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"I Taught Myself": Sexuality Education and Sexual Learning Across Discontinuous Youth Biographies

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Abstract

Young people whose lives are marked by repeated transitions between family, school, residential care, health services, and youth justice may experience sexuality education as fragmented rather than continuous. This study examines how formal sexuality education intersects with informal and experiential sexual learning among young people living in precarious social circumstances in Germany. The analysis draws on 16 qualitative problem-centered interviews with participants aged 15 to 21 years and applies a case-oriented reconstructive approach based primarily on the documentary method, complemented by grounded-theory procedures. The findings indicate that inequalities in sexuality education concern not only access but also timing, continuity, and perceived relevance. Responsibility was often distributed across families, schools, care settings, and other institutions without being sustained over time. Participants frequently described themselves as having "taught themselves", although their learning was embedded in relationships with siblings, peers, intimate partners, digital media, and personal experience. Formal sexuality education was remembered mainly in relation to reproduction, contraception, and HIV/STI prevention, whereas relational, gendered, and practical dimensions were more often learned informally or experientially. The findings suggest that sexuality education should be understood as part of broader processes of sexual socialization and should ensure greater continuity across institutional transitions.

Keywords: sexual socialization; comprehensive sexuality education; institutional transitions; youth in precarious circumstances; informal learning; experiential learning; residential care; juvenile justice

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1. Introduction

Sexuality education is often discussed in terms of whether young people receive it, what content it includes, and how effectively it addresses sexual and reproductive health. Less attention has been paid to its continuity across young people's lives. This issue becomes particularly relevant when young people move repeatedly between family, school, residential care, youth welfare, health services, and youth justice settings. An educational encounter may occur at one point in time without becoming part of a sustained process in which sexuality-related questions can be revisited as relationships, experiences, and developmental needs change.

In Germany, responsibility for sexuality education is distributed primarily across family and school. In its landmark 1977 decision, the Federal Constitutional Court (Bundesverfassungsgericht, 1977) affirmed both the parental right to upbringing under Article 6(2)

of the Basic Law and the state's authority to provide sexuality education in schools under Article 7(1). School-based sexuality education must remain open to different value positions, avoid indoctrination, and respect parental convictions, although participation does not depend on parental consent (Bundesverfassungsgericht, 1977). Today, sexuality education is incorporated into school legislation, curricula, or educational guidelines across all 16 German federal states (Voß et al., 2025). This institutional arrangement assumes that family and school can function as complementary contexts of sexuality education. Access to these contexts, however, is uneven. Families differ in the extent to which sexuality and relationships can be discussed across generations, and adolescents with a migration background or lower levels of educational attainment, for example, identify parents as important sources of sexuality education considerably less often (Scharmanski & Hessling, 2022). Family can, therefore, not be assumed to constitute an equally available educational context for all young people.

Questions of continuity become especially salient for young people growing up in precarious social circumstances. Their life histories may involve school disengagement and dropout, repeated school changes, residential care, psychiatric or drug-treatment settings, youth detention, or imprisonment (Calmbach et al., 2024; Wilke, 2023). Such transitions can disrupt access to family- and school-based sexuality education while simultaneously distributing responsibility across parents, teachers, residential-care staff, social workers, and specialized services. Immediate concerns related to housing, education, mental-health crises, substance use, offending, or everyday stabilization may also take precedence within these institutional trajectories, while sexuality remains a comparatively difficult and intimate topic to address. Such prioritization can also be understood in relation to broader risk-oriented logics within youth welfare. Professional classifications of young people as being "at risk" do not merely describe existing vulnerabilities but may also shape which aspects of their lives become institutionally visible and subject to intervention. Research with professionals working with young people in disadvantaged urban areas has shown a tendency to individualize social problems and locate vulnerability within young people themselves (Lunneblad et al., 2024). Research in residential youth care likewise demonstrates that risk is institutionally and discursively constructed, producing ambiguous positions of young people as both "at risk" and potentially themselves constituting a risk (van Beveren et al., 2026). In relation to sexuality, professional attention may become particularly salient when sexuality is connected to safeguarding, exploitation or other perceived risks, while educational engagement remains less consistently embedded in everyday professional practice (Nixon et al., 2019). Sexual behavior may also itself become institutionally constructed as problematic and subject to intervention, although such processes are strongly gendered (Vogel & Pettersson, 2025). Sexuality education may therefore remain secondary even where young people are subject to considerable professional attention in other areas of their lives. Research on child and youth welfare has long pointed to limitations in sexuality-related educational practice within these settings (Winter, 2013). More recent work, however, questions an overly narrow assessment of apparently passive educational practices and suggests that qualified sexuality education may also consist of supporting young people's own processes of sexual appropriation and meaning-making (Mantey & Bövers, 2023). Residential child and youth care may therefore provide an important additional context, particularly when stable relationships with professionals allow sexuality-related questions to be addressed in relation to young people's personal histories and everyday lives. Yet systematic implementation cannot be taken for granted. Existing research indicates an enduring tension between supporting sexual development and regulating sexuality primarily through protection and risk prevention (Linke, 2015; Mantey, 2020; Winter, 2013). The relevant issue is thus not simply whether sexuality education occurs but who assumes

responsibility for it, when it occurs, and whether that responsibility is sustained across institutional transitions.

The consequences of such discontinuities become more apparent when sexuality education is understood in its contemporary, comprehensive sense. European and international frameworks, including the Standards for Sexuality Education in Europe developed by the WHO Regional Office for Europe and Federal Centre for Health Education (2010) and UNESCO's International Technical Guidance on Sexuality Education (UNESCO et al., 2018), conceptualize sexuality education as addressing cognitive, emotional, physical, and social dimensions of sexuality. Accordingly, its remit extends beyond reproduction, contraception, and HIV/STI prevention to include relationships and communication, consent and boundaries, gender and power, sexual and gender diversity, pleasure, and sexual health. Recent reviews likewise emphasize holistic and participatory approaches that extend beyond the transmission of risk-related information (Barriuso-Ortega et al., 2026; Watson et al., 2026). Evidence syntheses further indicate that comprehensive sexuality education can contribute to safer sexual behavior and the prevention of unintended pregnancy and HIV/STIs, while approaches that explicitly address gender, power, and relationships may strengthen broader relational and protective competencies (Fonner et al., 2014; Goldfarb & Lieberman, 2021; Haberland, 2015; Oringanje et al., 2016; UNESCO et al., 2018).

Receiving sexuality education, however, does not necessarily mean feeling prepared for sexual and relational situations. Young people repeatedly describe school-based sexuality education as strongly focused on reproduction, pregnancy, and STI prevention, whereas relationships, pleasure, communication, consent, sexual pressure, and the practical negotiation of sexuality receive less attention (Macintyre et al., 2015; Pound et al., 2016; Shorey & Chua, 2023). Inequality may therefore concern not only whether young people encounter sexuality education but also when they encounter it, what it addresses, and whether the knowledge and orientations it provides can be used within their actual social and relational lives. These relational dimensions also raise questions of agency. Sexual agency is embedded in social relationships, norms and sexual cultures (Cense, 2019), while agency more generally can be understood as emerging through social relations and interaction (Burkitt, 2016). In this article, I use the term relational agency to refer to the capacity to recognize power within intimate relationships, maintain boundaries, question gendered expectations, seek support and, where necessary, leave relationships that undermine autonomy or wellbeing.

