county or district, and other identifiable information (e.g., direct job title) has been changed to protect their confidentiality.

The focus of the study is the participants' perceptions of leadership when reflecting on their experiences of sex education in their school district. Although most of the coding was inductive, the results of the behaviors were more deductive since the behaviors are supported by the leadership behaviors of Transformational leadership and Curriculum leadership are the study's framework. The results determined what leadership behaviors were exhibited by the educational leaders. Narrative coding allowed the following leadership themes to emerge regarding the district health educator's implementation of consent in the sex education curriculum:

- evaluated the curriculum

- provided training and resources for the teachers

- empowered teachers and students to voice and impart their wisdom on others

- motivated and influenced those around them.

Autonomy derived from the inductive coding as the participants shared how the leaders made micro-level changes to the curriculum changes without having to get the approval of the superintendent or the school board. The power of influence and awareness emerged as a theme, which supported the notion of a leaders' ability to utilize their knowledge to assess the needed curriculum changes and confidently share their knowledge to influence the district leaders to support the curriculum changes. This study highlights the leadership behaviors used for curriculum changes and how narrative research methodology supports the notion of the importance of understanding the participants, their stories, and how their experiences impact their thoughts and perceptions. In the following section, I will describe each participant and provide the overarching themes that emerged through coding.

Participant Introduction

The demographic chart of the study participants includes their name, race, gender, age-range, and position. As noted earlier in the study, the position title has been slightly changed to assist with the anonymity of the participants.

Name	Race	Gender	Age	Position
Chris Jones (CJ)	White	Male	Late 50s	District Health/PE Coordinator
Michelle Brown (MB)	African-American	Female	Mid 50s	High School Principal
Taneese Price (TP)	African-American	Female	Late 20s	Former District Student; Current College Student

Chris Jones (CJ) – District Health and Physical Education Coordinator

Chris was raised in Georgia and attended public school until his later years of high school, when he transferred to a Christian High School where they did not teach sex education.

With his great sense of humor, Chris began discussing his educational experience by sharing his primary schooling experience. *"I usually tell people I went to a log cabin school that I built myself, but I...I'm kidding."* He has a Bachelor of Science in Health and Physical Education from a college in his hometown and proudly stated how *"very, very good"* the physical education program was. Chris continued his education by obtaining a master's degree in leadership from the state university where he became a graduate assistant teaching physical education classes to undergraduate students. Once he graduated from graduate school, he was scheduled to take a motorcycle trip across the United States. He mapped out the entire trip but ended up not going because he received a call from a school wanting to interview him for a position. He was offered the position to teach physical education at an elementary school and accepted the offer. His commitment to teaching began early when he chose the job over his cross-country trip. Chris mentioned how he never took that trip but hopes it is still a possibility.

He did not stop at graduate school because he received an add-on certificate and eventually decided to pursue a doctorate. Unfortunately, he mentioned, *"I am one of those that did 'all but dissertation.'"* He mentioned the COVID-19 pandemic again by sharing, *"I have to admit when COVID started, I just decided that I didn't have the desire to continue and so… I actually had finished all my academic courses, and the only thing I had left was to, um, present my, my actual qualitative [study]."* He applied for his current position while he was in his doctoral program. He believes graduate school gave him *"a gigantic learning curve"* and he is uncertain about whether he would have gotten his current position had he not have all the knowledge he acquired from the doctoral program. *"I had gained so much knowledge about just curriculum and, and actually I was going for… a doctorate in curriculum."*

Once he took on his current role, his days and nights became filled with his job, and it became challenging to continue. COVID-19 came to the United States and it became even harder, so Chris and his family decided that he would step away from school because it was too difficult to manage all of the new demands and complete the doctoral program's final process. With his sense of humor, Chris says, *"who knows, I may go back when I'm 70 and get it." (chuckle)* Remembering an interaction with a colleague during a time he was still in graduate school, Chris recalls the colleague talking about his knowledge. "*He actually came to me right after I took the job, and he said, 'you're the most well-read person that I've ever met in my life.' He's like, 'it's amazing the people that you say, and you just pull these names, you know, bell hooks says this or Nottingham says this' and I said, well, you have to realize, I'm in a doctoral program, and that's all I do is read." (chuckle)* With years of coursework focused on curriculum, it seems clearer why Chris has the behaviors identified in the Curriculum Leadership theory.

Not only does Chris educate teachers and students in his district, but he happily teaches his son about life. He recalled a time when his son began dating. It was his first relationship, and he dated a young lady for a while, but eventually, that relationship ended. Chris's son initially did not share the cause of the breakup, and Chris did not want to be intrusive, so he did not ask his son. Six months later, Chris' son started to talk to him about why he broke up with his ex-girlfriend. His son stated that his ex-girlfriend had a shaky home life. Her mother and father argued a lot, and that made Chris' son extremely uncomfortable. He went on to say that they [Chris and his wife] never argued. Chris told him, *"We wait till you go to sleep. You know those bedroom conversations are a lot different sometimes than you're hearing, son."* Chris identified that his son didn't know how to handle that environment, and as educational leaders, "*We forget and think everybody was raised like us... in the households like us, that is not true."* His experiences

talking with his son about relationships and responses to them helps him shape the responses to the students who have similar concerns, but no one to turn to but the teachers.

Chris explains that to his teachers and uses that information when designing content for students and setting expectations. These leadership behaviors started early for him, and he remembered an incident with a staff member who commented on what students should know before they get to school. He recalled early in his teaching career being on breakfast duty for the students and a paraprofessional said, *"these kids know better and are misbehaving because they just want to misbehave."* Chris remembered responding to her that he believed the students did not know better. The paraprofessional did not understand what Chris was alluding to, so he proceeded to inform her that everyone was not raised the same and some of their students in the school were not raised like him or her. He gave an example that highlighted how some kids did not have to ever stand in line before, so they are learning from real time experiences. *"It's our jobs as teachers to show them and demonstrate the correct behavior, but do it from a viewpoint of understanding, love, and teaching."* He emphasized that if they all knew better, what was the reason for the teachers to be present. Chris does not know if he ever changed her mind on it, but he believes that students do not come from the same place as some of the teachers, and everybody's viewpoint and paradigm is different. Emphasizing that teachers must operate from a sense of care, he notes how important it is to try to *"Help each other up the mountain."*

Michelle Brown (MB) – High School Principal in the District

Michelle was born and raised in Georgia by two loving and supportive parents. She is very proud of being from her hometown and even decided to begin her career there to give back to the community that helped raise her. She enjoyed sports growing up and even coached basketball early in her career. Michelle acknowledged that basketball is a very physical sport and she

shared that it is important for student athletes to diversify their sport selections. After high school, Michelle went to an elite private university in Georgia and received a Bachelor of Arts degree with a focus in education. Once Michelle graduated from college, she intentionally started teaching math at an elementary school in her hometown. After teaching for two years, she went back to school to obtain a master's degree. *"After that, I went for my specialist…and then I did all of my coursework for my doctoral degree."* She taught at this elementary school for five years. After her elementary teaching experience, Michelle started teaching at a middle school for four years before becoming an assistant principal at the school for another six years. *"I was in that school for 17 years total, and then I became principal at the high school level, and I've been principal at the high school for eight years."* She is the principal of a Title I high school and has worked in education for twenty-five years.

Michelle recalled interviewing for her first job teaching job in the county and how the administration basically hired her on the spot. Although she has had some "ups and downs" with the Board of Education, Michelle has received support from her direct supervisor and area superintendent over the years and she is overall happy with the county she has worked for her entire career. Michelle has received many accolades for her role as principal and her exemplary leadership style. When asked if she remembered taking sex education while she was in school, Michelle responded, *"I think I can vaguely, it's been a while, but yes."*

Taneese Price (TP) – Former Student in the District

Taneese was born and raised in Georgia and attended the public school system in this county until her final high school year, where she transferred to a private school. Growing up, she enjoyed cooking and watching professional sports with her mom, but she expressly loves to cheer on the Atlanta Falcons. Taneese recalled having friends in middle school and high school

who experienced sexual assault, but not having the proper tools to address it. She mentioned how valuable sex education and believes the sex education curriculum should include information on consent to encourage student discussion on the topic of sexual consent sooner as a prevention method and not only focus on the basic human anatomy information. "*Many students, I would imagine, don't know what consent is, and so when you're approaching those, those kinds of sexual scenarios, you kind of find it uncomfortable to either draw a line or to know where that line is*." When asked if she talked about consent in her sex education class, she mentioned, *"No, I do not recall talking about consent at all,"* but she remembered from personal experiences how she did not know how to report things that happened to her and she identified infusing consent in the sex education curriculum is a way to help students.

After high school, Taneese attended a public university north of Atlanta. She enjoyed her experience and described it as a catapult to her interest in law school, particularly fair housing for people in need. Taneese knew she wanted to stay in Georgia, so during her senior year of college, she applied to law schools in Georgia. Taneese is currently a graduate student in law school who also works as a paralegal. Upon graduation, she plans to practice law in low-income areas. Among other things responsibilities, Taneese is a Georgia registered mediator and is actively involved in college leadership opportunities, which she believes gives her the power to influence positive change. Being the only student participant who is not currently an educational leader, Taneese provided an experience through a different lens.

Perceptions of Leaders' Implementation of Consent in Sex Education

Research Question: How does a district health and physical education coordinator, principal, and former student perceive the implementation of consent in their sex education curriculum in the state of Georgia?

Chris: *"We have to teach students how to learn, not what to learn."*

Even in the 90s… in the early 2000s, Chris highlighted that teacher leaders were just giving kids knowledge-based information that they could search on the internet. Chris acknowledged that students could quickly find pregnancy rates and other basic information if they typed it in the search bar on the computer. *"That's when I really started asking that we look at skills and we look at skill-building and building students' ability to make healthy decisions."* He wondered if students had decision-making and goal-setting skills and could advocate for themselves? Another question Chris pondered was if students had the ability to access valid information, knew what valid information looked like, and had the ability to analyze it? He reflected on conversations he had with staff members to determine how they helped students enhance their communication skills. Chris was adamant that all these skills fit within the health curriculum, but specifically within sex education and it was his job as a leader to amplify that in the lessons being taught to students.

When asked about the budget for the sex education curriculum, Chris mentioned it was through a grant, and he did not have to pay for the program. He acknowledged the importance of funding and was grateful that many of the services his district offered came from the grant or were free. Butler et al. (2018) highlighted several programs that fund sex education curricula, but they gave the spotlight to the WISE, a privately funded effort giving monetary resources to those who increases access to sex education, removes barriers, and highlights best practices. Chris highlighted the importance of using best practices and how they can help shift the curriculum. One shift that Chris considered a best practice is how leaders have to shift from training teachers to tell students what to think and give teachers the tools to successfully getting kids to learn how

to think. He understands that leadership is about making rational decisions based on values, desires, and goals. Chris is aiming to shift the curriculum to *"Teaching them how to fish."*

Michelle: *"I don't know how much that I could say besides that students possibly need more* [sex education beyond one week] *and more information should be shared with students* [sex education curriculum]*."*

During her second interview, Michelle was able to briefly recall what sex education was like when she was in school. She was sure that it was taught, but the content did not stand out to her. Fast forward to her time to educate children and she is not fully convinced that students are getting what they need from the curriculum. Michelle indicated that she understood the reasons behind the leaderships' curriculum structure and guidelines. Particularly, she understands why the leadership decided to use the script to support teachers and limit the incorrect information to students. Michelle does not support the limited content. This concern is based on what she believes students are faced with in current times, e.g., pressure to have sex, media. Michelle feels the district needs more sexual consent information designed in the curriculum and more time allotted to the delivery. She described the program as *"very quick… down and dirty"* yet believes that the curriculum does precisely what the district intended it to do, which she referred to as meeting the requirements of the state and staying in-line with the in federal funding for abstinence-focused sex education curricula. Michelle went on to indicate that abstinence is what schools are required to teach in one week, but, *"I'm sure that is not* [enough] *and they probably do need more time."* However, she stated that many students are sexually active, so she perceives the inclusion of consent to be necessary by stating *"Students possibly need more. Just because the world has changed overtime."*

Taneese: *"I think it's a matter of making sure that students are paying attention to information that is accurate and actually helpful and not just covering the bare bones."*

She was sitting in her class and noticed the boys around her, including her teacher. Reflecting on her sex education class from years before and how educational leaders designed the structure of the sex education class. Taneese recalled feeling uncomfortable at times with the structure of the class and the delivery of the curriculum content. Gender identity impacted Taneese's level of comfort and she desired more a gender bifurcation. She believed that *"Separating it to go more in-depth and then being able to have the students ask questions that they may not be as open to asking in front of male or female students…in front of opposite gender students"* would have been helpful way to have the structure support the content. Taneese also described the sex education curriculum as *"fairly censored",* and she mentioned the teacher would share *"typical things"* like how to put on a condom as well STD information. There would often be a substitute teacher and Taneese recalled they *"Would not have much content to share with the students because the teacher would not set anything aside to review."*

Taneese was not comfortable giving feedback, nor was it asked of her during class, which is the opposite of how Chris models his leadership behaviors. Chris values the student voice and figures out ways to use their voice to make the curriculum relevant to students and not just meet state requirements. Taneese knew she was required to take the course and she felt like her teacher was overall equipped to teach the content. Her concern was *"There were things outside his purview that he could not answer."* Kirby et al. (1992) remind of the importance of leaders having the ability to equip teachers who facilitate the sex education lesson properly by providing professional development and support. Taneese's high school sex education class taught her about sexual organs, but her undergraduate college sex education curriculum was more in-depth,

by talking about the *"inner-workings of the body"* including, *"secretions and the overall science of anatomy."*

Taneese's said her high school sex education class covered the basics and college went into a little more detail, but she still feels like consent and sexual assault information was left out of both experiences. *"I took another sex education class as an elective in undergrad and I don't recall talking about what is assault or what you do if you're uncomfortable in a sexual situation. Those kinds of things were never talked about."* Taneese shared that those topics were covered in her graduate program during orientation, but it was only a one-hour session. She perceives sex education in school to be necessary and highlights that educational leaders should be *"making sure that all students know what's out there and what comes with having sex and what they need to know before they partake in sex."*

Gilbert (2018) supports Taneese's thoughts because her research amplifies the significance of consent on student development by understanding affirmative consent and the impact of allowing pressure to be a normatively acceptable way for males to convince females to have sex as part of the courtship. *"G*etting people to talk about sex and looking at the sexual assault numbers [is important]. *In my life, I have met more women who were sexually assaulted than not….and usually most of them were pretty forcible. It's not like someone came to you like they were confused about what happened."* Taneese indicated that often, students think sexual assault involves a stranger and those topics may not involve them, but educational leaders know that it does involve them and should structure the curriculum to address the issues. When asked about the leaders who implemented consent in the sex education curriculum, Taneese stated, *"I would imagine um, leadership played a role. I feel like someone had to say, 'no, this needs to be included' and they started advocating for that inclusion and that's how it ended up being there."*

Perceptions of Transformational Leadership Behaviors During Implementation

Research Question: What are the perceptions of the district health and physical education coordinator and principal's transformational leadership behaviors when implementing consent in their sex education curriculum?