Formal sexuality education nevertheless constitutes only one intentional component of the broader process of sexual socialization. Sexual socialization refers to the processes through which people acquire, negotiate, modify, and sometimes reject sexual knowledge, values, norms, and practices, while sexual scripts provide culturally available orientations for sexual roles and interactions (Gagnon & Simon, 2005; Herdt & Polen-Petit, 2013; Simon & Gagnon, 1984). These processes encompass the development of knowledge and skills, attitudes, values, gendered roles, and behavioral orientations and occur across families, peer groups, schools, media environments, intimate relationships, and personal experience (Janssen, 2016; Spanier, 1977). In this article, formal sexuality education refers to intentional and explicitly educational forms of sexuality-related communication, including school-based sexuality education, professional sexuality education and counselling, and deliberate sexuality-related communication by adults within family and care relationships. Analytically, these forms are distinguished from informal sexual learning and experiential sexual learning through peers, observation, intimate relationships, digital media, and personal sexual experience. The distinction is analytical rather than empirical. Informal learning can vary in both intentionality and awareness: it may be deliberately self-directed, arise incidentally through experience, or remain embedded in everyday processes of socialization without initially being recognized as learning (Marsick & Watkins, 2001; Schugurensky,

2000). Throughout young people's lives, these processes intersect continuously, and young people themselves actively interpret, negotiate, adopt, modify, or reject the norms and scripts available to them. Peer environments illustrate this interrelationship particularly clearly. Sexual communication, perceived peer approval, and gendered social sanctions contribute to the contexts within which sexual behaviors and decisions acquire meaning (Kreager et al., 2016; Nogueira Avelar E Silva et al., 2020; van de Bongardt et al., 2015). Observation and peer interaction may communicate which sexual behaviors are expected, rewarded, ridiculed, or stigmatized without being experienced as explicit instruction. The same applies to intimate relationships, digital media, and personal experience: they can generate practical and relational knowledge while simultaneously reproducing misconceptions, gendered expectations, or coercive scripts. Formal sexuality education therefore operates within an already active process of sexual socialization rather than preceding or standing outside it.

Existing research has addressed different parts of this broader process. School-based sexuality education is often valued by young people, yet it is also frequently experienced as insufficiently connected to the relational and practical situations they encounter, particularly where teaching remains centered on biological knowledge and sexual risk (Pound et al., 2016; Shorey & Chua, 2023). Sexual learning therefore extends beyond formal educational settings. Parents, peers, digital media and other informal contexts constitute additional sources of information and orientation, although their relative importance varies across social and identity contexts (Gamson & Hertz, 2023; Scharmanski & Hessling, 2022). Peer contexts are especially important because perceived approval, gendered expectations and social sanctions are associated with adolescents' sexual behavior and sexual decision-making (Kreager et al., 2016; Nogueira Avelar E Silva et al., 2020; van de Bongardt et al., 2015). Research with marginalized young people further shows that sexuality education and sexual-health learning do not always reflect the identities and social circumstances within which sexuality is experienced, including among LGBTQ+ and gender-diverse youth, historically marginalized communities and young people with foster-care histories (Caruso et al., 2023; Jayne et al., 2024; Roberts et al., 2020; Ross et al., 2020; Warwick et al., 2022).

Nevertheless, important gaps remain. Research on sexual and reproductive health among young people involved with child welfare systems remains comparatively limited and has focused predominantly on risk prevention. A recent systematic review identified 29 publications on programs and conceptual models for child-welfare-involved youth and the adults supporting them; most youth programs focused on pregnancy or HIV/STI prevention, while broader positive dimensions of sexuality and relationships received considerably less attention (Brasileiro et al., 2026). Research on sexuality education in juvenile justice settings is likewise limited. In Germany, exploratory studies with young people in Berlin youth detention facilities have examined sources of sexuality education, HIV/STI-related knowledge, attitudes, and sexual behavior and have considered implications for sexuality education and health promotion (Wilke et al., 2013, 2014). These largely setting-specific bodies of research provide substantially less insight into how different forms of sexual learning interact across whole lives, particularly when young people move repeatedly between family, school, care, health, and youth justice settings. The analytical contribution of focusing on institutional discontinuity lies in examining how more widely documented processes of sexual learning are configured when educational responsibility is repeatedly interrupted, transferred or left unclear across changing settings. Peer and experiential learning, as well as perceived limitations of formal sexuality education, have also been documented among broader youth populations (Pound et al., 2016; Shorey & Chua, 2023). At the same time, German survey data indicate educational inequalities in access to school-based sexuality education, with young people pursuing lower educational qualifications reporting less

consistent exposure and identifying teachers as important sources of sexuality education less often (Scharmanski et al., 2021; Scharmanski & Hessling, 2022). The present study extends this perspective by examining cases in which educational disadvantage may intersect with repeated transitions between school, residential care, youth welfare, health services and youth justice. What becomes analytically visible through these cases is not simply the presence of informal or experiential learning but the accumulation of transitions through which opportunities to revisit questions, build trust and sustain educational relationships may become less predictable. The present study addresses this gap by examining formal sexuality education within broader processes of sexual socialization among young people living in precarious social circumstances in Germany. It draws on qualitative interviews originally conducted as part of a broader study of sexual socialization, sexual values, and lifestyles (Wilke, 2023). Rather than treating sexuality education as an isolated educational event, the analysis reconstructs how formal, informal, and experiential forms of sexual learning intersect across the participants' histories and institutional trajectories.

The analysis addresses three questions:

1. *How do young people in precarious social circumstances experience and evaluate formal sexuality education in terms of its accessibility, content, timing, and relevance?*
2. *How is formal sexuality education complemented, challenged, or displaced by informal and experiential processes of sexual socialization?*
3. *How do formal sexuality education and informal and experiential sexual learning interact in shaping young people's sexual knowledge, norms, and practices?*

2. Study Design and Research Context

2.1. Research Context

The present study draws on 16 qualitative interviews conducted in seven waves between October 2015 and November 2018 as part of a broader research project on sexual socialization, sexual values and lifestyles among young people living in precarious social circumstances in Germany (Wilke, 2023). The qualitative study grew out of earlier sexuality-education and sexual-health research conducted in the Berlin youth detention system, which brought into focus adolescents whose biographies were frequently marked by social disadvantage, disrupted educational trajectories, and extensive institutional involvement and whose access to sexuality education within family and school contexts was often fragmented or limited. These experiences subsequently informed an exploratory quantitative study examining HIV/STI-related knowledge, attitudes, sexual behavior and sexuality education among adolescents in Berlin youth detention (Wilke et al., 2013, 2014). The findings of that study provided an empirical starting point for subsequent qualitative research, which examined how sexuality, intimate relationships, sexual values and practices are embedded within young people's biographies and social environments (Wilke, 2023). The methodological design, field access and ethical challenges associated with this research have been described in greater detail elsewhere (Wilke, 2026).

Sexuality education formed an explicit component of the research design from the outset. The original information and consent procedures covered the broader study of sexual socialization, sexual values, intimate relationships and sexuality-related learning on which the present analysis is based. The study materials, including the data-collection instruments, were submitted as part of the original review process and were revised in response to that review. The focused reanalysis conducted for this article therefore remains within the substantive scope of the research for which the interviews were originally collected and consent was obtained. Alongside sexual development, relationships, contraception, HIV/STI prevention, experiences of pressure and boundary violations, and sexual and reproductive health services, the interview guide explicitly addressed sexuality education

and sources of sexual information (Wilke, 2023). This design allows sexuality education to be analyzed within participants' broader processes of sexual socialization and in relation to their educational, familial and institutional biographies. Against this background, the present article provides a focused analysis of the material, placing sexuality education at the center and examining how formal sexuality education intersects with informal and experiential processes of sexual socialization across young people's biographies.

2.2. Participants, Sampling and Field Access

The final sample comprised 16 young people aged 15 to 21 years, with both a mean and median age of 18 years. Five participants were female and eleven were male. Sampling also sought variation in sexual orientation and sexual experience. The sample included a participant who self-identified as bisexual, as well as a participant who identified as heterosexual while reporting sexual encounters with men. These distinctions are retained because sexual identity and sexual behavior cannot be assumed to coincide. Sexual orientation was not analyzed as a separate comparative dimension in the present article. At the same time, the broader social environment represented in the study was strongly heteronormative. Previous research on precarious milieus in Germany has described pronounced binary gender constructions and comparatively traditional gender and relationship norms within these social contexts (Wippermann et al., 2009; Wilke, 2023). This heteronormative context is relevant to the present analysis because it shaped the social expectations and context within which participants negotiated sexual identities, practices and relationships. Participants differed markedly in their family situations, educational trajectories, relationship experiences and histories of institutional involvement (Wilke, 2023). Table 1 provides a concise overview of the participants and their recruitment routes. Age is reported in grouped form to limit the combination of potentially identifying characteristics. More detailed case descriptions are available in the underlying doctoral study (Wilke, 2023).

Sampling followed a purposive and contrast-oriented strategy across several recruitment waves. Nine participants were recruited through or within the context of youth probation services, five through youth detention and two through street-based recruitment. Subsequent sampling decisions deliberately increased variation by including girls, participants with residential-care or street experiences, and young people living in precarious social circumstances without similarly extensive histories of institutional involvement, thereby strengthening analytical contrast (Wilke, 2023, 2026). Many participants had experienced multiple institutional settings, including residential child and youth care, crisis facilities, youth probation, youth detention, juvenile imprisonment, and psychiatric treatment or drug-treatment services, frequently alongside disrupted educational trajectories. These experiences were neither identical nor uniformly distributed across the sample. Accordingly, the participants are not treated as a homogeneous category of "vulnerable" or "disadvantaged" youth, despite recurring clusters and patterns of social and institutional disadvantage. Their analytical relevance lies in the variation between biographies and in the opportunity this provides to compare different configurations of family relationships, schooling and institutional involvement. For the present study, this variation is particularly important to examining how continuity and discontinuity across these settings shape access to sexuality education and broader processes of sexual socialization.

Field access required cooperation with professional gatekeepers, particularly in youth detention and probation services. Because institutional routines and dependency relationships could influence both recruitment and voluntariness, these conditions were considered reflexively throughout the research process; the associated methodological and ethical issues have been discussed in detail elsewhere (Wilke, 2026).

Table 1. Participant characteristics and recruitment routes.

Pseudonym	Age Group	Gender	Recruitment Group
Chantal	18–21	Female	Youth probation
Diego	18–21	Male	Youth probation
Hans	15–17	Male	Youth probation
Heike	18–21	Female	Youth detention
Kevin	18–21	Male	Youth detention
Mark	15–17	Male	Youth detention
Mehmet	15–17	Male	Youth probation
Milan	15–17	Male	Street-based recruitment
Nadim	18–21	Male	Youth probation
Nadja	18–21	Female	Youth probation
Philipp	18–21	Male	Youth detention
Rudi	15–17	Male	Youth probation
Sandro	18–21	Male	Street-based recruitment
Saskia	15–17	Female	Youth detention
Tamara	15–17	Female	Youth probation
Tilo	18–21	Male	Youth probation

Note. Pseudonyms are used throughout. More extensive biographical case descriptions and methodological information on sampling are provided in (Wilke, 2023).

2.3. Data Collection: Problem-Centered Interviews

Data were generated through problem-centered interviews (Witzel & Reiter, 2012), an approach that combines a defined research interest with openness towards the participants' own relevance structures and conceptualizes the interview as an interactive process of knowledge production. This approach was particularly suited to the study because it allowed predefined topics to be addressed while leaving participants sufficient space to situate sexuality within their own biographies, relationships and everyday experiences.

The original study employed a semi-structured interview guide, but the sequence and depth of individual topics remained flexible throughout the interviews (Wilke, 2023, 2026). The guide comprised three broad thematic areas: sociodemographic background and current living situation; sexuality and intimate relationships; and future perspectives. Within the sexuality-related section, explicit attention was given to the meaning of sexuality, sources of sexual information and communication, sexual development, first sexual experiences, sexual and relationship biographies, contraception and protection from HIV/STIs, experiences of pressure, coercion and boundary violations, and the use of sexual and reproductive health services (Wilke, 2023).

The guide therefore served to orient the interview rather than present a fixed sequence of questions. Participants were encouraged to develop their own narratives and to introduce topics that were relevant to their experiences. This flexibility was particularly important in relation to sexuality, since accounts of formal sexuality education frequently became intertwined with narratives about parents and siblings, peers, media, intimate relationships, institutional experiences and the participants' own sexual experiences. The resulting material thus makes it possible to examine sexuality education within broader biographical processes of sexual socialization.

Interviews generally lasted approximately 60–120 min, were audio-recorded and were transcribed verbatim. Transcription followed an extended set of conventions adapted from Dresing and Pehl (Dresing & Pehl, 2018), preserving selected paralinguistic features relevant to interpretation. In the quotations presented here, capitalization indicates pronounced emphasis, square brackets indicate editorial additions or descriptions of non-verbal expressions, and […] marks omitted material. In line with the problem-centered approach, the interviews were complemented by a short questionnaire and post-scripts documenting contextual aspects of the interview situation (Witzel & Reiter, 2012; Wilke, 2023, 2026).