It was evident how Chris' experience in graduate school prepared him for his current position as the district health and physical education coordinator. He highlighted the experiences that he had during his graduate assistantship and the coursework as his foundation to understanding the importance of health education. He also learned how leadership plays a role in managing societal concerns and crises. Particularly with challenges like the COVID-19 global pandemic and its impact on education. Chris recalled how the 1918 Spanish Flu had similarities to what educational leaders are managing currently. He identified the challenge of getting people to wear masks by stating, *"So it's not, you know, when you look at it, [so different]. Well, there were individuals that did that then as well. I mean, some of the larger cities actually fined people and even put people in jail for not wearing the mask because people refused to wear masks."*

He reiterated that it is not just happening now, and that Americans always had a certain level of *"Independence that runs through us, and we push back on a lot of things."* We also discussed how the 1918 pandemic changed specific elements of education and how that will mostly likely impact leadership decisions with this current global pandemic. While educational leaders still manage reopening schools, adapting to the online learning environment or hybrid setting, they have made sex education a lower priority when compared to core subjects (SIECUS, 2021). Chris believes this is the perfect time for leaders to emphasize the value of health education in schools because the healthier students are, the less negative impact COVID might have on their

physical, sexual, mental and emotional health. He is using him knowledge and influence by making the necessary adjustments to the curriculum to educate students on the many different aspects of health and decision-making. *"If we say that all students deserve the best education possible, then we have to give him that and not leave out something just because it's tough."*

Chris is confident in his ability to make these changes and recalls that he has always felt prepared to educate and lead. *"I remember years ago I had a principal that said, 'you just got it.'"* Chris was referring to that *"It factor"* to leadership and he shared that many people study the health education content, but everyone cannot teach it well and everyone cannot lead their team to help elevate their abilities. This study examines two leadership components to identify if the educational leaders possess transformational leadership behaviors and if curriculum leadership was influential in the curriculum change. Although I did not ask him whether he thought he incorporated those behaviors, I framed the questions to determine if those behaviors could be attributed to his decisions. When asked if he provided his sex education teachers with professional development opportunities and resources, he initially referred to the health educator from the *Choosing the Best Way* program as a vast resource and mentioned a few developmental opportunities for teachers. Chris highlighted that he really liked that the health educator from *Choosing the Best Way* was very approachable. He and his sex education teachers connected with this health educator, and she answers all their questions. If the health educator thinks there is something that Chris needs to know, she will reach out to him and discuss her concerns or make suggestions for the teachers to help them improve the content delivery. Chris described how *"She's very open to helping them."*

From his experience, Chris found that representatives from *Choosing the Best* would correct technical issues for the teachers when they facilitated lesson in person, pre-COVID, and in

this virtual synchronous learning environment. Chris knows how much technical assistance helps with reducing the frustration of teachers and students while eliminating the barriers to online resources for students. *"I know tech support sounds weird since we're talking about teaching, but right now, tech support is so important."* He believes that it is his job to make the day's learning environment the best possible. *"You want that environment to be checked…and I actually had a technical issue this week and reached out to them, and they were right on it. I mean, within probably three or four minutes, I got a reply."* Chris also identified the importance of fostering a great working relationship with the *Choosing the Best* health educator so that his teachers get the best learning opportunities to do a premiere job. Chris's relationship exhibits transformational leadership behaviors by providing resources to enhance his teachers' performance and influence them to perform beyond their perceived abilities. He believes that teaching consent is about teaching students to think beyond what they see in the media, so Chris is constantly researching ways to help motivate his teachers with enhancing their pedagogical skills.

The health educator from *Choosing the Best* individual travels throughout the districts to help each teacher improve their pedagogy. Chris connects with the health educator at least once every couple of days about what is happening in his district, and he believes there is value in having a relationship with her. *"You know we just kind of connect, and even if I forget and it's been two weeks or so, she will shoot me an email and say, 'Hey, just wondering how everything is going,' and we just kind of built that relationship."* He recalls reaching out to her a couple of weeks ago when he had an issue even though he knew that she was off [of work]. His email to her said, *"I know you're off, but this is going to be waiting for you Monday."* He chuckled because when they talked on the Monday she returned to work, she laughed and told him that he sent her an email knowing she was off work. He said, *"Yeah, I didn't expect you to answer it. I*

didn't even expect you to see the email until Monday." Chris indicated that he put in the email, *"I hope you enjoyed your day off."* Laughing, he recalled, *"She picked on me about sending the email [chuckle]."* He reiterated how his connection with her serves the needs of his teachers better.

There was a time when Chris had his staff attended an evening virtual workshop. There were many people in the workshop, and his teachers began to direct message him, asking questions about what was being presented. He referred them to ask the other people in the workshop or their fellow teachers. *"I'm like, ask the group…don't ask me because there's 1000 people on this call with awesome perspectives! Don't just ask my perspective. Ask all these other teachers that are in the classroom, and so they've already thought about those things that you're thinking about."* Chris's response to the teachers aligned with transformational leadership that supports intellectual stimulation by encouraging the teachers to think for themselves while challenging them to obtain different perspectives to information. In addition to workshops, Chris guides his teachers to research information online but warns them to use valid and reliable sources.

He shares some valid resources like the RAINN organization and RMC Health because they have information about consent and how teachers can incorporate that information in their lessons. *"RMC Health is a really great organization for building health skills and breaking down the health skills into teachable steps, and so that helps…and I've actually reached out to a different organization even though we're not going to use them right now, because, they are really basically a competitor with Choosing the Best."* Chris reached out to them to find additional support like their teen summit and other resources they sent to him and his teachers via email. *"In fact, they had a Q&A with teens and parents last Wednesday, I believe."* Chris shared that the Q&A was after hours but indicated how important it was for his teachers to sign up and let

their students know about it so they and their parents can attend. He identified that this is especially important because many of these learning opportunities happen even when they are not in the sex education classroom. *"If there's something out there, we kind of try to keep it in the forefront and give it to our students so that they can take it and share it with their parents."*

Since Michelle has been recognized for her excellent leadership style, she is aware of the behaviors that constitute transformational leadership. She recognized Chris' role as the district leader in relation to the sex education curriculum. Although she could not remember a lot about sex education early on as an elementary school teacher, as an assistant principal, she remembered that students would take physical education for one part of the semester and health for the next portion. Michelle believed the district leaders designed the sex education curriculum to have students alternate each area to cover both subjects. She showed how the district leaders incorporated support for her teachers, which showed leadership behaviors of intellectual stimulation and individualized consideration. *"They* [district leaders] *know more than we do and have more insight, so teachers know they* [district leaders] *are just a phone call, text, or email away* [receiving direct help and enhancing teacher skills].*"*

The sex education curriculum was designed to be in the health section of the course, and *"teachers went by a script so that everything was right there in from of them in black and white and they were asked not to deviate."* Michelle believes this method may help them teach the subject matter to students without getting into areas that were not familiar to them or maybe too controversial. She recalled that there had not been a change in the teaching method in fifteen years. The script is still given to teachers as a resource for teaching sex education for one week out of the full semester. When asked about the curriculum they used, Michelle pondered and said, *"I guess it's called Choose your Best Journey."* If her teachers ever had questions or needed

resources, Michelle acknowledged that Chris and his staff were available to supply the information they needed. Still, there is a communication process she designed for her teachers. *"They will come to me first, and if there's something that I cannot answer or find the answer for, then we can move forward with them copying me on an email that they may reach out to the district health coordinator."* Michelle believes this structure will support her teachers by getting them the necessary resources yet keep her in the loop.

> *I don't ever want to be blindsided by someone sending me something from the district level stating that one of my teachers has inquired about something, and it didn't come through me. Not saying I know everything or that I want to be involved. I do want to be involved. It's just that if I don't know the answer, give me an opportunity to at least see if there is someone that I can reach out to…and then if not, I'll always say, listen, go ahead and send the email, but copy me on it because I want to make sure that whoever they are sending it to knows that I have an interest as well.*

Michelle framed this as a team approach and noted that it helps more than just the teacher asking the question. In her experience, although she asks the question, more likely than not, other teachers have the same query. Her mantra is *"one goal, one vision"* and tries to ensure that the teachers do what is in their students' best interest.

Taneese was not as familiar with the curriculum process's inner working process and could only talk about her experience on the receiving end. She offered a different perspective on what she saw happening and what could be done to help enhance the sex education experience. When Taneese thought about how leaders implemented consent, she recalled them getting parental consent, which she thinks is necessary. *"Yeah, I don't…so I don't see it as too huge of an is-*

sue. Um, for the simple fact that maybe the parents may want to address it first." Taneese believes that informing parents gives them an idea of what will be taught in case they may want to teach their child about it first. She thinks this prevents their child from being completely taken aback and confused by hearing this information for the first time in school. She believes that informing parents allows them to possibly teach it differently if they wanted to or it would prevent someone else from teaching it all together.

An analogy Taneese used to support parental notification is the field trip permission form. She shared that schools would not take kids on a field trip without asking parents to sign a waiver, so notifying a parent that their child would learn about personal information like sexuality and STDs would be problematic. *"They probably don't want their child coming home asking questions about things in the curriculum and wonder where they got them from. I'm pretty sure that a lot of them will be fairly enraged if they have kind of gotten that information secondhand from their child, who has no idea what it is, especially in that short amount of time of the lesson that they're getting."* She does not remember many students opting out of taking the sex education class but is appreciative of the parental consent portion. Chris used his motivational and individualized consideration behaviors by including the parents in the discussion, providing information beforehand, and keeping the lines of communication open with parents. This method raised their interest in the sex education curriculum and built stronger relationships with them.

Taneese thinks including consent is a necessary topic for the sex education curriculum. "*Many students I would, I would imagine, don't know kind of what consent is, and so when you're approaching those, those kinds of sexual scenarios, you kind of find it uncomfortable to either draw a line or to know where that line is."* Taneese highlighted the importance of knowing how to report when something happened to you or even having the ability to know that

something happened to you. She feels like students end up so confuses trying to figure out what happended to them and who to talk with about it. "*If I don't, if I don't know, like who do I talk this out with to figure it out?*" Taneese applauds the leaders' infusing consent in their sex education curriculum. She thinks getting parental support for the sex education curriculum changes is helpful and suggested the PTA as a good avenue to present ideas. Being realistic, she would not have suggested that when she was growing up because the meetings' excellent timing would interfere with parents' work schedules, and everyone could not attend a 6:00 pm meeting.

Now, with everything being virtual, she believes it allows for more parental involvement and feedback. Taneese suggested having online meetings for parents and utilizing the meeting to introduce them to the updated content or separate sets of meetings. *"Have like multiple meeting sets that parents could come to where you would let them know that in the state of Georgia, there are still teen pregnancies…still, STD's and STI's they want to prevent in the Atlanta area. There is an AIDS epidemic that you want to get under control and then tell them that doing that involves talking about sex and sex education with students and making sure that everyone is getting a semi-consistent message.*" Also, since sex education is only one week, Taneese believes that educational leaders should make sure they design the curriculum to have ample time to discuss all content elements and make it a requirement that all students be present for the class. She suggested having an alternate way of providing information to students who cannot be present so they still get the critical content they may have missed. Chris' transformational leadership behaviors of inspirational motivation and idealized influence allow him to value students' voice, have conversations with them about their experiences and curriculum suggestions as well as respond to their needs in an impactful way.

Perceptions of Influence on Developing the Sex Education Curriculum

Research Question: What are the perceptions of the district health and physical education coordinator's influence on the development of the sex education curriculum at the school or district level?

Understanding the importance of resources and professional development, Chris uses curriculum leadership to guide him when making the necessary changes to the sex education curriculum and pedagogical approach. Wiles' research on curriculum leadership suggests defining the vision and designing a comprehensive plan before implementing it. Chris's vision of developing a comprehensive sex education curriculum involves incorporating transferrable skills in the content and challenging students' social norms from generational standards and media. He identified how in movies like *"Gone With the Wind,"* the male character sweeps her off her feet and takes her, yet it never shows that she gave him consent. The influence of curriculum leadership allows Chris to build a collaborative environment that is open to change and inspirational to teachers, parents, and students to meet their needs.

He has identified the importance of communication with his parents, teachers, and students and has mastered using Google Forms because it provides an opportunity for him to receive feedback. Like Taneese, Chris understands that parents play a significant role in their child's life, so he created different communication methods. *"We've made a concerted effort to let our parents know that we are going to teach it* [sex education]. *We sent out permission letters this week, actually informing them, and you know, again, it's opt-out so that they can opt-out."* The teachers informed Chris that there were not many parents who opted out. To ensure a high percentage of feedback, Chris sent a second notice to parents, reminding them to look for the sex

education information. Again, because of the pandemic, he uses Google Forms much more as described it their main form of "*communication nowadays.*" One of the curriculum cycle steps is evaluation, so Chris is using the information from the Google Forms to evaluate the necessary changes moving forward.

Although he did not hear any complaints from students, parents, or teachers, Chris was mindful of the home environments students were in and was concerned that his teachers would share information that was not appropriate for all age groups. Due to the pandemic and the classes being virtual, Chris shared, *"Rather than being one room if you have a class of 35 kids, you have 35 classrooms. You know we're mandated by the state that we have to teach sex education, so we can't just ignore it, but what do those thirty-five classrooms look like?"* Chris knows that parents have multiple children, and his teachers share the appropriate sex education information to a ninth or tenth grader, but they may have a nine-year-old in that room with a ninth-grader. *"So, the teachers give a caveat at the beginning of the lesson that this is for the person enrolled in the class."* Also, they communicated to the parents in the permission letters that the sex education content is proper for the students enrolled in that class. Chris does not want families to be surprised by that information.

Being constrained by the pandemic and constricted by the state mandating sex education, Chris decided to have conversations with other people in the district and the state level. They have talked about the challenge of teaching sex education right now. Even with the challenge, Chris leveraged the importance of sex education and got more buy-in by framing the content's importance, especially in the pandemic. *"I would say that COVID has revealed to us that health and physical education are very, very important subjects…in particular because we're really talking about physical education from a health standpoint."* Chris believes that if we want our

children to leave school and be productive citizens, they must have healthy lifestyles and make life decisions that keep them away from risky behaviors. Sex education is an important topic that facilitates the necessary dialogue for risk reduction and effective citizenship. He emphasized that it is essential to talk about how sex education connects with our overall health. *"I tell my teachers that's really social-emotional learning because we talk about mental health, social health and physical health."* Chris believes that it also connects with increasing our ability to communicate with others.

Reflecting on curriculum leadership, Michelle believes that it is her job to *"Make sure teachers have the resources needed for their classrooms, to ensure success."* Part of assurance is empowering her school's department chair for health and physical education to help manage that area and prepare her teachers to have what they need to teach the class well. *"We have a great department, and they basically take care of everything that's sent down to them. I just want to make sure that they've received it."* Michelle believes the district leaders like Chris are necessary, and *"they know more than we do, have more insight because they are the experts in that department."* As the principal, she usually does not have a lot of questions for the district leaders, but noted, *"The health and PE teachers feel comfortable with… with the district leaders to answer any questions that they may have."* Michelle's perception of the district leaders' availability shows the influence of curriculum leadership by acknowledging the resources given to her department staff and teachers.

Although the state mandates that students receive sex education, Michelle has a team to ensures it gets done, but it is not a part of her daily duties as the school leader. She turns to her department chair, yet they keep her aware so that resources continue to flow. *"I may just look at it and pass it on to our department chair. Say 'hey, are you aware of this' and he'll say, 'yes, we*

are working on it at this time' or 'we have had professional development on it.'" As far as implementation and preparedness to start the sex education course, Michelle discussed the notification process. "*If I'm not mistaken, it was a letter that was sent home to the parents. The district sent the letter to our schools, and it was then distributed out to the physical education teachers.*" Michelle and I discussed the professional development available to the teachers to instruct sex education effectively, and she responded, *"Teachers follow the script, or we have some webinars basically annually before teaching the course. I think teachers seem to feel comfortable, and I think they feel comfortable because of the script, and there are some videos that go along with it with the curriculum, and again it's for only seven days."* Curriculum leadership involves communication through the implementation process, and Michelle identified that her staff and teachers are communicative with the district leaders and are always prepared to teach the sex education class.