2.4. Analytical Strategy

The original analysis followed a case-oriented reconstructive approach based primarily on the documentary method and complemented by grounded-theory procedures (Bohnsack, 2013, 2014; Bohnsack et al., 2010; Charmaz, 2006; Nohl, 2010, 2017). Each of the 16 interviews was first analyzed in its entirety as an individual case before systematic comparisons were undertaken. The five dimensions functioned as an analytical heuristic rather than as separate categories for presenting the findings; in the Results, their interrelations are therefore traced within the broader cross-case patterns organized around the research questions. As part of a detailed formulating interpretation, the complete interviews were paraphrased in the researcher's own words in order to reconstruct the thematic course and internal structure of each case (Nohl, 2010). At the same time, the paraphrases were systematically coded and inductively grouped into thematic categories, allowing recurring content and thematic patterns to be identified within and across cases. This procedure ensured that individual statements remained embedded within the participants' broader biographies and social contexts. All analyses were conducted by the author using the original German-language transcripts. Qualitative data management and coding were supported by MAXQDA. Translation into English took place only after the analytical process, for the presentation of quotations in the manuscript, so that interpretation remained grounded in the original wording and linguistic context of participants' accounts.

The subsequent formal interpretation differentiated interview passages according to text genres derived from Schütze's narrative analysis, distinguishing between narratives, descriptions, argumentations and evaluations (Nohl, 2010, 2017; Schütze, 1987). Narratives and descriptions were particularly relevant to the reconstruction of experiential and implicit knowledge, whereas argumentative and evaluative passages provided insight into participants' explicit explanations, justifications and assessments. The reflecting interpretation then shifted the analytical focus from what participants said to how they dealt with and organized particular topics and experiences. Its aim was to reconstruct the implicit frames of orientation and action-guiding knowledge underlying the interview accounts (Bohnsack, 2014; Bohnsack et al., 2013; Nohl, 2017). This reconstructive step was particularly important where participants' explicit self-descriptions did not fully correspond to the learning processes reconstructed from their narratives. Such tensions were treated as analytically informative because they pointed to different levels of knowledge and orientation. Participants could, for example, describe themselves as having learned about sexuality "by themselves" while at the same time recounting learning through siblings, peers, intimate relationships or institutional encounters. These contrasts made visible how participants themselves distinguished explicitly educational encounters from forms of sexual learning embedded in everyday experience.

Grounded-theory procedures complemented this reconstructive case analysis during category development and cross-case comparison. Open coding and constant comparison were used to identify recurring as well as contrasting patterns across cases and to refine analytical categories iteratively (Charmaz, 2006). In this way, grounded-theory procedures

supported systematic comparison across cases, while the documentary method remained the primary framework for reconstructing individual biographies, orientations and experiential knowledge. The original analytical procedure is documented in greater detail in (Wilke, 2023, 2026).

For the present article, the complete corpus was revisited with a focused analytical interest in formal sexuality education and its relationship to broader processes of sexual socialization. The analysis encompassed explicit accounts of sexuality education and sexual information as well as biographical passages in which sexual learning became visible through family relationships, peers, media, observation, intimate relationships, institutional experiences or participants' own sexual experiences. To structure this focused reanalysis systematically across the corpus, each relevant passage was examined in relation to five interconnected analytical dimensions: (1) source, referring to who or what provided or mediated sexual knowledge and orientations; (2) learning process, referring to how learning occurred; (3) content, referring to what was learned or communicated; (4) evaluation, referring to how participants assessed the relevance, adequacy or meaning of what they had learned; and (5) consequence, referring to how this knowledge or learning became relevant within subsequent understandings, relationships or practices.

Throughout this focused analysis, the original case-oriented logic was retained. Sexuality education and sexual learning were first reconstructed within each participant's biography across these dimensions and only subsequently compared across cases. Particular attention was paid to apparent inconsistencies; for instance, when participants stated that they had learned about sexuality "by themselves" while also describing school lessons, family communication, peer interactions or experiential learning. Such discrepancies were analytically relevant because informal and experiential learning need not be recognized retrospectively as education or even as learning in the same sense as intentional instruction (Schugurensky, 2000; Marsick & Watkins, 2001). Rather than treating these accounts as contradictions to be resolved, the analysis therefore examined what participants themselves counted as having been "taught" and which forms of socially mediated learning remained outside this category. This made it possible to reconstruct the boundary participants drew between explicitly educational encounters and broader processes of sexual socialization. In a final step, recurring and contrasting cross-case patterns were organized in relation to the three research questions, with individual cases serving as analytical anchors where they made these broader patterns particularly visible.

2.5. Ethics and Reflexivity

The study underwent ethical review at (University of Author) and was additionally formally reviewed and approved for the youth-detention component by the Criminological Service for (location) Correctional Facilities and Social Justice Services. For participants recruited outside youth detention, including minors recruited through youth probation services and street-based recruitment, informed consent was obtained directly from the young people themselves. For participants recruited in youth detention, the approved protocol required written informed consent from each participant and did not stipulate an additional requirement for parental or guardian consent. All participants received written and oral information about the study, including its purpose, the voluntary nature of participation, data processing and confidentiality, and their right to decline individual questions, terminate the interview or request deletion of their data at any later point without having to provide a reason.

For participants recruited through youth probation services, including those under the age of 18, informed consent was obtained directly from the young people themselves. Access was facilitated through youth probation services, which formed part of the Berlin

Senate administration responsible for youth affairs. Probation officers and, in some cases, social workers informed potential participants about the study or facilitated initial contact. Their involvement was limited to facilitating access; the decision whether to participate remained with the young person. At the same time, the potential influence of institutional gatekeepers and existing dependency relationships on recruitment and voluntariness was treated as a methodological and ethical issue throughout the research process (Wilke, 2026). Given the power asymmetries associated with recruitment through institutional settings, particularly where participants depended substantially on social workers involved in their care or supervision (Wilke, 2026), consent was treated as an ongoing process, and participants' willingness to continue was considered throughout the interviews (Klykken, 2022; Wilke, 2026).

Safeguarding against potential emotional harm was incorporated into the research design across all recruitment settings. Sensitive topics, including experiences of violence, coercion and boundary violations, were approached cautiously and remained under the participant's control. Participants could decline to discuss particular experiences, pause the interview or end it at any time. Where signs of distress emerged, the interview was paused or the topic was not pursued further, depending on the participant's wishes. Additional time for conversation was offered after the interview, and participants were informed about appropriate counseling or support services where this appeared relevant. For young people recruited through youth probation or other welfare settings, existing relationships with social workers or other professionals provided an additional route to support. In youth detention, social workers were available as immediate sources of support if participants experienced emotional distress or the reactivation of potentially traumatic memories following the interview (Wilke, 2023, 2026). Reflexivity was supported through post-interview notes, a research diary and discussions within an interpretative group (Mey et al., 2006; Wilke, 2026). Together, these procedures facilitated critical reflection on institutional gatekeeping, researcher–participant relationships and the researcher's professional background in youth work and sexuality education. The interviews were conducted by a male researcher with professional experience in youth work and sexuality education. The interview was understood not as a neutral setting for retrieving pre-existing accounts but as a socially situated interaction in which narratives were produced in relation to the interviewer and the interview context (Holstein & Gubrium, 1995). This interaction was also gendered: the researcher's gender and professional background could shape what participants chose to disclose, how they positioned themselves and how experiences of sexuality, relationships and gender were narrated (Behnke & Meuser, 1999; Broom et al., 2009). Rather than assuming a uniform interviewer effect, these potential influences were considered through post-interview notes, the research diary and interpretative discussions. All interviews were conducted and transcribed in German. Quotations presented in this article were translated into English with the aim of preserving their meaning and conversational character. Pseudonyms are used throughout, and identifying details were omitted or generalized where necessary.