When I asked Michelle if she ever wanted to change any element of the sex education curriculum, she at once shared, *"I'm going to be honest, I've never really inquired, so I cannot speak to that."* She does not believe change is needed, but she recognized that she never even asked to do so. She also believes that she does not have the autonomy to change the curriculum, even if she wanted to add a supplement to the lessons. Michelle thinks the sex education curriculum has not changed much over the years. *"Whether it's math, whether it's ELA or social studies, I think there are times that we will need to change with the things that are going on. Even with the curriculum right now, I think our teachers should be able to say more."* She attributes the structured lessons and the script to the state wanting to protect themselves and the teachers. Thinking about the curriculum change process, she discussed how that occurs with the area superintendent and school board, but she believes there is no need because the state and the board

have designed it how they want it to be. Michelle reiterated that one week of information to students about sex education is all-district is willing to cover but believes it should be more than one week of information. Chris is finding ways to offer more, and he is engaging with his supervisor and the superintendent to see his vision through. He uses his influence of curriculum leadership by defining his vision, designing a comprehensive plan that includes implementation, evaluation, and analysis. The themes below emerged from the participants' stories. They include more information around the exploration of educational leadership.

Codes and Themes

Twenty-four codes inductively emerged from the narrative stories shown in *Table 7.* The information in *Table 8* illustrates how the codes were aligned with themes, subthemes, and which participant provided data in that area. I used restorying throughout this research to present the participants' stories, which is considered the data. Restorying connects the data with the emerging themes and retells the story while honoring the participants' lives. This method takes aspects

Table 7

First and Second Round Coding

Create	Awareness	School Board	Change
Teaching	Communication	Review Process	Abstinence
Implement	Influence	Initiative	Inspiration
Media	Parents	Performance	Resources
Sex Education	Student Skills	Values	Religion
Teacher Struggles	Training	Student Voice	Pandemic

of the narrative and extracts the themes. I used the traditional problem-solution narrative research by defining the key elements like the settings, characters, actions, and resolutions. The subsequent themes highlight the participants' thoughts about their experiences with sex education and

how they perceive the implementation process. They also present a better insight on how the participants' experiences shaped their thoughts of leadership and implementation as well. The
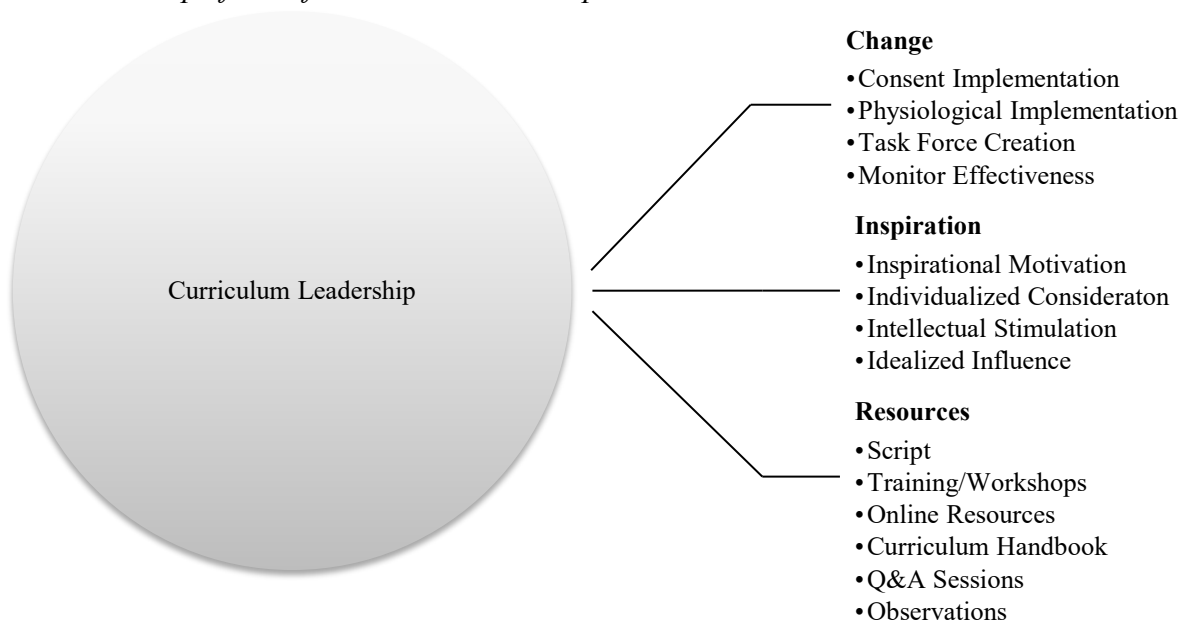
Table 8

Themes and Subthemes

Theme	Subtheme	Participant
Leadership	Transformational Leadership	CJ, MB, TP
	Curriculum Leadership	CJ, MB
	Autonomy	CJ
Implementation	Commitment to Teaching	CJ, MB
	Sex Education Curriculum Values	CJ, MB, TP
	Sex Education Curriculum Skills	CJ, MB, TP
Limitations	Teacher Struggles	CJ, MB, TP
	Parental Voice	CJ, MB, TP
	School Board Power	CJ, MB

themes are consistent with the literature that support the essential components of transformational and curriculum leadership as well as the barriers to including consent training. *Figure 5* presents the relationship of themes to the influence and actions of curriculum leadership discussed in the stories.

Figure 5

Relationship of transformational leadership behaviors in stories

Change
- Consent Implementation
- Physiological Implementation
- Task Force Creation
- Monitor Effectiveness

Inspiration
- Inspirational Motivation
- Individualized Consideraton
- Intellectual Stimulation
- Idealized Influence

Resources
- Script
- Training/Workshops
- Online Resources
- Curriculum Handbook
- Q&A Sessions
- Observations

Curriculum Leadership

The relationship of themes to transformational leadership behaviors derived from the data and

are shown in *Figure 6* below.

Figure 6
Relationship of transformational leadership behaviors in stories

Individualized Consideration
- Observation Meetings
- Direct Calls
- Professional Development
- Online Resources

Intellectual Stimulation
- Encouragement to Participate in Workshops
- Profesessional Development
- Encouragement to Use Resources Available
- Autonomy

Transformational Leadership

Inspirational Motivation
- Task Force
- Committee
- Question Bank
- Student Voice

Idealized Influence
- Group Member Needs
- Task Motivation
- Conversations Regarding Student Needs

Theme of Leadership

Based on the stories told by the participants, leadership is the core of this narrative research. This research shows how leaders' decisions framed the participants' experiences that were shared. Chris, Michelle, and Taneese presented their thoughts on the importance of consent being infused in the sex education curriculum. They have different experiences with the implementation, but never-the-less have identified that leadership plays a role and determines the implementation's success and limitations.

Subtheme 1 - Curriculum Leadership

The curriculum leadership theme has stories that include leadership actions like change, inspiration, and resources. The curriculum cycle involves assessment and support as well. These actions are illuminated in the participants' stories. Taneese reinforced her belief that educational leaders need to know the information provided to students and teachers are prepared. She highlighted, *"The same things need to be taught, and it needs to be checked to see if it is accurate."* Chris identified that they want to investigate and review their curriculum as it stands using the HECAT (Health Education Curriculum Analysis Tool), so that *"When it shows there are missing items or that items can be improved, then we can make sure we start with those items, so the new curriculum addresses that deficit."* Chris described the curriculum as "*a huge plate of curriculum,"* but he knows he wants to continue to build his team and keep them excited about the process. Michelle uses her department chairs to manage most aspects of the sex education curriculum and believes they do a good job working autonomously. If she needs to be aware of something or need her input or a particular resource, they will connect with her.

Providing resources is another component of curriculum leadership. Michelle talked about her teachers being well-prepared to teach sex education. She explained how she set up the

communication system should they need help or additional resources and how her department chair provided training and workshops for the teachers. Taneese felt like her teachers were equipped to teach her sex education class, but she was concerned that teachers outside of the sex education area were not aware of those resources and would not assist students if needed.

> *All teachers should know where to find the resources, and I feel like everyone from the bottom up in the school system should know the resources, know the topics…and not just one teacher that's going to be responsible for covering some of these things. If someone gets sent to the principal or assistant principal's office for resources, there should be others who know those resources as well.*

Taneese acknowledged that having implementing consent in the curriculum is a good thing, and she believes it took someone with leadership skills to say, *"This needs to be included, and they started advocating for that inclusion."* Michelle mentioned that leaders should *"have that team approach and just, you know, do what's in the best interest of our students,"* which is another aspect of curriculum leadership.

Teachers have one week to teach all the information included in the *Choosing the Best Way* sex education curriculum. Chris, Michelle, and Taneese recognized how critical preparation is for the teachers. If there are concerns, the answers and resources typically come from the district and the curriculum support. Taneese did not feel like she could talk with anyone about her concerns when she was a student. Still, since Chris has been a district leader, he has used his curriculum leadership influence to build students in the implementation and change process. Michelle thinks the state has decided what they want the structure to be, and they may not deviate from it. *"I guess they may have a little bit more insight than I do, even though I'm in the*

building with the students every day. I guess we have to go with what, you know, what their sug-

gestions are." She said she does not usually have any questions about the structure or curricu-

lum, mainly because it is mandated, but the health and physical education teachers may have

questions, and they know the district leaders are just an email, text, or phone call away. Michelle

thinks her department chair and teachers feel comfortable with the district leaders being available

to answer their questions and offer support.

Other resources for the sex education teachers are the script and videos that come with

the curriculum. Chris knew he did not want the sex education content to be *"value-laden,"* so the

script helps the teachers stay on content. Chris understands that students may ask questions that

are not in the script, so he has identified a way for teachers to place the question in a Google

Form, and they will get an answer for the student. It worked well last year, so Chris will present

it again this year. They are looking at building a question bank that teachers use to put questions

in or send Chris something directly in Google Forms. Either way, Chris said teachers would have

a resource to place the student's question in class and get an answer to take back to the student.

"*With the help of the health educator from Choosing the Best, we can look at those questions and*

then, for lack of a better term, vet them and then provide, you know, an answer."

Chris understands the system is not perfect, but he hopes all districts have something that

works for them. He emphasized how his supervisor always says, *"It's not about being perfect,*

it's about, you know…the process of evolution and growing and just trying to get better a little

bit every day." He highlighted that they will be faced with challenges and some of those chal-

lenges, and they will be able to answer some easy, but others will be trial and error. "*We're go-*

ing to stumble, and we're going to have to pick ourselves up, learn from our mistakes, and move

forward." The COVID-19 global pandemic has refocused him on not letting the perfect get in

the way of the good. *"You're always going to be able to find a reason not to do it, and so I tell my teachers a lot to do what they can do and not focus on what you can't.*" Chris's response is an example of the curriculum leadership and how he sets his goals, plans, monitors, reviews, and develops changes for the needed update and revisions to the curriculum and his plans.

Since consent was already in the curriculum when he arrived, Chris spent time figuring out ways to support the teachers and how they discussed it with the students, with it still being a relatively new topic. He wants teachers to have healthy and accurate conversations with students and make changes to the curriculum because they talked about consent in the classroom with the teachers. Chris trains the teachers to be able to discuss what constitutes consent and what does not.

> *Consent is ongoing, and it's not something where you consent on Monday, and then that consent works on Thursday. You know we talk about that 'cause basically, some teachers said to me that some of the students were saying, you know, something similar…saying, well but if you say yes on Monday, that means yes on Tuesday. So, they were saying, well, you know, we were having some conversations that were really about that and just look-ing at what consent looks like.*

As Taneese mentioned, consent was not in the curriculum when she was a student, but she sees the value in including it. Chris is looking at ways to enhance the sex education curriculum by adding more physiological information. He mentioned he has it on his calendar to talk with his teachers about it because he wants to add it this year. Chris is creating a task force and a survey to get feedback regarding updates to the sex education curriculum. *"So, we've already set up a process that we're going to do…like a snowball survey, and I do those things so that we can get student's voices. I've reached out to some research individuals that really have some expertise*

that I don't have on creating surveys and making sure we're asking the right questions." According to Chris, there are examples of programs that were not effective because they were adult-driven, like the DARE program. He understands that many leaders create curriculum with the best intentions, but it is essential to listen to students and get their knowledge and feedback.

His philosophy is that students are the ultimate client, and he plans to use student feedback in the next textbook adoption. *"That's one of the things that we're changing. The instructional framework that I'm looking at building right now is* [including] *that student voice piece."* Chris is committed to having his students involved in the curriculum development, and he knows that he can make these decisions because he has the support of his supervisor. Chris recalled having a conversation with his direct supervisor, who was very receptive to what he wanted to change. His supervisor referred to him as the expert and that he would be the one to tell her what is best. *"Even as far up as a superintendent, I can remember having conversations with the superintendent where we talked about sex education, and we talked about the pregnancy rates, instances of diseases, and things of that nature,"* Taneese suggested using the same tactics with parents in garnishing support for sex education curriculum updates. Chris feels like he has gained a lot from his conversations with those above him and knows that it makes a difference in updating the curriculum.

Subtheme 2 - Transformational Leadership

These stories have relationships with transformation leadership behaviors like individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence. Chris makes sure that he sets his teachers up with professional development and resources. He is scheduling several professional learning days and staff developments for the 2021 school year and will use the health educator from *Choosing the Best* because he considers her to be very

knowledgeable. *"If they change and do updates, they're really good about sharing that with the teachers, but one thing that I do is if I see something or I come across something, or I find information that I think can help teachers and it's from a valid resource, I will share it with them."* Chris understands that these resources help his teachers navigate sex education in the classroom because it can be intimidating. He works closely with the health educator from *Choosing the Best* to conduct one-on-one interviews with teachers, phone conferences, and watch their classes for observation purposes. *"We have a debriefing, and she'll tell me what she thinks and what could help."* This allows him to talk directly with teachers. In these discussions, they are sharing information with him as well. The examples above show Chris's transformation leadership behavior that includes idealized influence and individualized consideration.

The teachers share with Chris that students are asking specific questions in the classroom, so these conversations help give him a sense of what topics are on everyone's mind and how they can incorporate that into the sex education curriculum. Chris knows that including the health educator in the discussion can help aid the script's needed changes, so teachers have the appropriate yet meaningful conversation with students. As far as his discussions with the teachers, Chris feels like they have worked through things as a group, and that provides greater buy-in for the vision since he was not the only one to create it. Michelle mentioned the one-team, one-vision concept, which is an example of the inspirational motivation transformational leadership behavior. As far as his teacher meetings, he expects his teacher leaders *to* talk with other health teachers to get their feedback. Once they talk with them, they can return to him and let him know what the teachers feel is missing and what they need. Chris sees it as *"Two-fold because they're going to be heavily involved in doing that work, so it does help me with the work, but the other thing it helps is that it keeps me connected with what's going on in the classroom."* He believes

that one of the best things he accomplished this year was piloted a small group of health teachers at each grade level and met with them monthly to help him with *"The hard work like this instructional framework that we're working on."* As Hallinger (2003) notes, transformational leadership involves more of the team and less of the leader as the center of expertise. Chris utilized the meetings to help him understand their needs and give help that meets their professional needs.

An additional way to help teachers with their needs is by utilizing the standards and observations to help them improve. Chris emphasized the importance of being purposeful about observing teachers. He notes that one thing he had to learn was to not depend solely on his own beliefs from what he observed in the classroom but to ask the teachers what their beliefs and needs were. The transformational leadership behaviors would be considered individualized consideration and individualized influence. Since he has a connection with the teachers, he finds it very important that the teachers connect with the students. One of the ways he is pushing his teachers to connect is by using social-emotional learning. Chris believes it is more important now than ever with the COVID-19 global pandemic and students potentially feeling isolated. He believes this approach helps not only with physical health but emotional and mental health, and it fits right in with his vision of having it at the beginning of every class. There was a post-observation meeting he had with his teacher where he recalled telling the teacher to ask more social-emotional learning questions to check in with the students' well-being.

> *I asked them all the time, 'Do you not think that you don't make a connection with your kids? Because who do your kids talk to? Do they talk to your classroom, their homeroom teacher, or did they wait and come and talk to you?' When I say that, I can see them*

thinking, 'Wow, these kids DO talk to me a lot.' And I'm like, you know, that's really an

advantage in a way because sex-ed is so committed, so connected rather, to real life.

Chris believes that sometimes the support for his teachers is the easy part, and he loves it when

they incorporate the changes from his discussions with him, and he can see a difference two

weeks later.

During his discussions with his teachers, they also informed him that students talked

about Senate Bill 401, so they needed to identify how they would incorporate that into the dis-

cussions. Chris felt like those conversations around the bill helped when he mentioned adding

something new to the curriculum. He started hearing more about how people were talking about

it in districts throughout the state of Georgia. Chris reached out to the health coordinator from

the *Choosing the Best* program and requested *"something a little more robust."* They started

conversing and were able to deliver digital information for teachers to give to the students.

Subtheme 3 - Autonomy

Autonomy is a theme that emerged from inductive coding. Many of the stories involving

autonomy overlapped with transformational leadership as well as curriculum leadership. Chris

believes he has "*a lot of leeway in delivering consent because there's really not a lot of mandates*

in the learning standards." Since the only mandate is the abstinence-focused information, it cre-

ates an opportunity for districts to develop their curriculum however they see fit for their stu-

dents. While some school districts use the FLASH curriculum (SIECUS, 2021), thirty of the one

hundred eighty-one school districts use the *Choosing the Best* curriculum (McKray, 2018;

SIECUS, 2021). Although Michelle indicated that she did not think she would have the ability to

change the curriculum, she is aware of the process. She shared how she is a part of a high school

group of principals who bounce things off and share their concerns. She mentioned if they had a

problem that needed immediate change, they would take it to the department head. If they do not see any changes, they will communicate it to their area superintendent over that division. Chris knows the value needed changes, and he appreciates the autonomy he is afforded. He knows it is because of his relationship with his supervisor and her trust in his knowledge and ability. In their recent conversation, he brought up things about consent and sex education and how he wanted to do some things differently. He believes his task force and student input will help him present the changes to those above him and the school board.

In opposition to what Chris is proposing, Michelle discussed how teachers should not deviate from the script. *"You know, you would like to say that you would love for your teachers to have the autonomy to kind of speak on what they feel may be a teachable moment, but the nature of the course…sex education, I just think it's just best for them to stick to the script."* When he started working for the county, Chris mentioned that teachers told him how they were having consent conversations with students before it was officially in the curriculum because students were asking questions. This discussion reinforced Chris' philosophy of the importance of student's voices. Also, the difference in SB401 will require them to look at all the steps and add a program that will address more prevention and awareness of sexual abuse. This new program is in partnership with the counseling department in his district. *"I am looking to add that in the next probably 12 months. It will be constrained somewhat by funding and the fiscal impact of the pandemic and things of that nature, but we want to be where we are in the process of revising."* Autonomy is an essential factor of leadership and can affect curriculum updates.

Theme of Implementation

A successful implementation requires vision for change, inspiration, motivation, influence, which are some of the behaviors of curriculum leadership and transformational leadership.

The participants' stories exposed several subthemes to implementation that have a relationship to those behaviors.

Subtheme 1 - Commitment to Teaching

Taneese's experience is unique because she is the only student in the study, but she feels like the teacher's overall experience was good. Although she had issues with the curriculum, she believes her teacher was prepared to teach the course. Taneese feeling that way goes to show her teachers' commitment to teaching. Michelle believes in the importance of administrators getting together to make decisions about what will be in the students' best interest. She acknowledged that her teachers are committed to having answers for students, and she is committed to getting answers for them, which is why if she *"cannot or do not know the answer, they can contact the coordinator, but copy me."* Her teachers are committed and have been at the school for quite some time, so she knows they feel comfortable. *Mainly because the information they must teach is clear and concise in their l*eader guide that details teaching objectives, outline, plan, and optional classroom exercises and homework assignments.

Chris identified that *"it is not always easy, but if we say that all students deserve the best education possible, then we have to give them that and not leave something out just because it's tough." W*hen teachers notice something going on with the students and they have established a relationship with them, they use it as an opportunity to help students resolve the issue. Most teachers must decide if they should talk offline or call the parent. A teacher noticed how the elections affected students, so Chris talked with the teacher and shared how he could ask some things connected to the elections and anxiety, and the teacher agreed with him. Much of the teacher commitment is due to the leadership behaviors of their supervisors. The conversations with the participants divulged in their stories highlighted all four transformational leadership behaviors

used by the district leader with teachers like idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.

Subtheme 2 - Sex Education Curriculum Values

"There are many that clearly know what happened to them from their perspectives and feel open and being comfortable with telling people what they want during sex. Other people want to keep quiet about it as if the problem is going to go away." Taneese was adamant about the above statement and felt that people would be more open about discussing sexuality if we value the information enough to mandate that consent was included in the sex education curriculum. She felt like talking about sex and consent is just as important as discussing abstinence because students want to know. Her experiences made her believe that educational leaders need to do more than just teach about abstinence because abstinence is not the only way. *"For those who aren't abstinent, what about them?"* She believes that choosing to do more covers more people, more education, and more experiences. Chris trains his staff on the importance of not having a value-laden discussion with students about abstinence. He knows the state mandates abstinence-focused sex education through Title V and the re-authorization of the Title V State Abstinence Education Program (AEP). He believes the curriculum can share how abstinence is the most effective in eliminating STDs and teen pregnancy. Still, he knows that lesson may have negative implications for those students who are already sexually active.

Chris affirms the need for progression when it comes to implementing consent in the sex education curriculum. *"So, I think that it's really a more progressive, more realistic focus on the topic of sex and consent and what is good to know,"* As written in the limitations section, Chris identified that he had an issue during a textbook adoption meeting when the board considered the

suggested book too progressive. Taneese knows that Atlanta is progressive, but she feels every-thing around it is rural and conservative. All three participants discussed the impact of being in a southern state, or as the two educational leaders called it, *"bible belt."* They all understand how religious values play a role in many decision-making processes. As a student, Taneese has a dif-ferent perspective. She thinks that the focus on abstinence does not help and including consent could be something that would help people think about the impact before they engage in sex. Taneese does not think being abstinence-focused will make young people stop what they are do-ing or even be a part of their thought process because they will do what they want to do. She de-scribed a video she recently watched.

> *It was in India or somewhere, and very religious women were supposed to be covered up… and there was a woman who wasn't fully covered and had on her dress and every-thing. She talked about when you live a life that way, less reserved, men have the oppor-tunity to see a woman's face… her breast, her arm, and lust after her because they are not used to seeing her body parts.*

Taneese thinks the whole concept of abstinence and not overall health is why more people are more curious. She likens that to the fact they do not have the information to back it up, so *"Most people will have to experience it for themselves."*

Chris, Michelle, and Taneese think that people should know more about the topic of con-sent, especially before more people are harmed. Taneese presented an example of how people may process sexual harassment without being educated about it or feeling empowered to report. "*Someone maybe have said their boss was saying things to make me feel uncomfortable but acknowledged they had to work there…feeling like 'I need this job.'*" Taneese believes it is easier because people are more aware of concepts around consent and sexual harassment. They feel like

they will be more supported when they report it, and they can say certain behavior is not appropriate. She suggested that talking about consent in the past may not have been necessary because sexual harassment may not have seemed to be a big thing that people cared about. It did not seem like a topic of issue, and she thinks that people learn more about it as they get older and have more experiences. She noted that she did something similar by not thinking about it until she got older.

Taneese feels like some schools place value on educating males only about the responsibility to carry the protection when it comes to sex, and "*The stigma in sexual education kind of seems like it's on females cause in that they talk about the period.*" Taneese mentioned that she knows some people think that students at that age are a little too young to be hearing about that, but they hear about plenty of things at that point, and we should prepare them while there is time to learn it, so they do not have to have negative experiences. Taneese mentioned sex education is important for young girls at an early age, mainly because their menstrual cycle regularly comes every month. Also, there is pressure with communities for females and males to start having sex earlier, and we should do things in advance before they get into trouble and make decisions that impact their lives forever.

When asked when sex education should be presented to students, Taneese said she thinks sex education should be taught around the fifth or sixth. Chris knows that there are administrators who may think that age is too young. He recalled an adoption committee meeting where one book caught the attention of the committee and said, "*Well, you know I wouldn't have my 5th grader read this.*" Chris said that many people commented about the content being age-appropriate and how some "*thought the book was a little too…liberal to be honest.*" From a student's perspective, Taneese believes that "*At that point, by the time you get to class, some people have*

already had sex." She felt concerned about the message that sexually active students were receiving and about the school's confidential resources when they need help or to talk with someone to get more information. For example, she wanted to know, "A*t what point, if you're uncomfortable in a sexual situation, do you do?"* Taneese sees the value in having this information for students. Michelle believes that having consent in sex education is an improvement in the curriculum, and it is needed more now than ever before. "*We haven't had really much pushback at all. I could possibly agree that [infusing consent] is shedding light on a phenomenon, but I think it's* [one week] *just enough to get by."*

Subtheme 3 - Sex Education Curriculum Skills

Chris divulged that teaching consent in sex education shows students the skills they will need throughout life, like advocating for themselves. He believes it should be interwoven with everything mental, social, and physical health. Although he knows it may be scary at times and is a private thing, students may not want to upset their parents, and we must support them. He knows they are young adults who are already struggling with their identities. They are trying to build their character and identify what values they will hold as principled values. Chris believes educational leaders must understand what students are going through and help them on the road to being better. *"You now have the opportunity to teach those skills within sex education, and then you have the medical aspect of it with discussing having a disease and the repercussions to occur based on your sexual activity… so that is important."* Michelle agrees that it is important for students to know what consent is *"…and for them to be able to say, yes I consent or no, I do not."* She believes that teaching students, whether male or female that *"no means no"* is something they need to know. Chris shares a similar sentiment because he emphasized that *"when the talk about consent comes up, um, talking about boys or men consenting is just as important as*

girls and women consenting because men can get in those same situations." Chris describes consent in the sex education curriculum as a form of risk prevention as well. He notes that it has skill-building elements and gives students the ability to make healthy decisions, goals setting, advocate for themselves, and have access to valid information.

Another skill-building area can discern what is real or not. Chris adamantly shares that the media is influential in student decision-making. Hence, the sex education curriculum offers something that challenges and counters what students are seeing and hearing. He wants students to know what consent looks like in real life versus media and other things and how peer pressure and alcohol and drugs factor. *"We need to look at what consent looks like and what it does not look like to give some sense of balance to students."* Chris shared that students need to know that consent is about communication, and it must happen every time and be ongoing. Chris believes these skills will help students and future generations.

Theme of Limitations

Although there are some benefits that come with infusing consent in the sex education curriculum, the participants' stories identified some of the limitations these educational leaders faced during the process of making curriculum changes. One of those limitations is teacher preparedness or willingness.

Subtheme 1 - Teacher Struggles

"It was a bit uncomfortable when it came to asking questions, because there may be questions that he wouldn't know," described Taneese. Although she felt like her full-time teacher was prepared, she is sure the substitute teachers were not ready. Sh*e* shared her thoughts when asked about things related to gender. Chris noticed one of the struggles, not just in his district,

but across the United States, that the middle schools and high school teachers of health and physical education often get hired because of their coaching ability and not their ability to teach the health content. *"They get hired to be a football coach or a basketball coach, and I've actually had these conversations with my teachers.... and they have to learn the craft of teaching."* Chris understands that it takes time, and it requires educational leaders to take it one step at a time with consent and sex education. He recognized that a lot of times, it is the teachers who are uncomfortable teaching it.

Michelle believes that the script helps teachers not deviate, and it guides them to cover only the items the district wants to be covered. Chris has a teacher who struggled with the script and remembered that the teacher *"wanted to add his own flair to it."* Taneese did not experience that type of sex education teacher and stated, *"I don't remember too many excited teachers. I usually remember those very, very well." (chuckle)* Based on Chris' experience, some teachers know the content well, but they struggle with how to teach the information to students.

> *So sometimes you can know all the teaching theories but putting them into action in a classroom are two different things…. you can actually know it, and it can still be a constant struggle. I see it a lot, and I know I've had conversations with teachers about this. It is the struggle between content, knowledge, and pedagogy.*

Another struggle Chris has seen is district leaders' lack of desire to have consent in their sex education curriculum. This apathy may trickle down to some teachers and how they do not see adding consent as a *"valid piece of the learning rather than just something to mandate."* Chris was referencing SB401 which is the law that mandates educational leader to include annual, age-appropriate sexual abuse and assault awareness and prevention education in the curriculum in grades K–9.

Subtheme 2 – Parental Voice

All states do not mandate their educational systems to teach sex education. For those states that require sex education, parents can opt-out of those lessons so that their student does not have to participate. In Georgia, the course is a one-week course, so that means those students would need an alternative lesson for that week of their health education class. Whether parents have their students take part or not, they still have a voice in the curriculum's content. When additional information is being implemented, parents play a role and have a voice. Michelle recalled her experience with parents when she was a principal in middle school.

> *We did have parents who did object to their child taking… taking the course, so you know from middle school that it wasn't so much of a requirement. You know what… they didn't have to opt-out of taking health, they just had to opt-out of taking sex ed, so they would miss that week of lessons. It wasn't that many parents… maybe 2 or 3%, did not want their child to be taught sex ed in school.*

Chris has experienced conversations with parents who wanted the school to talk with their students about sex education and some who felt it was a little too progressive. Although some felt the curriculum was too progressive, there was a low number of parents opting out as well. As far as the content, Michelle believes the district is appeasing all its stakeholders by providing sex education but not mandating too much. *"I think if it was any more that they wanted them to know, it was more so for their parents to teach them."*

From her experience, Michelle suggests not doing more and sticking to the script because she has experienced students quickly tell their parents about the classroom discussions. Due to the COVID-19 global pandemic, Michelle mentioned how more parents listen to almost everything that a teacher says and does. Even though she has not experienced it and has not been a

problem for her teachers, she knows that if a parent has an issue with the curriculum or class discussion, they may call and categorize the teacher as disrespectful. Taneese's mom never had to call the school, but she did have to answer outstanding questions Taneese had regarding her sex education class.

Subtheme 3 - School Board Capacity

The participant stories show how the school board plays a role in implementation as well. Although autonomy was listed as a leadership theme, Chris and Michelle shared in their stories that any significant changes need to go through the board. Chris mentioned that he wants to create a committee to review the sex education curriculum as part of their policy procedures. *"My hope is to ask the board if we can pull together a committee to review the sex education curriculum to ensure we are following state procedures."* Chris shed light on the board's power by highlighting that the board can agree or disagree with the committee's opinion on the curriculum. The process is similar to the textbook adoption and any other curriculum decisions, where they can say, *'I know you said you wanted textbook A, but we want textbook B.'* Michelle mentioned something similar. She stated that since sex education is a state mandate, any significant curriculum changes need to go through the school board. *"You know, once we make a decision and it's, you know, approved by our area superintendent, then he may take it to our superintendent, and then if it's statewide or state required, then, of course, you know it may have to go toward the board and then from the board it'll go…definitely to the state."*

Chris shared his process for getting a book approved through the textbook adoption committee and the board. He said the board does not want you to go through a textbook adoption with them because they want to oversee the process. When he had to supervise the adoption committee a couple of years ago, he did not make any statements. He presented the material, had

the vendors present information if they were willing to, and prepared a rubric for everyone to use. Everybody had the opportunity to review it. Chris did not give any input or say his opinion because he did not want to drive anyone's decision. He wanted them to be honest and say what they felt about the book. As they come to mind, Chris has been talking with some other individuals about some curriculum additions, but he must go through the school board process before he adds anything.