3. Results: Sexuality Education and Sexual Learning Across Discontinuous Biographies

3.1. Sexuality Education: Unequal and Discontinuous Access, Timing and Relevance

Access to sexuality education varied considerably across participants' biographies. The interviews did not support a simple distinction between young people who had or had not received sexuality education. Instead, access depended on who assumed responsibility, when sexuality was addressed, and whether educational relationships continued across changing family, care, school and institutional settings. Relevant adults included parents

and stepparents, as well as foster carers, residential-care staff, social workers and other professionals. Some participants encountered several adults or institutions that intentionally addressed sexuality, whereas for others such encounters remained episodic or were entirely absent. Gaps arising in one setting were not necessarily compensated for elsewhere.

This unevenness is particularly evident in Saskia's biography. Saskia was 15 and was serving a two-week period of youth detention. Several weeks earlier, she had stopped attending secondary school without obtaining a school-leaving qualification. She described a school environment marked by frequent fights and violence, including aggression towards teachers, and hoped to continue her education at another school. Her withdrawal was also connected to sexualized stigmatization by peers. Her school was located in a socioeconomically disadvantaged and highly diverse urban area.

Saskia had nevertheless experienced formal sexuality education. She remembered primary-school lessons on sexual organs and basic reproductive processes, while both her mother and grandmother had deliberately spoken with her about sexuality and contraception. Following her transition to secondary school, however, school-based sexuality education did not continue:

> *Saskia: No, the teachers wanted to address the topic only in tenth grade, or perhaps not at all, because the students always freak out and laugh about something. And the teachers didn't want that. They wouldn't have been able to teach properly if somebody was making some noise every second. [sighs] But I can completely understand that.*
>
> *Interviewer: So you didn't have sexuality education in secondary school?*
>
> *Saskia: No.*

In Saskia's account, the conditions under which sexuality education would have had to take place themselves became a barrier to its continuation. Anticipated laughter and disruption made the topic appear difficult to manage pedagogically, and Saskia herself regarded the teachers' withdrawal as understandable. Her biography thus adds the young person's perspective to this institutional difficulty: such barriers can result in discontinuous access across an already fragile educational trajectory. At the same time, sexuality remained highly present within the school environment through peer judgements and sexual reputation.

A different configuration emerges in Rudi's biography. Rudi was 16 and had grown up in a large family. His biography included repeated psychiatric treatment, substantial substance use and involvement with youth justice services. He had previously stopped attending school during a period of intensive drug use but had since returned and was working towards a school qualification. He remembered school-based sexuality education, particularly biology lessons on reproduction, HIV and other sexually transmitted infections. Within his family, by contrast, an explicit request for explanation had remained unanswered since childhood. At the age of seven, after unexpectedly seeing his mother and former stepfather having sex, he asked what they were doing:

> *Rudi: No, she told me I should wait. […] And she still hasn't told me to this day. […] I wanted to know what sex was because I saw them doing it. […] And I still haven't learned it from my mother. But I don't need to, because I learned it from my sister. […] And from my biology teacher.*

The repeated to this day marks an explanation that was deferred and never subsequently provided, giving the account a distinctly reproachful quality. The significance of this passage therefore extends beyond the absence of information itself. Rudi's repeated temporal reference reconstructs the unanswered question as an unresolved failure of parental responsibility, even though he later described other sources through which he acquired

sexual knowledge. For the present section, the relevant point is the discontinuity of responsibility within the family: an explicit question about sexuality was postponed and never brought up again. How Rudi subsequently compensated for this gap through other relationships becomes a central subject in Section 3.2.

Tamara's biography makes the institutional dimension of discontinuity particularly visible. At 16, she had already experienced repeated moves between family and residential care. Following an early placement, she lived with her father and stepmother until late childhood, returned to care after severe family conflict, and subsequently moved through several residential-care settings and schools before eventually living independently with support. She described having little influence over several of these moves. Across these transitions, she did not identify a stable adult who had continuously accompanied her sexual and pubertal development.

Her first menstruation illustrates the practical consequences of this discontinuity. At eleven or twelve, while living in residential care, Tamara unexpectedly began bleeding and did not understand what was happening. She remembered being frightened and unprepared. Staff had not prepared her for menstruation beforehand; immediate explanation and support instead came from older girls in the home, whom she viewed like her big sisters. The episode therefore illustrates what can happen when sexuality-related educational responsibility is not clearly and timely assumed within a care setting.

Tamara's case points to a broader diffusion of responsibility. Parents, schools, residential-care staff, social workers and external services could all potentially assume responsibility for sexuality education, yet that responsibility was not necessarily clearly assigned or sustained across transitions. Where responsibility was distributed across multiple adults and institutions, it could remain unclear who, if anyone, would assume it continuously.

This did not mean that Tamara had been entirely without organized sexuality education. After initially presenting herself as largely self-taught, she recalled a school-organized session at Pro Familia, a German sexual and reproductive health counselling organization. She evaluated the session positively, particularly because it addressed pregnancy prevention. What is analytically notable is that this positively evaluated professional intervention was not initially part of what Tamara understood as *having been educated*. This discrepancy points to an implicit distinction within her account between isolated educational encounters and forms of learning that she retrospectively recognized as part of a more continuous process of being educated. The Pro Familia session was remembered positively, yet it remained biographically detached from the broader question of who had accompanied her sexual development across changing care settings. Within her account, it appeared as an isolated educational encounter embedded in a biography marked by changing caregivers, schools and institutions.

Family communication was likewise uneven among participants who themselves connected silence around sexuality with cultural or religious expectations. Nadim, for example, initially stated that he had never received sexuality education before recalling basic primary-school information about body parts and reproduction. He reported *NOTHING* in secondary school and no sexuality education from his mother, which he himself related to Muslim expectations surrounding sexuality, engagement and marriage. At the same time, he explicitly qualified this interpretation: *Or, I don't really know how THEY see it. I mean, my mother.* He also distinguished his own sexual life from these expectations. Mehmet similarly described sexuality as absent from communication with his parents and interpreted this silence through his own understanding of cultural expectations. These accounts therefore reflect participants' interpretations of their respective family environments rather than

evidence of a uniform pattern associated with migration. Their biographies and subsequent sources of sexual learning differed considerably.