<h3 style="text-align:center">The Power of Influence and Awareness</h3>

This research presents stories of two educational leaders from the same district and a former student from that district through triangulation of the in-depth interviews, transcripts, documents, and notes. These stories present an internal view of the participant's perceptions of implementation and influence on development. Chris, the main participant, and district leader implemented a change in the sex education curriculum and shared many stories of his experience maintaining existing programs and developing new ones. He discussed the importance of stakeholders and their impact on the curriculum. Michelle, who serves in a leadership capacity at her school, shared her stories of assisting with implementing the new curriculum information by sharing the information that Chris' district team has provided to her department chair and teachers. She is transparent when she notes there are barriers to the change process. Taneese, a former student and current college student, reflected on her experiences with the sex education curriculum in her former school district and shared her thoughts on the implementation process. Their stories supplied the data resulting in the overall power of influence and awareness.

Chris spent many years studying health education and identified what changes needed to occur in the sex education curriculum. He pinpointed that he could not make any unilateral decisions regarding the changes, so he created relationships with stakeholders to assist him in the

process. Working with students, the curriculum director, superintendent, and school board, Chris understood that much more could be accomplished together. His knowledge of the subject matter and awareness of the process allowed him to be influential insignificant spaces. Michelle was aware of his expertise and identified him as a resource for her staff. Although he was not at the district when Taneese was a student, based on her thoughts about sex education in the curriculum, she would have appreciated his inclusive leadership style based on what she shared about her experiences. The study results highlight how the participants perceive the role curriculum leadership and transformational leadership played in implementing consent in the sex education curriculum. Lastly, *Figure 7* shows a comprehensive view of the theoretical framework of the data.

Three overarching themes emerged with additional subthemes in this research. The state of Georgia mandates abstinence-focused sex education, yet educational leaders are left to determine how they will deliver this content to students. As identified in the themes, the study participants perceived educational leaders chose to augment the curriculum by providing more than the minimum sex education curriculum requirements. Their experiences provided data to support that these leaders used transformational leadership behaviors, the influence of curriculum leadership, and autonomous actions to accomplish their goals. Although there were limitations, one of the themes highlighted the power of influence awareness of policy as a strength for leaders who desire to make changes.

Figure 7

Visual of the Theoretical Framework Connected to the Participants' Stories
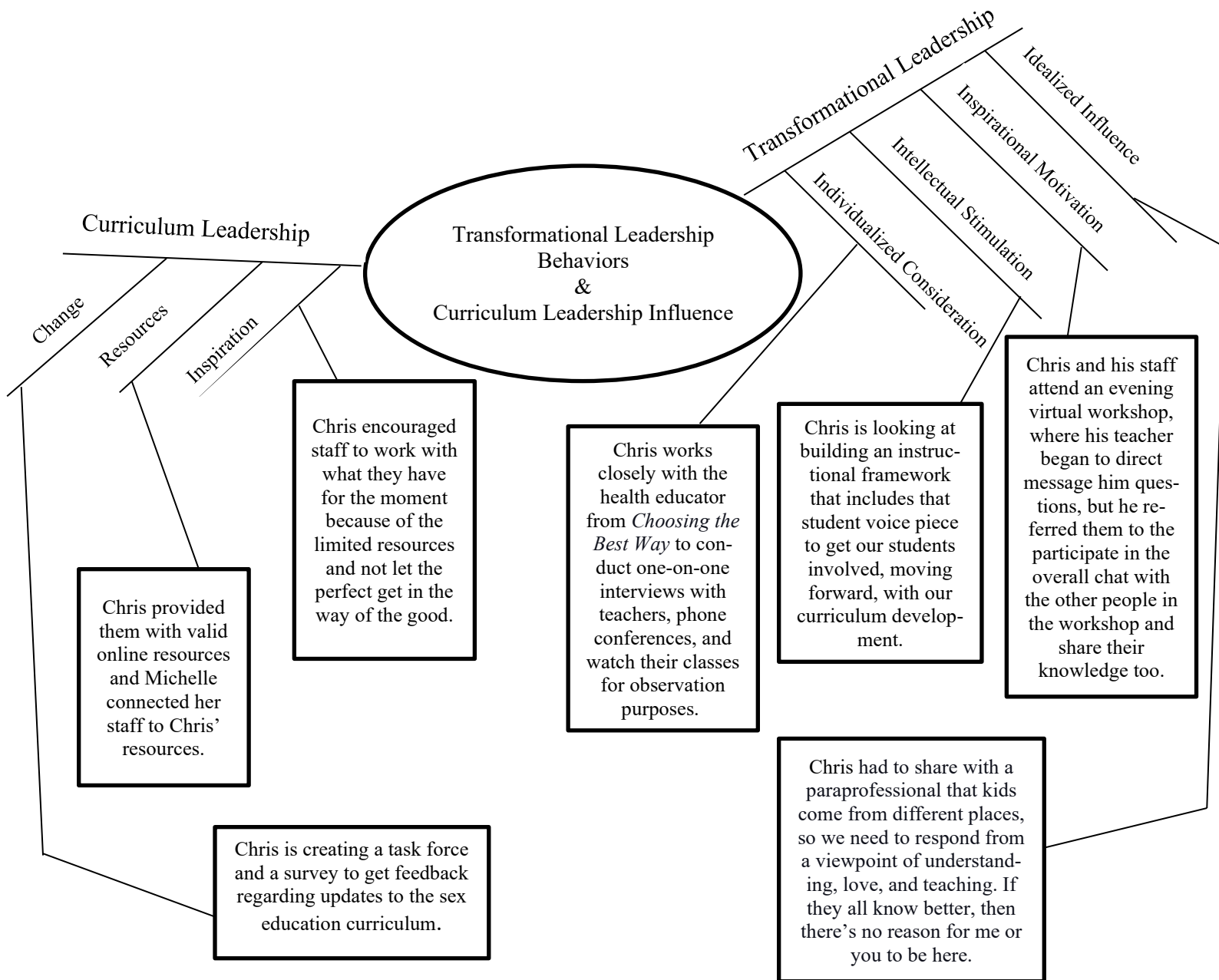
5 DISCUSSION

There are data showing the high rates of sexual assault of school-aged children, and as a result, there are educational leaders who have decided to use the sex education curriculum as a sexual assault preventive method. This study presented data as restorying to share the participants' stories of their experiences and highlight the broader significance in narrative form. Chris, Michelle, and Taneese were the three participants from the same county with different experiences with the sex education curriculum. They conveyed stories that shaped their perceptions of transformational leadership behaviors. At the same time, consent was being implemented in the sex education curriculum and identified their perceptions of curriculum leadership's influence on sex education. Chris had the most experience with sex education and shared his thoughts from an early age to adulthood regarding sex education. He discussed the importance of subject-matter knowledge as well as awareness of the district's policy and process. Emphasizing how conversations with the key administrative personnel help initiate change, Chris gave examples of those conversations and discussed the importance of autonomy in implementation. Michelle's story reinforced the importance of knowledge and creating change when necessary. Taneese offered a different perspective. She highlighted educational leaders' impact on students, which was also articulated throughout Chris' story when he continuously acknowledged the importance of the student's voice. This research illuminates the importance of transformational leadership behaviors and curriculum leadership when making curriculum changes.

Although the participants had unique experiences, those experiences led to stories that created emerging themes from their perceptions of how educational leaders used the 4 I's from Bass' (1985) transformational leadership and curriculum leadership to establish new directions. Their perceptions are forged through their stories, which show the transformation leadership behaviors, which include:

- idealized influence – educational leaders gave a different perspective of student needs and asked the teachers to understand the student lens and be responsive to them

- inspirational motivation - educational leaders encouraged teacher and student involvement in the implementation

- intellectual stimulation – educational leaders challenged the teachers to answer questions during workshops

- individualized consideration – educational leaders gave direct attention, feedback, and professional development opportunities to the teachers.

The participants' perceptions of the influence of curriculum leadership were:

- Change – educational leaders decided to include additional information in the curriculum and create a task force to vet it.

- Inspiration - educational leaders used the 4 I's of transformational leadership

- Resources – educational leaders provided observations, online resources, workshops, direct meetings, and Michelle confirmed that her district lead and teachers are aware of those resources.

As the literature shows, some educational leaders use their leadership abilities to modify how sex education is taught to students. The curriculum leadership model emphasizes curriculum development at the school or district level (Lo, 2012). From the participants' perspective, Chris possessed curriculum leadership attributes throughout developing the sex education curriculum. Amanachukwu, Stanley, & Ololube (2015) describes an effective leader as one who can inspire, motivate, and direct in a way that achieves the organizational goals. Chris and Michelle found ways to inspire and motivate their teams to be their best, and they understood the value of a prepared team. As Hallinger (2003) points out, transformational leadership involves more of the

team and does not focus on the leader. An example emerged in this study when Chris encouraged his teachers not to rely only on his answers during a workshop but to seek information from other workshop leaders. Chris and Michelle emphasized the importance of delivering optimal service to students, and Chris even described them as the ultimate client.

Although Taneese did not furnish any stories about receiving optimal service when she was a student, she mentioned that her sex education teacher was equipped to teach the class. Transformational leadership has been used in most educational research (Hallinger, 2003). It proves to be a leadership model that consistently influences followers, organizations, and societies (Gummus, Bellibas, Esen & Gumas, 2016). Transformational leaders have a vision, and they use the vision to develop change (Hirlak & Kara, 2019). The results build on the existing evidence of vision and change actions by aligning with curriculum leadership. Hallinger (2003) points out the overlapping of transformational leadership and curriculum leadership.

 From a policy perspective, these findings present the reciprocal nature of how leadership impacts policy and how policies impact leadership. This can be observed from the communication structure, Michelle created for her staff to the district's policies for curriculum implementation and revision. Emergent themes from the stories included policy limitations and how curriculum leadership influenced the necessary curriculum changes. The importance of understanding leadership and change is that change requires a new system and new approaches (Eisenbach, Watson, & Pillai, 1999). The participants identified the need for a change in the sex education curriculum. Chris gave specific examples of how he employed new approaches to gaining support from his supervisor and the superintendent. He also shared his plans for navigating the policies and procedures designed for curriculum changes. Part of his plan included using teacher and

student voices to present the potential new direction of the sex education curriculum to the school board.

Implications

With consent implementation in the curriculum being such a new concept, the narrative approach to extracting data seemed to be the most effective way to research this topic. Chris, Michelle, and Taneese carved out time from their busy schedules during a global pandemic to share their lived experiences, both personally and professionally, with the implementation of sex education within their district. There were several implications highlighted in this study that solidifies the importance of the research.

Theoretical Implications

There is a gap in research concerning curriculum leadership and transformational leadership behaviors of educational leaders implementing changes to the curriculum, specifically sex education. Theoretically, the findings highlight how curriculum leadership is akin to transformational leadership because they offer a framework where leadership uses multiple sources and not just one single authority (Hallinger, 2003). For educational leaders, this will require a review of the current curriculum to determine if it is meeting students' needs. In addition, it requires a review of the resources provided for teachers and the space for an adequate communication flow of information.

There should also be an assessment of the training provided to teachers who teach sex education and a bottom-up approach to providing baseline information to all teachers and administrators. If students approach a teacher or administrator outside of the sex education department, they need to know more about consent and help students if they talk with them about an issue. Although Michelle used transformational leadership behaviors by empowering her departmental

staff to lead over the sex education curriculum, there seemed to be a disconnect with the curriculum's specifics since she is charged with many other requirements. Taneese believed all teachers and staff should receive resources regarding the subject matter, which would align curriculum leadership by providing training for teachers and administrators.

Policy Implications

This research presents implications for educational leaders, particularly practitioners and policymakers. School policies often derive from the senior-level administrators, politicians, or school boards. As explored in this research, sex education varies throughout the United States. Hall et al. (2019) focused on state policy on school-based sex education and supplied illustrative examples of policy statements for each system. Having an awareness of research throughout the country, state, and county will help educational leaders during the implementation process. Although Georgia has Title V and SB401, educational leaders must fill in the gaps outside of the mandates. This study drew attention to how an educational leader in Georgia used curriculum leadership and transformation leadership behaviors to guide his implementation of consent in his sex education curriculum while following existing policies and creating policies within his spectrum. Educational leaders who know how to draft a comprehensive plan, create a curriculum review committee, build the assessment, and present it to the superintendent and school board will be better positioned to meet the policy needs and accomplish their curriculum goals.

Chris mentioned that he wanted to create a committee to review the sex education curriculum as part of their policy procedures. According to the WISE Initiative, when creating new elements to the curriculum, it is helpful to have a supportive policy. Hall et al. (2019) presented data that guided educational leaders to include consent in their curriculum and their policy, which reinforces the point of training from the bottom up. Educational leaders have an obligation

to review their policies to provide the best learning opportunities for students and provide the best working environments. Moreover, this study highlighted the importance of including students in the policymaking process. Study participants echoed the disconnect of students from the process designed for them. Ultimately, education leaders will have to be the visionary leaders to make the necessary changes to the curriculum that involves innovative practices and progressive curriculum structures that meet all students' needs and aim for student success.

This study divulged that resources, funding, training, policy-awareness, and inspiration are all aspects of curriculum leadership. The state policy addressing sex education should include standard practices that support curriculum leadership and enhance successful implementation. As highlighted in this study, each school district decides the direction and approach to sex education as long as they meet the minimum policy requirements. Although each district has different student populations with different needs, Chris decided to enhance the curriculum by including consent and overall effective citizenship and decision-making. This approach may help to bridge the gap between what educational leaders deem necessary and actual student needs. Finally, this research highlights the perceptions of the participants. Some may feel that perceptions are not valid. Still, as shown in the research, participants were able to use their knowledge and influence on informing policymakers and administrators of the importance of consent in the sex education curriculum, which may prove highly impactful for student success.

Implications for Leadership Practices and Training

Relying on the knowledge of educational leaders is essential for overall leadership practices and training. This study presented leadership theory into practice, with the study participants sharing stories that can guide best practices. Although Michelle was able to describe the curriculum process change, she mentioned that she would not change it if she wanted to. She knew the position of the state regarding sex education, so she never thought to challenge it. As a

principal, Michelle controls much of what happens in her building, but there seems to be a huge power differential at the district level. Chris is at the district level, and he feels much more empowered to change elements of the sex education curriculum. He has autonomy and has implemented changes that do not require board approval, but he is drafting a more effective plan. These examples show the importance of having effective practices that support new perspectives on student needs while allowing leaders to feel empowered to initiate change at every level.

Many of the behaviors Chris exhibited should spark the discussion on leadership practices. Mainly his focus on student success as the driving factor for curriculum change. Chris mentioned how consent in sex education distributes decision-making skills for students and helps them become effective citizens since it is health-based. Including students in the process is another leadership practice that should be considered. Empathy is a positive quality of leadership, and as the research presented, it was a driving-factor for Chris' decisions. He listened to the students' concerns and knew changes were needed. Including students in the process and other teacher leaders who are generally not at the decision-making table provides the opportunity to create a space for innovative practices. To address Taneese's concern about bottom-up training for staff regarding responses to reports of sexual assault or harassment, it would be beneficial to discuss intervention practices, which can be established with training. As reflected in the research, offering resources, workshops, and professional development were crucial factors to readiness and preparedness. Educational leaders can create forward-thinking, creative, student-centered spaces by implementing practices and training that enhance the learning environments.

Recommendations for Future Research

As data show, sexual assault is a problematic issue in secondary education, yet there is not much research on prevention efforts for this age group. This research takes a deeper dive into

educational leaders' recognition of the statistics and decision to implement consent in their sex education curriculum as a risk reduction and prevention strategy. To implement changes to the curriculum, educational leaders must follow particular state and board policies. Since consent in the sex education curriculum is new, I designed this research to explore the phenomenon of the educational leader's lived experiences implementing consent in the sex education curriculum. The results include some causation on transformational leadership behaviors used when implementing curriculum changes. Since more research is undoubtedly needed on educational leaders' response to sexual assault prevention and risk reduction, this study may spark interest in more research on consent, e.g., quantitative study on the effectiveness of consent in the sex education curriculum.

Another suggestion for future research would be a case study comparing multiple educational leaders' behaviors from different districts or states who implemented consent in their sex education curriculum. This approach would have more causal data, but the study presented here provides a framework for that study. In addition, the participants' stories can catapult additional research regarding transformational and curriculum leadership behaviors and their influence on curriculum development. A comparative study on sexual assault data for schools with or without consent in their sex education is another avenue for research. As these data in the research provided, consent in the sex education curriculum is essential, but we do not have data regarding its efficacy. Finally, this research may springboard further research regarding leadership behaviors used during a crisis, e.g., COVID-19.

Educational leaders who would benefit most from this research would be principals, district leaders, e.g. superintendents, health education coordinators, as well as school board members and those at the department of education. The aforementioned leaders have the ability to

change the curriculum and meet the needs of the students. For example, the school board has input on the textbooks, online programs, and emergency safety procedures. Educational leaders are critical in improving student learning (Leithwood, Sun, & Schumaker, 2020). As research shows, student learning is directed related to student wellness. Jordan, Combs & Smith (2014) identified that more than forty percent of first-year college women experienced a sexual assault prior to entering college and these women generally began with a lower grade point average and earned lower grades during their first year of college. Leithwood et al. noted:

> While the sexual assault literature has not focused on grades per se, it follows that a woman suffering sequelae in the aftermath of a rape may experience cognitive impairment such that she is less able to concentrate, organize a set of facts, or remember details in the course of her studies. Depression or anxiety may diminish the energy a woman has to commit to academic work or decrease her ability to engage with other students due to social anxiety, shame, or embarrassment. (p. 20)

As this study presented, there is an alarming percentage of secondary students experiencing sexual assault. Although educational leaders are inundated with multiple state mandates that require much of their time and energy, this study shows the necessary time needed to help prevent sexual assault on campus as well as the leadership behaviors to institute those changes. Some educational leaders may believe most sexual assaults are adult-on-student assault, yet research shows for every adult-on-student assault, there were seven student-on-student assaults (Long, 2017). The number of states mandating sexual consent in the curriculum is increasing based on the desire to decrease the number of sexual assaults. From the fall 2011 to spring 2015, approximately 17,000 sexual assaults by students were reported to schools (McDowell, 2017). Within the aforementioned four-year period, the Georgia Department of Education maintained

student sexual assault data and reported that 607 incidents of either unwanted oral, anal, or vaginal rape and forcible intimate touching occurred during the aforementioned four-year period (Dunklin, Schmall, & Sirolly, 2017). Educational leaders are equipped with these data and can make it higher priority connected to student wellness and overall success.

Conclusions

Let me revisit our stories to support the conclusions. Chris Jones is a district leader who coordinates the sex education curriculum for the school district. He has identified the changes needed in the sex education curriculum. He has navigated the terrain to help students develop the necessary life skills through the curriculum and pedagogy. His knowledge and influence help him enhance the curriculum as well as support and empower the students and staff in his district. Based on Chris Jones, Michelle Brown, and Taneese Price's shared stories, they perceive the implementation of consent in the sex education curriculum as necessary for students. They acknowledged the difficulties of implementing the changes. Shown in *Tables 6, 7, and 8* are the stories that supported their perceptions of transformational leadership behaviors and curriculum leadership influence being present when implementing consent in the sex education curriculum.

Although the stories presented the transformational leadership behaviors, limited data were surrounding those behaviors relating to the principal implementing consent due to her limited interaction with sex education. This study does not definitively state that educational leaders need to have transformation leadership behaviors to implement changes in the curriculum effectively, but based on theoretical perspectives and previous literature, the findings shows that participants perceived transformational leadership behaviors and curriculum leadership to be factors in the successful implementations of consent in the sex education curriculum and will continue to be useful for educational leaders looking to move in new directions with their curriculum.

REFERENCES

Abbey, A., Jacques-Tiura, A., & LeBreton, J. (2011). Risk factors for sexual aggression in young men: An expansion of the confluence model. *Aggressive Behavior. 37*(5), 450-464.

Allen, L. & Rasmussen, M.L. (2017). *The Palgrave Handbook of Sexuality Education.* UK. Palgrave Macmillian.

Ali, R. (2011, April 4). Dear colleague letter. Washington, DC: U.S. Department of Education, Office for Civil Rights.

Anney, V.N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies, 5*(2), 272-281.

Antonakis, J., Avolio, B. J., & Sivasubramaniam, N. (2003). Context and leadership: An examination of the nine-factor Full-Range Leadership Theory using the Multifactor Leadership Questionnaire. *The Leadership Quarterly, 14*(3), 261-295.

Arthurs, J. & Zacharias, U. (2006). Sex education and the media. *Feminist Media Studies, 6*(4), 539-556.

Austin, Z., & Sutton, J. (2014). Qualitative research: getting started. *The Canadian journal of hospital pharmacy*, *67*(6), 436–440. https://doi.org/10.4212/cjhp.v67i6.1406

Barr, E. M., Moore, M.J., Johnson, T., Forrest, J., Jordan, M. (2014). New evidence: Data documenting parental support for earlier sexuality education. *Journal of School Health, 84*(1), 10-17.

Barth, R. (2005). Sex education in the public schools. *Virtual Mentor, 7*(10), 701-704. https://doi.org/10.1001/virtualmentor.2005.7.10.msoc2-0510.

Bass, B.M. (1998). The ethics of transformational leadership. In: Ciulla JB (ed) Ethics, the Heart of Leadership. Westport, CT: Quorum, pp. 169–192.

Bennett, S.M. & Dickinson, W.B (1980). Student-parent rapport and parent involvement in

sex, birth control, and venereal disease education. *The Journal of Sex Education, 16*(2),

114-130, https://doi.org/10.1080/00224498009551068.

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S .G., Walters, M. L., Merrick, M. T., Ste-

vens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey: 2010

summary report. Retrieved from: http://www.cdc.gov/ViolencePreven-

tion/pdf/NISVS_Report2010-a.pdf

Bleakley A. (2005). Stories as data, data as stories: Making sense of narrative inquiry in clinical

education. Medical Education. 39, 534-40.

Braus, R.S. (2000). *Writing Your Doctoral Dissertation: Invisible Rules for Success*. New York,

NY: RoutledgeFalmer Publications.

Brewer, G., Brown, M.B. & Migdale, M.J. (2007). The importance of appropriate sexuality edu-

cation. Washington, D.C; Center for Inquiry.

Brown, C. & Quirk, A. (2019, May 29). Momentum is building to modernize sex education.

Center for American Progress. Retrieved from: https://www.americanprogress.org/is-

sues/education-k-12/reports/2019/05/29/469886/momentum-building-modernize-sex-ed-

ucation/

Butler, S., Sorace, D.R., & Beach, H.K. (2018). Original article: Institutionalizing sex education

in diverse U.S. school districts. *Journal of Adolescent Health, 62*, 149-

156. https://doi.org/10.1016/j.jadohealth.2017.08.025

Caine, V., Estefan, A., & Clandinin, D. J. (2013). A return to methodological commitment: Re-

flections on narrative inquiry. *Scandinavian Journal of Educational Research, 57(6), 574

-586. https://doi.org/10.1080/00313831.2013.798833*

Castner, D.J. (2020). Translating the Implementation Gap: Three Versions of Early Childhood
Curriculum Leadership. *Early Childhood Education Journal,* 48**,** 429–440.
https://doi.org/10.1007/s10643-019-01006-7

Cherry, K. (2018). Erik Erikson's Stages of Psychosocial Development. Retrieved from
https://www.verywellmind.com/erik-eriksons-stages-of-psychosocial-development-
2795740

Christians, C. G., & Carey, J. W. (1989). The logic and aims of qualitative research. In G. H.
Stempel III & B. H. Westley (Eds.), Research methods in mass communication (354–
374). EngIewood Cliffs, NJ: Prentice-Hall.

Clandinin, D. J., & Connelly, F. M. (2000). Narrative inquiry: Experience and story in qualitative
research. San Francisco, CA: Jossey-Bass

Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland
spaces and tensions. *Handbook of narrative inquiry: Mapping a methodology*. 35-75.
Thousand Oaks, CA: Sage

Clandinin, D.J., & Huber, J. (2010). *Narrative Inquiry.* International Encyclopedia of Education,
436-441. New York, NY: Elsevier.

Clandinin, D. J. (2016). *Engaging in Narrative Inquiry*. New York, NY: Routledge Publications.

Creswell, J.W. (2013). *Qualitative Inquiry and Research Design: Choosing Among Five Ap-
proaches*, 3rd Edition. Thousand Oakes: Sage Publications.

Coker, A. L., Bush, H.M., Cook-Craig, P.G., DeGue, S.A., Clear, E.R., Brancato, C.J., Fisher,
B.S., Recktenwald, E.A. (2017). RCT testing bystander effectiveness to reduce violence.
American Journal of Preventive Medicine, 52(5), 566-578. https://doi.org/10.1016/j.ame-
pre.2017.01.020

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, 19*(5), 2-14. https://doi.org/10.3102/0013189X019005002

Connelly, F. M., & Clandinin, D. J. (2006). *Narrative inquiry*. In J. Green, G. Camilli, & P. Elmore (Eds.), Handbook of complementary methods in education research (pp. 375–385). Mahwah, NJ: Lawrence Erlbaum.

Division of Family and Children Services. (2020). Title V Sexual Risk Avoidance Education. Retrieved from https://dfcs.georgia.gov/services/prevention-and-community-support-section/title-v-sexual-risk-avoidance-education

Donovan, M.K. (2017). The Looming Threat to Sex Education: A Resurgence of Federal Funding for Abstinence-Only Programs? [Policy review]. Retrieved from https://www.guttmacher.org/sites/default/files/article_files/gpr2004417.pdf

Dunklin, R., Schmall, E., & Sirolly, M. (2017, May 1). Student Sex Assault Reports and How They Vary by State. Associated Press. https://www.ap.org/explore/schoolhouse-sex-assault/student-sex-assault-reports-and-how-they-vary-by-state.html

Eisenbach, R., Watson, K. & Pillai, R. (1999). Transformational leadership in the context of organizational change. *Journal of Organization Change Management, 12*(2), 80-89. https://doi.org/10.1108/09534819910263631

Formby, E. (2011). Sex and relationships education, sexual health and lesbian, gay and bisexual cultures, views from young people in. *Sex Education, Sexuality, Society and Learning*, 11 (3), 255-266.

Frances, R., Coughlan, M. & Cronin, P. (2009). Interviewing in qualitative research. *International Journal of Therapy and Rehabilitation, 16*, 309-314. https://doi.org/10.12968/ijtr.2009.16.6.42433.

Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]. Retrieved from http://www.futureofsexeducation. org/documents/josh-fose-standards-web.pdf

Ganji, J., Emamian, M.H., Maasoumi, R., Kermat, A. & Merghati, K.E. (2017). The existing approaches to sexuality education targeting children: A review article. *Iran J Public Health, 46*(7), 890-898.

Gannon, T.A., & Ciardha, C.O (2012). Psychological theories related to sexual violence and abuse. In J.L. Postmus (Ed.), *Sexual Violence and Abuse: An encyclopedia of prevention, impacts, and recovery*. Santa Barbara, CA: ABC-CLIO.

Georgia Coalition for Advancing Sex Education (GCASE) (2019). Retrieved from http://georgia case.org

Gibbs, G. R. (2007). *Analyzing qualitative data*. SAGE Publications, Ltd https://www.doi.org/10.4135/9781849208574

Gilbert, F.S., & Bailis, K.L. (1980) Sex education in the home: An empirical task analysis, *The Journal of Sex Research, 16*(2), 148-161, https://doi.org/10.1080/00224498009551070

Gilbert, J. (2018). Contesting consent in sex education. *Sex Education, 18*(3): 268-279.

Gilligan, C., Spencer, R., Weinberg, M. & Bertsch, T. (2006). On the listening guide: a voice-centered relational method. In Hesse-Biber, S. N., & Leavy, P. (Eds.), *Emergent methods in social research* (pp. 253-272). SAGE Publications, Inc., https://www.doi.org/10.4135/9781412984034.

Glesne C. (2016). *Becoming qualitative researchers: An introduction*, 5th Edition. Boston, MA: Pearson Education.

Grant, C., & Osanloo, A. (2014). Understanding, selecting, and interacting a theoretical framework in dissertation research: Creating the blueprint for your "house". *Administrative Issues Journal: Connecting Education, Practice, and Research, 4*(2), 12–26, https://doi.org/10.5929/2014.4.2.9

Gubrium, J. F., & Holstein, J. A. (2009). *Analyzing narrative reality*. Thousand Oaks, CA: Sage.

Gubrium, J.F., & Holstein, J.A. (2012). Narrative practice and the transformation of interview subjectivity. *Social and Cultural Sciences Faculty Research and Publications*. 41.

Gumus, S., Bellibas, M., Esen, M. & Gumus, E. (2016). A systematic review of studies on leadership models in educational research from 1980 to 2014. *Educational Management Administration & Leadership, 46(1), 25*–48. https://doi.org/10.1177/1741143216659296

Hall, W.J., Jones, B.L.H., Witkemper, K,D., Collins, T.L., & Rodgers, G.K. (2019). State policy on school-based sex education: A content analysis focused on sexual behaviors, relationships, and identities. *American Journal of Health Education, 43*(3), 506-519, https://doi.org/10.5993/AJHB.43.3.6

Hallinger, P. (2003). Leading educational change: reflections on the practice of instructional and transformational leadership, *Cambridge Journal of Education, 33*(3), 329-352, https://doi.org/10.1080/0305764032000122005

Harris, A. Jones, M. & Crick, T. (2020). Curriculum leadership: A critical contributor to school and system improvement. *School Leadership & Management, (40)*1, 1-4, https://doi.org/10.1080/13632434.2020.1704470

Harris, B. (2015). The History of Sex Education. National SexEd Conference. Retrieved from https://sexedconference.com/the-history-of-sex-education/.

Hellmann, J. (2018, April 20). *Trump admin announces abstinence-focused overhaul of teen pregnancy program.* The Hill. Retrieved from http://thehill.com/policy/healthcare/384208-trump-admin-announces-abstinence-focused-overhaul-of-teen-pregnancy

Hendricks, J.S. & Howerton, D.M. (2011). Teaching values, teaching stereotypes: Sex education and indoctrination in public schools. *Journal of Constitutional Law, 13*(3), 587-641.

Hilton, G. (2009). Personal, Social and Health education in: Cole, M. (eds) *Equality in the secondary school, promoting good practice across the curriculum.* London: Continuum

Hirlak, B., & Kara, E. (2019). Organizational change and leadership. *Studies on Interdisciplinary Economics and Business, 1*, 255-270.

Hoshmand LT. (2005). Narratology, cultural psychology, and counseling research. *Journal of Counseling Psychology, 52*(2), 178-86. https://doi.org/10.1037/0022-0167.52.2.178

Huber, V.I., & Firmin, M.F. (2014). A history of sex education in the United States since 1900. *International Journal of Educational Reform, 23*(1), 25-51.