Across these cases, unequal access encompassed more than the presence or absence of sexuality education at any single point in time. The central issue was the continuity of responsibility across biographies. Sexuality education could end following a school transition, explicit questions within families could remain unanswered, relatives could temporarily assume educational roles, or young people could move through several care settings without identifying an adult who consistently accompanied their sexual development. What differed across these configurations was therefore not simply whether sexuality education had occurred but whether responsibility for it was sustained over time and across changing contexts. A comparison with participants who had not experienced similarly extensive trajectories through youth welfare, residential care or youth justice further qualifies this pattern. Their biographies also involved disruption, and their sexual learning likewise extended beyond formal sexuality education. The relevant distinction therefore concerns not biographical discontinuity as such but the extent to which educational responsibility was repeatedly redistributed across changing relationships and institutional settings. Where young people moved repeatedly between family, school, residential care, youth welfare or youth justice, opportunities to revisit unresolved questions and sustain sexuality-related learning across time became less predictable.

A second cross-case pattern concerned what participants remembered as formal sexuality education. Their accounts centered mainly on anatomy, reproduction, pregnancy, contraception and HIV/STI prevention. These recollections should not be read as direct representations of everything schools or other settings objectively communicated; they also reflect what the participants themselves recognized and remembered as sexuality education. Topics such as pleasure, communication, consent, boundaries and gendered expectations appeared far less frequently in these recollections, although they were central concerns elsewhere in participants' sexual biographies. The distinction evident in their accounts was therefore not simply between having and not having received sexuality education but between formal sexuality education and the social and experiential processes through which other dimensions of sexuality were learned.

Hans's experience illustrates this distinction particularly clearly. Hans was 17 and had himself experienced extensive institutional discontinuity. Following an early period in residential care, he spent approximately eleven years with a foster mother, followed by several residential placements, including more than two years in a facility outside Berlin, before returning to a crisis facility. Despite these disruptions, he retained a particularly close relationship with his foster mother. At the time of the interview, his girlfriend was pregnant. He remembered school-based sexuality education at around the age of 13 or 14, delivered over several sessions by an older male teacher whom he initially experienced as unfamiliar and embarrassing:

> *Hans: We got pictures and had to say what they were. […] The sexual organs and things like that. Then they asked: What do you need to make a child? […] And how does it happen? […] It was actually a cool lesson. But it was embarrassing somehow. […] He brought these figures and explained everything really precisely for those who didn't understand it. […] He divided it across the days. He always finished one topic. I thought that was good.*

Hans evaluated the lessons as interesting, well organized and informative. Their limitations become apparent only when their remembered content and timing are situated within his biography. His account of school-based sexuality education centered primarily on bodies and reproduction, whereas relational and interactional dimensions of sexuality

emerged elsewhere in his life. More importantly, these lessons took place only after his first intercourse at approximately eleven or twelve. Looking back, Hans described this first encounter as something he had not wanted and explained that, at the time, he had found it difficult to say no because he feared disappointing or losing other people. His case thus separates the perceived quality of sexuality education from its timing and biographical relevance: sexuality education could be positively evaluated while still occurring only after sexual situations for which a young person had felt little prepared.

Other accounts reinforce this distinction between being reached by sexuality education and feeling prepared for sexual and relational situations. Mark initially described himself as never really having been sexually educated, although he subsequently identified both school and family as sources. Across these cases, formal sexuality education could therefore be present without being continuous, timely or closely connected to the situations participants encountered in their sexual lives. Responsibility was unevenly distributed across families, schools, care settings and external services, leaving particular gaps where young people moved between multiple contexts, yet these gaps did not remain empty. Sexual learning continued through siblings, peers, observation, intimate relationships, media and personal experience—processes that several participants strikingly described as learning sexuality *by themselves*.

3.2. "I Learned It Myself": Informal and Experiential Sexual Socialization

The gaps in formal sexuality education described above did not amount to an absence of sexual learning. A striking pattern across the interviews was that several participants presented themselves as having acquired sexual knowledge largely *by themselves*. Rudi stated emphatically, *I learn EVERYTHING by myself*, and immediately agreed when the interviewer reformulated this as learning by doing. Tamara similarly described herself as having somehow taught herself about sexuality, while Chantal initially stated that she had learned about sex *from nobody*, despite subsequently recalling school-based sexuality education. These claims did not describe socially isolated forms of learning. The contrast between these explicit self-descriptions and the learning processes reconstructed from the surrounding narratives was analytically significant. Participants repeatedly presented their learning as autonomous while describing knowledge, orientations and practices that had developed through relationships, observation and experience. In this sense, "learning by myself" did not indicate an absence of social influence. It marked the absence of a person or institution retrospectively recognized as having assumed educational responsibility. Across participants' biographies, apparently autonomous learning was embedded in relationships with siblings and peers, family norms, observation, intimate relationships, digital media and personal experience. *Learning by myself* therefore often marked the absence of a clearly recognized and continuous educational relationship rather than an absence of social influence.

3.2.1. Family Silence, Family Norms and Alternative Relationships

The absence of explicit sexuality education within families did not render families irrelevant to sexual socialization. Silence, embarrassment, anticipated reactions and moral expectations could themselves communicate whether sexuality was considered legitimate and whether it could be discussed.

Rudi's account illustrates how other family members could simultaneously fill such educational gaps. Although he repeatedly stressed that his mother had never explained sexuality to him, his older sister provided practical information about intercourse and female pleasure. He explicitly valued this knowledge, explaining that if someone properly explains *HOW sex works, you can do it better and the woman has more fun as well*. His claim

to have learned everything himself therefore coexisted with a concrete account of socially mediated learning.

Tamara's account presents a related form of socially mediated learning. As described above, her immediate understanding of her first menstruation came from older girls in residential care, whom she considered like 'my *big sisters'*. Here, too, knowledge that had not been provided through an intentional educational relationship was acquired through a close, peer-like relationship.

Mehmet's biography reveals a different form of family influence. He described a close relationship with his parents, yet sexuality was not openly discussed at home. He himself related this silence to cultural expectations concerning communication between parents and children. When imagining how his mother might react if she discovered him having sex at home, he anticipated embarrassment, being thrown out with his girlfriend, or receiving *a slipper to the head*. This was not an account of actual punishment; rather, it reveals anticipated disapproval and uncertainty surrounding sexuality within the family.

This family silence contrasted sharply with his male peer environment, where sexual experiences were discussed openly and routinely. Familial silence could therefore coexist with highly explicit sexual communication elsewhere. Nadim similarly interpreted limited family communication in relation to Muslim expectations concerning sexuality, engagement and marriage, while describing a sexual life that departed from these expectations. Family norms thus remained part of his sexual socialization even where he did not adopt them as rules governing his own behavior.

3.2.2. Peers and Observation: Learning Sexual Scripts

Peers were important not only as sources of information; they also provided models for how sexuality could be performed, narrated and socially recognized.

Hans provides a particularly clear example. While the sexuality education he remembered from school centered mainly on bodies and reproduction, he described learning aspects of heterosexual interaction through observation. As a younger adolescent, he watched older boys make sexualized comments towards girls in public space. Although he initially found this behavior strange, he later began to reproduce it himself. What he learned in this context was not biomedical knowledge, but a gendered script for publicly performing male sexual interest.