Hoefer, S.E. & Hoefer, R. (2017). Worth the wait? The consequences of abstinence-only sex education for marginalized students. *American Journal of Sexuality Education*, *12*(3), 257-276. https://doi.org/10.1080/15546128.2017.1359802

Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Trauma, Violence, & Abuse, 15*(3), 191–200. https://doi.org/10.1177/1524838014520637

Jorgensen, R. (2012). Curriculum leadership: Reforming and reshaping successful practice in remote and regional indigenous education. In J. Dindyal, L. P. Cheng, & S. F. Ng

(Eds.), *Proceedings of the 35th Annual Conference of the Mathematics Education Research Group of Australasia*, 370–377. Singapore: MERGA.

Kenny, M.C. (2014). *Sex education: Attitudes of Adolescents, cultural differences and schools' challenges*. Hauppauge, New York: Nova Science Publishers, Inc.

Kim, J-H. (2016). *Understanding narrative inquiry*. SAGE Publications, Inc. https://www.doi.org/10.4135/9781071802861

Kirby, C., Paradise, L.V., & King, M.I. (1992). Extraordinary leaders in education: Understanding transformational leadership. *The Journal of Educational Research, 85*(5), 303-311. https://doi.org/10.1080/00220671.1992.9941130

Kirby, D. (2000). What Does the Research Say About Sexuality Education? *Educational Leadership, 58*(2), 72.

Kohler, P.K., Manhart, L.E. & Lafferty, W.E. (2008). Abstinence-Only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health, 42*, 344-351.

Kramp, M. K. (2004). Exploring life and experience through narrative inquiry in foundations for research. In K. DeMarrais & S. D. Lapan (Eds.), Foundations for Research: Methods of Inquiry in Education and the Social Sciences (Inquiry and Pedagogy Across Diverse Contexts Series) (103–122). Mahwah, NJ.

Lamb, S. (2013). Just the facts? The separation of sex education from moral education. *Educational Theory, 63*(5), 443-460. https://doi.org/10.1111/edth.12034

Law, E.H.F., Galton, M. & Wan, S.W.Y. (2007). Developing curriculum leadership in schools: Hong Kong perspectives. *Asia-Pacific Journal of Teacher Education, 35*(2), 143–159.

Layzer, C., Rosapep, L., & Barr, S. (2013). A peer education program: Delivering highly reliable sexual health promotion messages in schools. *Journal of Adolescent Health, 54*(3), 70-77.

Leithwood, K. & Poplin, M.S. (1992). The move toward transformational leadership. *Educational Leadership*, *49*(5), 8–12.

Leithwood, K., Sun, J., & Schumacker, R. (2020). How school leadership influences student learning: A test of "The Four Paths Model." *Educational Administration Quarterly*, *56*(4), 570–599. https://doi.org/10.1177/0013161X19878772

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. California: Sage Publications.

Lisak, D. (1991). Sexual aggression, masculinity, and fathers. *Signs: Journal of Women in Culture & Society, 16*(2), 238-262.

Lo, Y.C. (2012). Curriculum leadership in schools. In: Lam, J.T., Leung, A.W. & Lo, Y.C. (eds). Curriculum Change and Innovation. Hong Kong: Hong Kong University Press. 231–254.

Long, C. (2017, December 4). The Secret of Sexual Assault in Schools. National Education Association. https://www.nea.org/advocating-for-change/new-from-nea/secret-sexual-assault-schools

Malamuth, N.M & Hald, G.M. (2016). The confluence mediational model of sexual aggression. *The Wiley Handbook on the Theories, Assessment, and Treatment of Sexual Offending, 69*(2), 53-71. doi.org/10.1002/9781118574003.wattso003

McDowell, R. (2017, May 1). Hidden Horror of School Sex Assaults Revealed by AP. Associated Press. https://apnews.com/article/1b74feef88df4475b377dcdd6406ebb7

McKeon, B. (2006). Effective Sex Education. Washington, D.C., Advocates for Youth.

McKray, V. (2018, October 17). Consent joins sex-ed topics in some metro Atlanta schools. Atlanta Journal Constitution. Retrieved from https://www.ajc.com/news/local-education/consent-joins-sex-topics-some-metro-schools/uuDlCnqDkRuebMla9stjWK/

Merriam, J.R. (2007). Why don't more public schools teach sex education? A constitutional explanation and critique. *William & Mary Journal of Women and the Law, (13)*2/5, 539. Retrieved from https://scholarship.law.wm.edu/wmjowl/ vol13/iss2/5

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Merriam-Webster. Retrieved from https://www.merriam-webster.com/.

Mitchell, M. & Egudo, M. (2003). A Narrative Approach. Retrieved from https://www.webpages.uidaho.edu/css506/506%20readings/review%20of%20narritive%20methodology%20australian%20gov.pdf

Murphy, L., Mufti, E. & Kossem, D. (2009) *Education Studies: An Introduction*. Maidenhead: Open University Press.

National Conference of State Legislatures. (2020). State Policies on Sex Education in Schools. Retrieved from https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx

Ollerenshaw, J. A., & Creswell, J. W. (2002). Narrative research: A comparison of two restorying data analysis approaches. Qualitative Inquiry, 8(3), 329-347. https://doi.org/10.1177/10778004008003008

Onwuegbuzie, A. J., & Leech, N. L. (2007). Validity and qualitative research: An oxymoron? *Quality and Quantity, 41*, 233–249. https://doi.org/10.1007/s11135-006-9000- 3 Patt

Perez, M.A., Luquis, R. & Allison, L. (2004). Instrument development for measuring teachers' attitudes and comfort in teaching human sexuality. *American Journal of Health Education, 35*(1), 24-29.

Polkinghorne, D. (1996). Narrative configuration in qualitative analysis, International Journal of Qualitative Studies in Education, 8(1), 5-23. https:www.doi.org/10.1080/0951839950080103

Pop, M.V. & Rusu, A.S. (2015). The role of parents in shaping and improving sexual health of children – Lines of developing parental sexuality education programs. *The European Proceedings of Social & Behavioral Sciences, 209*, 395-401.

Rape, Abuse, and Incest National Network. (2021). What consent looks like. Retrieved from https://www.rainn.org/articles/what-is-consent

Reissman, C.K. (2008). *Analysis of personal narratives*. In Gubrium, J.F., & Holstein, J.A. (Eds.). Handbook of interview research (695-710). Sage Publications. https://www.doi.org/10.4135/9781412973588

Riessman, C.K. (2008). *Narrative methods for the human sciences*. Los Angeles, CA: Sage Publications.

Saldana, J. (2013). *The coding manual for qualitative researchers.* Thousand Oaks, CA: Sage Publications.

Santelli, J. S., Grilo, S. A., Choo, T. H., Diaz, G., Walsh, K., Wall, M., Hirsch, J.S., Wilson, P.A., Gilbert, L. , Khan, S. , Mellins, C.A. (2018). Does sex education before college protect students from sexual assault in college? *PloS one, 13*(11). 1-18. https://doi.org/10.1371/journal.pone.0205951

Saunders, B. Kitzinger, J. & Kitzinger, C. *(2015). Anonymizing Interview Data:* Challenges and compromise in practice *Qualitative Research*, (15)5, 616-632. https://doi.org/10.1177/1468794114550439

Schneider, M. & Hirsch, J.S. (2018). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence & Violence Abuse*, Published online. https://doi.org/10.1177/1524838018772855

Seeberger, C. (2019, May 29). Number of States Referencing Consent or Healthy Relationships in Sex Education Surges Nearly 40 Percent in the Past Year [Press release]. Retrieved from https://www.americanprogress.org/press/release/2019/05/29/470302/release-number-states-referencing-consent-healthy-relationships-sex-education-surges-nearly-40-percent-past-year/

Sexuality Information and Education Council of the United States. (2014). Guidelines for comprehensive sexuality education: Kindergarten through 12th grade. 3rd Edition. Retrieved from http://siecus.org/_data/global/images/guidelines.pdf

Sexuality Information and Education Council of the United States. (2021). The SIECUS State Profiles. Georgia's Sex Ed Snapshot. Retrieved from https://siecus.org/wp-content/uploads/2020/01/Georgia.pdf

Sexuality Information and Education Council of the United States. (2021). State of Sex Education Legislative Review. Retrieved from http://siecus.org/_data/global/images/guidelines.pdf

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63-75.

Silverman, D. (1997). *Qualitative Research: Theory, Method and Practice*. London: Sage.

Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018).
The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief
– Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Stanger-Hall K.F., Hall, D.W. (2011) Abstinence-Only Education and Teen Pregnancy Rates:
Why We Need Comprehensive Sex Education in the U.S. *PLoS ONE 6*(10), 1-
11, https://doi.org/10.1371/journal.pone.0024658

Statewide Longitudinal Data System (GA•AWARDS) (2019). *K-12 Public Schools Report Card*.
Retrieved from https://gaawards.gosa.ga.gov/analytics/saw.dll?dashboard

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

Summary of General Statutes Enacted at the 2nd Session of the 154th General Assembly of
Georgia (2018). Legislative Services Committee, Office of Legislative Counsel. [PDF
file]. Retrieved from http://www.legis.ga.gov/Legislation/20172018/18sumdoc.pdf

Swartout, K. M. (2013). The company they keep: How peer networks influence male sexual aggression. *Psychology of Violence, 3*(2), 157-171.

Teach Safe Relationships Act of 2015, S. 510(b), 114th Cong. (2015).

U.S. Department of Education (2020). U.S. Department Launches New Title IX Resources for
Students, Institutions as Historic New Rule Takes Effect. Retrieved from
https://www.ed.gov/news/press-releases/us-department-education-launches-new-title-ix-
resources-students-institutions-historic-new-rule-takes-effect

U.S. Department of Education Office for Civil Rights (2018). Sex Discrimination: Policy Guidance. Retrieved from https://www2.ed.gov/about/offices/list/ocr/frontpage/faq/rr/poli-
cyguidance/sex.html

—. A Policy Interpretation: Title IX and Intercollegiate Athletics, 44, No. 239 (December 11, 1979). Federal Register: Office for Civil Rights. Web. 25 September 2018.

—. Supporting the Academic Success of Pregnant and Parenting Students Under Title IX of the Education Amendments of 1972, Washington, D.C., 2013.

U.S. Department of Justice. (2018). What is sexual assault? Retrieved from https://www.justice.gov/ovw/sexual-assault

U.S. Social Security Act of 2010, 42 U.S.C. 710 §510(b)(2). (2010)

Wang, C.C., & Geale, S.K. (2015) The power of story: Narrative inquiry as a methodology in nursing research, *International Journal of Nursing Sciences, (2*), 2, 195-198. https://doi.org/10.1016/j.ijnss.2015.04.014.

Ward, T., & Hudson, S.M. (1998). The construction and development of theory in the sexual offending area: A metatheoretical framework. *Sexual Abuse: A Journal of Research & Treatment (Sage), 10*(1), 47- 63. https://doi.org/10.1177/107906329801000106

Warin, J., Solomon, Y. & Lewis, C. (2007). Swapping stories: Comparing plots: Triangulating individual narratives within families. *International Journal of Social Research Methodology, (10)*2, 121-134. https://doi.org/10.1080/13645570701334068

Wegner, R., Abbey, A., Pierce, J., Pegram, S., & Woerner, J. (2015) Sexual assault perpetrators' justifications for their actions: Relationships to rape supportive attitudes, incident characteristics, and future perpetration, *Violence Against Women, 21*(8) 1018-1037, https://doi.org/10.1177/1077801215589380.

Wiles, J. (2008). *Leading curriculum development*. Thousand Oaks, CA: Corwin Press.

Woodcock, C. (2016). The listening guide: A how-to approach on ways to promote educational

democracy, International Journal of Qualitative Methods, 15, 1-10.

https://doi.org/10.1177/1609406916677594

Yang, C.J. (2011). The quality of narrative research: On a theoretical framework for narrative in-

quiry. *STUT Journal of Humanities and Social Science, 6*(1), 195-241.

APPENDICES

Appendix A
IRB Approval Letter

INSTITUTIONAL REVIEW BOARD

Mail: P.O. Box 3999	In Person: 3rd Floor
Atlanta, Georgia 30302-3999	58 Edgewood
Phone: 404/413-3500	FWA: 00000129

August 26, 2020

Principal Investigator: Yinying Wang

Key Personnel: Mazique, Jaray E; Wang, Yinying

Study Department: Educational Policy Studies

Study Title: Leading Against the Tide: An Exploration of an Educational

Leader's Implementation of Consent in the Sex Education Curriculum

Submission Type: Exempt Protocol Category 2

IRB Number: H20672

Reference Number: 360404

Determination Date: 08/25/2020

Status Check Due By: 08/24/2023

The above-referenced study has been determined by the Institutional Review Board (IRB) to be exempt from federal regulations as defined in 45 CFR 46 and has evaluated for the following:

    1. Determination that it falls within one or more of the eight exempt categories allowed by the institution; and
    2. Determination that the research meets the organization's ethical standards

If there is a change to your study, you should notify the IRB through an Amendment Application before the change is implemented. The IRB will determine whether your research continues to qualify for exemption or if a new submission of an expedited or full board application is required.
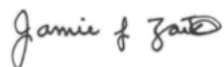
A Status Check must be submitted three years from the determination date indicated above. When the study is complete, a Study Closure Form must be submitted to the IRB.

This determination applies only to research activities engaged in by the personnel listed on this document.

It is the Principal Investigator's responsibility to ensure that the IRB's requirements as detailed in the Institutional Review Board Policies and Procedures For Faculty, Staff, and Student Researchers (available at gsu.edu/irb) are observed, and to ensure that relevant laws and regulations of any jurisdiction where the research takes place are observed in its conduct.

Any unanticipated problems resulting from this study must be reported immediately to the University Institutional Review Board. For more information, please visit our website at www.gsu.edu/irb .

Sincerely,

Jamie Zaikov, IRB Member

Appendix B
How Choosing the Best meets state requirements for sex education.

Georgia QCC Standards Correlated to Choosing the Best 2013	
	WAY (6th grade)
6th grade	
HE6.1 Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
g. Identify the benefits of practicing healthy behaviors.	Abstinence: Lesson 5, pages 30-34
h. Describe the consequences of engaging in unhealthy behaviors.	Lesson 4, pages 24-28; Lesson 6, page 37
HE 6.4 Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
b. Identify refusal and negotiation skills that avoid or reduce health risks.	Lesson 6, Pages 38-41
HE 6.7 Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	
b. Demonstrate health behaviors that will maintain or improve the health of self and others.	Lesson 5, Pages 30-34
c. Describe practices to avoid or reduce health risks to self and others.	Lesson 4, pages 24-28; Lesson 6, page 37
7th grade	**Path (7th grade)**
HE 7.1 Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
e. Explain ways to reduce or prevent health risks among adolescents.	Abstinence: Lesson 5, pages 28-30
g. Determine the barriers to practicing healthy behaviors.	Lesson 4, pages22-25
h. Predict the risk of injury or illness if engaging in unhealthy behaviors.	Lesson 2, pages 10-13; Lesson 4, page 25

HE 7.4 Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
b. Model refusal and negotiation skills that avoid or reduce health risks.	Lesson 6, pages 32-34; Lesson 7, Pages 38-41; Lesson 8, Pages 44-49
HE 7.5 Students will demonstrate the ability to use decision-making skills to enhance health.	
a. Describe situations that can help or hinder making a healthy decision.	Lesson 4, Page 25
g. Examine the outcomes of a health-related decision.	Lesson 2, Pages 10-13; Lesson 3, Pages 16-19; Lesson 5, Pages 28-30
HE 7.6 Students will demonstrate the ability to use goal-setting skills to enhance health.	
a. Examine the effectiveness of personal health practices.	Abstinence: Lesson 5, Pages 28-30
b. Select a goal to improve a personal health practice.	Abstinence: Lesson 5, Pages 28-30
HE 7.7 Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risk.	
b. Give personal examples of healthy behaviors that will maintain or improve the health of self and others.	Abstinence: Lesson 5, Pages 28-30
c. Demonstrate behaviors to avoid or reduce health risks to self and others.	Abstinence: Lesson 5, Pages 28-30
8th grade	**Life (8th grade)**
HE 8.1 Students will comprehend concepts related health promotion and disease prevention to enhance health.	
g. Describe the benefits of and barriers to practicing health behaviors.	Abstinence: Lesson 6, pages 40-44
h. Examine the likelihood of injury or illness if engaging in unhealthy behaviors.	Lesson 2, pages 14-15, Lesson 3, Pages 19-25; Lesson 5, pages 34-37

i. Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.	Lesson 2, pages 14-15, Lesson 3, Pages 19-25; Lesson 5, pages 34-37
HE 8.2 Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	
c. Describe how peers influence healthy and unhealthy behaviors.	Lesson 7, pages 46-48
HE 8.3 Students will demonstrate the ability to access valid information and products and services to enhance health.	
a. Analyze the validity of health information, products and services.	Lesson 4, page 30
HE 8.4 Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
b. Demonstrate refusal and negotiation skills that avoid or reduce health risks.	Lesson 7, pages 46-49; Lesson 8, pages 52-58
HE 8.5 Students will demonstrate the ability to use decision-making skills to enhance health.	
c. List healthy options to a health-related issue or problem.	Abstinence: Lesson 6, pages 40-44
d. Predict the potential outcomes of each option when making a health-related decision.	Lesson 2, pages 14-15, Lesson 3, Pages 19-25; Lesson 5, pages 34-37; Lesson 6, pages 40-44
f. Describe the outcomes of a health-related decision.	Abstinence: Lesson 6, pages 40-44
HE 8.6 Students will demonstrate the ability to use goal-setting skills to enhance health.	
b. Develop a goal to adopt, maintain or improve a personal health practice.	Abstinence: Lesson 6, pages 40-44
c. Outline the strategies and skills necessary to attain a personal health goal.	Lesson 7, pages 46-48

e. Explain how early sexual behavior can affect achieving long-term health goals.	Lesson 2, pages 14-15, Lesson 3, Pages 19-25; Lesson 5, pages 34-37; Lesson 6, pages 40-44
HE 8.7 Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	
b. Demonstrate healthy practices and behaviors that will maintain or improve the health and self and others.	Abstinence: Lesson 6, pages 40-44
c. Examine the behaviors to avoid or reduce health risks to self and others.	Lesson 2, pages 14-15, Lesson 3, Pages 19-25; Lesson 5, pages 34-37
High School	**Journey (9th & 10th grade)**
HE H.S. 1 Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
g. Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.	Abstinence: Lesson 2, pages 12-14; Lesson 5, page 36; Lesson 6, pages 42-47
h. Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.	Alcohol: Lesson 2, page 14
i. Analyze the potential consequences of having unprotected sex on physical, emotional and social health.	Lesson 3, pages 20-23; Lesson 4, pages 26-31; Lesson 5, page 43
HE H.S 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.	
c. Analyze how peers influence healthy and unhealthy behaviors.	Lesson 7, page 54-55
e. Evaluate the effect of media on personal and family health.	Lesson 7, pages 50 - 53
HE H.S. 3: Students will demonstrate the ability to access valid information and products and services to enhance health.	
a. Critique the validity of health information, products and services.	Lesson 3, Page 22

HE H.S. 5: Students will demonstrate the ability to use decision-making skills to enhance health.	
a. Determine the barriers to making a positive, healthy decisions.	Lesson 2, page 14; Lesson 7, pages 50-55
f. Justify the health-enhancing choices when making decisions.	Lesson 6, pages 42-47
g. Compare and contrast the effectiveness of health-related decisions.	Lesson 6, pages 42-47
h. Justify the reasons for remaining sexually abstinent.	Lesson 6, pages 42-47
HE H.S. 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	
c. Model behaviors to avoid or reduce health risks.	Lesson 6, pages 42-47

Appendix C
Choosing the Best Curriculum Updates
Choosing the Best WAY—4th Edition
Curriculum Update Addendum
May 2019

Dear Teacher/Facilitator of Choosing the Best WAY,
Below are clarifications and medical updates to CTB WAY. Please incorporate the medical updates into your teaching of this curriculum. If you have any questions, please contact 1-800-774-2378 (BEST).
LG= Leader Guide; SM = Student Manual

Page #	Clarification/Update
LG p.19	After the second paragraph defining sexual abuse as "any kind of touching or sexual activity in the underwear zone," say the following: According to the CDC, sexual violence is any sexual act committed against someone without their freely given consent, which means agreement. Sexual violence includes unwanted sexual contact and also unwanted sexual experiences (such as exposure to sexual comments or pornography.) For reference, the complete definition of sexual violence from the CDC is as follows: "Sexual violence is defined as a sexual act committed against someone without the person's freely given consent. Sexual violence includes: Completed or attempted forced penetration of a victim, completed or attempted alcohol or drug-facilitated penetration of a victim, completed or attempted forced acts in which a victim is made to penetrate someone, completed or attempted alcohol or drug-facilitated acts in which a victim is made to penetrate someone, nonphysically forced penetration which occurs after a person is pressured to consent or submit to being penetrated, unwanted sexual contact, and noncontact unwanted sexual experiences (such as sexual comments or exposure to pornography)." • Reference: https://www.cdc.gov/violenceprevention/sexualviolence/definitions.html
LG p.19	In the middle column on page, replace the first sentence/statistic about the number of girls and guys sexually abused with the following: Say: About 1 out of 3 women and 1 in 6 men have experienced sexual violence in the form of physical contact at some point in their lives." • References: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf (Pages 20-23) and https://www.cdc.gov/violenceprevention/sexualviolence/index.html
LG p.26	In the first Say on the page, replace the answer of 1.8 million new cases of chlamydia each year among 15 to 24 year-olds with 1.9 million new cases. • Reference: https://www.cdc.gov/std/chlamydia/stdfact-chlamydiadetailed.htm
LG p.26	Reference Clarification: The source for the answer of an estimated 7 million new HPV infections among 15 to 24 year-olds is as follows: https://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf This CDC

	document contains bar charts showing that about 79 million Americans are currently infected with HPV, that there are about 14.1 million new infections each year, and also shows that 49% of those 14 million infections each year come from 15 to 24 year-olds, which is about 7 million.
LG and SM, p.27	Please delete the last sentence in the paragraph about risks of HPV, which states, "Regular Pap tests, performed by a doctor, are important for detecting cervical cancer early, when it can be treated most effectively" because the CDC has recently updated its guidelines to say that the first Pap test should be performed on sexually active females at 21 years of age. Say: Sexually active females should start getting Pap tests at age 21. o Reference: https://www.cdc.gov/cancer/cervical/basic_info/screening.htm
LG, SM p.27	When discussing HPV risks, please Say: While the Student Manual only specifically mentions cervical cancer as a type of cancer that HPV can cause, it is now known that HPV can cause cancers in both men and women, to include cervical cancer in women, penile cancer in men, and anal cancer in both men and women. HPV can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer) in both men and women." o Reference: https://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm
LG p.27	In the first Say on this page, Revise the first sentence to Say: "According to the CDC, more than one out of every six people aged 14 to 49 years have genital herpes." o Reference: https://www.cdc.gov/std/herpes/stdfact-herpes.htm (How common is genital herpes?)
LG and SM, p.27	For reference, In the section titled, "How is HIV contracted," a complete list of body fluids that can transmit the HIV virus are as follows: "Only certain body fluids—blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur." • Reference: https://www.cdc.gov/hiv/basics/transmission.html (How is HIV passed from one person to another?)
LG p.31	Delete the last statement on the page. (Say: Nearly 60 percent….)
LG p.32	Update the answer provided for statement #4 on the page from 18% to 13% (annual condom failure rate among typical couples) o References: http://www.contraceptivetechnology.org/wpcontent/uploads/2013/09/Contraceptive-Failure-Rates.pdf and https://www.cdc.gov/reproductivehealth/contraception/index.htm
LG p.32	For additional clarification regarding the types of condoms that can be used to reduce the risk of pregnancy and/or STDs, please note the following: According to the CDC, "the consistent and correct use of latex (or polyurethane or polyisoprene if allergic to latex) condoms can reduce (though not eliminate) the risk of STD transmission." "Natural or lambskin condoms also help prevent pregnancy, but may not provide protection against STDs, including HIV." Therefore, the CDC does not recommend the use of natural or lambskin condoms for STD/HIV prevention. o References: https://www.cdc.gov/actagainstaids/basics/prevention.html (How well do condoms prevent HIV) and https://www.fda.gov/ForPatients/Illness/HIVAIDS/ucm126372.htm

Appendix D
Choosing the Best Curriculum (CTB)

CTB Curricia Options	The 45-Minute Sessions Cover					
Choosing the Best WAY -For Lower Middle School – 6th Grade	Deciding on Your Future	Figuring Out Friendships and Relationships	Avoiding Unhealthy Relationships	Identifying the Risks	Choosing the Best Way	Learning How to Say "NO"
Choosing the best PATH – For Middle School – 7th Grade	Developing the Best Relationships	Avoiding STDs and HIV/AIDS	Preventing Teen Pregnancy	Dealing with Pressure	Choosing the Best Path	Setting Boundaries Speaking Up Being Assertive
Choosing the Best LIFE - For Upper Middle School – 8th Grade	Developing Healthy Relationships	Preventing Sexual Violence	Preventing STDS	Preventing Teen Pregnancy	Avoiding HIV/AIDS	Choosing the Best Life Setting Limits Resisting Pressure
Choosing the Best JOURNEY – For Lower High School – 9th-10th Grades *Each lesson begins with a video to engage students.*	Setting Goals	Making the BEST Decisions	Avoiding Pregnancy	Avoiding STDs	Developing the Best Relationships	Choosing the Best Journey Overcoming Pressure Being Assertive

Appendix E

Choosing the Best Curricula (CTB) correlated to A-H definition of abstinence education under Title V

Point	Definition	CTB WAY Lesson/Page(s)	CTB PATH Lesson/Page(s)	CTB LIFE Lesson/Page(s)	CTB JOURNEY Lesson/Page(s)	CTB SOUL MATE Lesson/Page(s)
A	Has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.	Video Segment (Part 5) Lesson 1 (pp 5-10) Lesson 2 (pg 15) Lesson 3 (pp 17-22) Lesson 4 (pp 23-28) Lesson 5 (pp 29-34)	Video Segment (Tape 1, Part 5) Lesson 1 (pp 5-8) Lesson 2 (pp 9-14) Lesson 3 (pp 15-20) Lesson 5 (pp 27-30)	Video Segment (Tape 1, Part 6) Lesson 1 (pp 5-9) Lesson 3 (pp 17-26) Lesson 4 (pp 27-32) Lesson 5 (pp 33-38) Lesson 6 (pp 39-44)	Video Segments 3, 4, and 5 Lesson 1 (pg 9) Lesson 3 (pg 22) Lesson 4 (pg 31) Lesson 5 (pp 34, 36) Lesson 6 (pp 42, 44, 46, 48)	Video Segment 1, Lesson 1 (pp 10) Lesson 4 (pp 34) Lesson 5 (pp 48)
B	Teaches abstinence from sexual activity outside of marriage is the expected standard for all school-age children.	Video Segment (Part 5) Lesson 5 (pp 29-34)	Video Segment (Tape 1, Part 5) Lesson 5 (pp 27-30)	Video Segment (Tape 1, Part 6) Lesson 6 (pp 39-44)	Video Segment 5 Lesson 6 (pp 42, 44, 46, 48)	Lesson 1 (pp 10) Lesson 5 (pp 48)
C	Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.	Video Segment (Part 4) Lesson 4 (pp 23-28) Lesson 5 (pg 33)	Video Segment (Tape 1, Parts 2, 3, 5) (Tape 2) Lesson 2 (pp 9-14) Lesson 3 (pp 15-20) Lesson 5 (pp 27-30)	Video Segment (Tape 1, Parts 3, 4, 5, 6) (Tape 2) Lesson 3 (pp 17-26) Lesson 4 (pp 27-32) Lesson 5 (pp 33-38) Lesson 6 (pp 39-44)	Video Segments 3, 4 Lesson 3 (pp 20-24) Lesson 4 (pp 26-32) Lesson 6 (pg 48)	Video Segment 2 Lesson 1 (pp 10)
D	Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected	Video Segment (Part 5) Lesson 5 (pp 29-34)	Video Segment (Tape 1, Part 5) Lesson 5 (pp 27-30)	Video Segment (Tape 1, Part 6) Lesson 6 (pp 39-44)	Video Segment 5 Lesson 6 (pp 42, 44, 46, 48)	Lesson 5 (pp 46-48)

	standard of sexual activity.					
E	Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical side effects.	Video Segment (Parts 3, 4) Lesson 3 (pp 17-22) Lesson 4 (pp 23-28) Lesson 5 (pg 33)	Video Segment (Tape 1, Parts 1, 2, 3) Lesson 1 (pp 5-8) Lesson 2 (pp 9-14) Lesson 3 (pp 15-20)	Video Segment (Tape 1, Parts 1, 3, 4, 5) Lesson 1 (pp 5-9) Lesson 3 (pp 17-26) Lesson 4 (pp 27-32) Lesson 5 (pp 33-38)	Video Segments 3, 4, and 5 Lesson 3 (pp 20-24) Lesson 4 (pp 26-32) Lesson 5 (pp 34, 36) Lesson 6 (pp 42,43, 47) Lesson 7 (pg 54)	Video Segment 2 Lesson 1 (pp 10) Lesson 5 (pp 46)
F	Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society.	Video Segment (Part 4) Lesson 4 (pg 24)	Video Segment (Tape 1, Part 3) Lesson 3 (pp 15-20)	Video Segment (Tape 1, Part 4) Lesson 4 (pp 27-32)	Video Segment 3 Lesson 1 (pg 9) Lesson 3 (pp 20-24) Video Segments 2, 8 Lesson 2 (pp 13-15) Lesson 7 (pp 50-51; 54-56) Lesson 8 (pp 58-64) Video Segment 3 Lesson 3 (pg 23-24)	Lesson 1 (pp 10)
G	Teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances.	Video Segment (Part 6) Lesson 1 (pg 10) Lesson 2 (pg 16) Lesson 3 (pg 22) Lesson 5 (pg 34) Lesson 6 (pp35-42)	Video Segment (Tape 1, Parts 6, 7, 8) Lesson 1 (pg 8) Lesson 3 (pg 20) Lesson 4 (pp 25, 26) Lesson 5 (pg 30) Lesson 6	Video Segment (Tape 1, Parts 7, 8) Lesson 1 (pg 9) Lesson 2 (pp 11-16) Lesson 6 (pg 44) Lesson 7 (pp 45-50) Lesson		Lesson 1 (pp 8-9) Lesson 4 (pp 35) Lesson 4 (pp 40) Lesson 5 (pp 46)

			(pp 31-36) Lesson 7 (pp 37-42) Lesson 8 (pp 43-50)	8 (pp 51-57)		
H	Teaches the importance of attaining self-sufficiency before engaging in sexual activity.	Video Segment (Part 6) Lesson 1 (pg 10) Lesson 2 (pg 16) Lesson 3 (pg 22) Lesson 5 (pg 34) Lesson 6 (pp35-42)	Video Segment (Tape 1, Parts 6, 7, 8) Lesson 1 (pg 8) Lesson 3 (pg 20) Lesson 4 (pg 26) Lesson 5 (pg 30) Lesson 6 (pp 31-36) Lesson 7 (pp 37-42) Lesson 8 (pp 43-50)	Video Segment (Tape 1, Parts 7, 8) Lesson 1 (pg 9) Lesson 2 (pp 11-16) Lesson 6 (pg 44) Lesson 7 (pp 45-50) Lesson 8 (pp 51-57)		Lesson 4 (pp 34) Lesson 5 (pp 46)