Mehmet's conversations with male peers functioned in a related way. Stories about sexual encounters communicated which experiences were tellable and potentially status-enhancing without requiring direct instruction. Across the cases, the biographical relevance of such peer processes became particularly visible as young people moved between markedly different communicative environments—for example, from familial silence to explicit male peer discourse.

Nadim similarly resisted describing friends as educators. Yet he reported that boys told one another what they had done sexually with particular girls. He distinguished this exchange from direct advice while acknowledging that such accounts could nevertheless provide ideas. The distinction is analytically important: young people could reject the notion that someone had *taught* them while continuously learning from sexual experiences circulating within their peer environments.

3.2.3. Intimate Relationships, Experience and Self-Directed Digital Learning

Personal experience constituted another important source of sexual knowledge. Participants frequently distinguished between knowing biological facts and knowing how to navigate actual sexual situations.

Chantal, who was pregnant at the time of the interview, articulated this distinction particularly clearly. She initially stated that her sexual knowledge came *from nobody*. Although she subsequently recalled school-based sexuality education, she explained that it had not taught her what sex was *actually like*. This practical knowledge, in her view, had been acquired through experience. Her account therefore illustrates why participants could simultaneously remember sexuality education and describe themselves as self-taught.

Mark described a similar distinction. Although he later identified both school and family as sources of sexuality education, much of what he regarded as practically relevant had developed through sexual experience.

Diego, aged 21 and the participant with the highest formal educational attainment, had moved through street and party scenes from early adolescence and later attended university in Berlin. He likewise treated experience as a source of practical knowledge. Looking back on his first sexual experiences, he described not knowing how to move, how to respond to a partner or what she might enjoy. Much of what he later understood as sexual competence was reconstructed as knowledge developed through repeated experience and situational interpretation.

Digital information provided another route into questions that participants did not associate with formal sexuality education. Nadim described deliberately searching online for information about sexual practices, partner pleasure, romance and intimacy. His searches were thus directed towards relational and practical questions rather than exclusively towards prevention.

Pornography formed part of the wider media environment as well, although it should not automatically be equated with deliberate information seeking. Diego, for example, reported occasional pornography use from around the age of twelve. The present material does not support attributing particular sexual practices to pornography; more cautiously, it shows that sexual representations encountered through media formed part of participants' broader socialization environments.

Across these cases, *learning by myself* was therefore deeply social. Participants acquired, selected, tested and rejected knowledge through siblings, family norms, peers, observation, intimate relationships, digital information and personal experience. These routes could provide forms of practical and relational knowledge that participants did not recognize as formal sexuality education. At the same time, they offered no guarantee that different forms of knowledge would be accurate, compatible or critically reflected upon. The apparent opposition between being educated and learning by oneself therefore dissolves once sexuality education is situated within broader processes of sexual socialization.

3.3. When Different Lessons Meet in Practice

3.3.1. Relationships, Boundaries and Gendered Power

Drawing on Cense's relationally embedded understanding of sexual agency (Cense, 2019) and Burkitt's relational conception of agency (Burkitt, 2016), I conceptualize this dimension as relational agency: the capacity to recognize power within intimate relationships, defend boundaries, question gendered expectations, seek support and, where necessary, leave relationships that undermine one's autonomy or wellbeing. Difficulties in these areas appeared across several cases and were not confined to established relationships. These accounts reveal a further dimension of relational agency: the capacity to recognize and respect another person's boundaries when sexual wishes are not reciprocated. Nadim explicitly described continuing to negotiate after his girlfriend had refused sex and characterized his own behavior as an attempt to persuade her. Mehmet likewise recounted situations in which initially expressed boundaries were followed by continued sexual advances, as well as occasions on which he invoked love and loyalty when encouraging partners to

participate in group sex. Across these accounts, consent was negotiated within relational and gendered expectations, while the potential shift from persuasion to pressure was not always critically reflected upon. Related questions of consent, pressure and gendered power also emerged in longer-term relationships, as the biographies of Nadja and Tamara illustrate particularly clearly.

Nadja, aged 20 and pregnant at the time of the interview, had experienced considerable instability during adolescence. Following violence from her father, she approached youth welfare services herself at around the age of 16 and subsequently lived in different supported settings before obtaining her own supported apartment. She had completed lower-secondary schooling but had not entered vocational training. She had not been without sexuality education: her mother had explained reproduction, contraception and protection when she was around ten, and she recalled school-based sexuality education in sixth grade, particularly practicing condom use.

Her later relationships, however, presented a different set of challenges. Nadja described relationships with substantially older men involving violence, control and unequal power. In one relationship, she found it difficult to leave despite repeated physical violence and retrospectively partly blamed herself. Another partner exercised financial and social control and pressured her into sexual practices she did not want. When she refused, he threatened to end the relationship and questioned her love for him: *He always said: I'll break up with you. You don't love me. […] And because I loved him so much, I did it. I thought: you're the girlfriend*.

The difficulty lay not in recognizing that she did not want the sexual act but in maintaining that boundary when refusal appeared to threaten the relationship itself. Being the girlfriend became associated with sexual obligation, while love was invoked to legitimize compliance. Over time, Nadja increasingly challenged such arrangements and became able to leave relationships that harmed her. Her account therefore shows relational agency developing largely through experience. The sexuality education she remembered had taught her to protect herself from pregnancy and infection; her later biography required a broader understanding of protection that encompassed coercion, power and the possibility of ending a harmful relationship.

Tamara's case reveals a related but more ambivalent configuration. At the time of the interview, she was living in her own apartment within a supported independent-living arrangement and strongly emphasized her desire for autonomy and future independence. Her boyfriend of approximately two and a half years had moved into the apartment, and his employment income also contributed materially to their everyday life. Tamara repeatedly described the relationship as loving and portrayed her partner positively. At the same time, she reported that he had previously beaten her severely and continued to seek a dominant male position. She summarized his gendered expectations as follows: *I'm the man; the woman does everything at home*.

Tamara explicitly rejected this role. She attributed his attitudes to what he had learned from his parents and subsequently referred to his family's migration background; this remains her interpretation, not an independently established cultural explanation. Similar expectations were also present in his male peer environment. Tamara described a setting in which girls have nothing to say, acquaintances monitored her whereabouts and men sometimes instructed her to return home to her boyfriend. She also reported that her boyfriend tried to restrict her contact with female friends, adding an isolating dimension to these possessive dynamics. Tamara characterized such behavior as possessive and resisted it.

The contradiction is particularly striking because these claims to male authority entered a living arrangement designed to support Tamara's own independence. The apartment was hers, yet her boyfriend attempted to assert authority within it. At the same time, Tamara

continued to describe him as a good boyfriend and emphasized love and attachment. Her account therefore resists a simple distinction between a "good" and a "bad" relationship. She could recognize violence, domination, isolation and possessiveness as unacceptable while continuing to understand the relationship itself as loving and valuable.

Across both cases, the relational gaps in remembered sexuality education extended beyond consent within individual sexual encounters. They concerned the ability to distinguish care from control, recognize coercion, interpret gendered power and assess whether a relationship remained good for oneself. Knowing how to prevent pregnancy or infection did not necessarily provide the resources required to recognize and leave a harmful relationship. Both women resisted problematic dynamics, but much of this learning occurred only after these dynamics had already become consequential.

3.3.2. Sexual Health Knowledge and Experiential Learning

The limits of understanding sexual-health practices through sexuality-education knowledge alone became particularly visible when such knowledge had to be interpreted and applied within concrete relationships and biographical circumstances. Across the interviews, knowledge of contraception, HIV or other sexually transmitted infections did not automatically translate into consistent practices, while practices that appeared risky from a preventive perspective did not necessarily indicate an absence of knowledge. Young people interpreted and applied information in relation to their relationships, previous experiences and broader biographical circumstances.

Nadim's account provides a particularly clear example of preventive knowledge acquiring practical significance through embodied experience. At 20, he was attempting to return to education after a biography marked by school disengagement, probation and considerable uncertainty about his future. He described himself as not yet ready for children. At the same time, his sexual biography was extensive. He estimated that he had had approximately 150 sexual partners, an estimate that should be understood as his own retrospective self-description rather than as a precise count. He had been with his current girlfriend for three years and described her as the only partner among these relationships whom he had truly loved.

His first intercourse had occurred at the age of 13 or 14 without a condom. According to his account, he subsequently contracted gonorrhea from this first sexual partner. The experience was physically distressing and initially difficult for him to interpret: urination became painful, he noticed discharge, and he feared that he might have contracted HIV. Medical treatment resolved the infection, but in his retrospective account, the episode constituted a decisive learning experience. By the time of the interview, he described condom use as his rule for vaginal intercourse, both with his girlfriend and with other partners:

> *I couldn't pee anymore. It burned […] I thought: I have AIDS now or something. […] I don't want to have intercourse with a girl without a condom. […] It happened once. But I learned from it.*

The episode illustrates a form of experiential sexual learning with an immediately observable consequence. Preventive knowledge acquired practical force through an embodied negative experience. At the same time, the passage reveals limits to differentiated sexual-health knowledge: Nadim initially interpreted symptoms of gonorrhea as a possible HIV infection. His subsequent condom practice was therefore not simply the implementation of previously acquired information. It was connected to an experience through which sexual-health risk acquired personal meaning.

Rudi's case reveals a more contradictory relationship between knowledge, perceived preparedness and practice. Rudi could identify school as one source of sexual-health information. In fourth-grade biology, he remembered learning that HIV/AIDS and gonorrhea

could be sexually transmitted, alongside basic information about sperm, fertilization, pregnancy and childbirth. He remembered little about the teaching itself yet later responded to the interviewer's question about whether he felt adequately informed with an unequivocal *I feel sexually educated*, yes. Feeling sexually informed, however, did not necessarily imply differentiated sexual-health literacy.

This became particularly apparent in an incident shortly before the interview. After a sexual encounter in which he had used a condom, Rudi learned from a friend that the young woman might have HIV. Whether this information was accurate cannot be established from his account. He nevertheless became intensely frightened, sought medical testing and expressed misconceptions suggesting that he expected HIV infection to be physically visible. His fear also shaped his behavior towards the woman, whom he described treating aggressively after learning of her supposed HIV status.

The episode demonstrates why the consequences of sexuality education cannot be assessed solely by asking whether an adolescent has heard of HIV or knows that condoms offer protection. Rudi knew the term HIV/AIDS, associated it with sexual transmission and had used a condom, yet his understanding remained intertwined with visual misconceptions, intense fear and stigmatizing meanings. In a biography in which violence was already an available mode of responding to conflict, this uncertainty acquired tangible interpersonal consequences. The episode cannot be reduced to a direct effect of inadequate sexuality education: the aggressive reaction was embedded within a much broader biography and social repertoire. Yet it illustrates how incomplete sexual-health knowledge may matter through the meanings attached to infection, illness and the people perceived to embody risk. Knowledge of a disease category and the ability to understand transmission, testing, prognosis and stigma were not equivalent.

3.3.3. Reproductive Intentions and Biographical Futures

Rudi's reproductive practices complicate any simple distinction between knowledgeable and non-knowledgeable behavior. At one point, he presented condom use as a general personal rule. With his current 17-year-old girlfriend, however, he explicitly reported not using contraception. He did not describe this as accidental or as resulting from uncertainty. The couple had discussed having a child when he turned 17 and she turned 18, a plan that Rudi connected directly to his expectation of obtaining his own apartment:

> *No. I don't use contraception with her. I could imagine having children with her. […] We decided that when I'm 17 and she's 18, we'll have children together. When I'm 17, I'll have my own apartment.*

The relationship had existed for only about a month at the time of the interview, yet Rudi was already imagining children, marriage and, eventually, a shared apartment or house. The absence of contraception in this relationship therefore cannot adequately be classified as a knowledge–practice gap. Instead, it reflected a reproductive intention. The same young person could have substantial gaps in sexual-health literacy, adopt preventive behavior following frightening experiences, and intentionally abandon pregnancy prevention when parenthood fitted his imagined future.

Chantal's case illustrates why pregnancy cannot straightforwardly be interpreted as an indicator of either the presence or absence of sexuality education. She was 18 and in the ninth month of an unplanned pregnancy when interviewed. Her recent biography had been marked by school disengagement, residential placement through youth welfare services, offending and leaving school without a qualification; she was living with her mother and stepfather and remained financially dependent on the household. Chantal stated that contraception had been forgotten on one occasion. The relationship with the child's father

had lasted only a few months; by the time of the interview, they had separated, he did not want the child, and they had no contact. The material does not support reconstructing any hidden intention behind the pregnancy.

What can be reconstructed from Chantal's account, however, is the meaning that motherhood subsequently acquired within her anticipated future. When asked where she imagined herself in five years, she described an apartment of her own, her child, a partner and a job. Her occupational future, however, remained strikingly vague: when asked what kind of job she imagined, she replied that she did not know—anything. Her descriptions of family life were considerably more concrete. She hoped for *a partner who stays longer, who would care for her child*, have *his own job and not depend financially* on her. Her account of motherhood was even more definite. She was certain that she would be a *good mother*, defined as being there for her child and loving him, and expected him to grow up with a lot of love. Most strikingly, she described the attraction of motherhood as bringing *a MIRACLE into the WORLD that belongs to you*. She also explicitly connected future parenting to her own biography: *I don't want my child to become like me. […] Like I used to be. […] I want him to grow up sensibly.*

On the basis of these accounts, Chantal's orientation towards motherhood can be cautiously reconstructed as a biographical counter-project. This interpretation does not rest on an explicit statement that motherhood would compensate for previous instability. It emerges from the contrast between the relative vagueness of Chantal's educational and occupational future and the specificity with which she described family life, motherhood and the kind of upbringing she wanted to provide. This interpretation does not imply that she portrayed her family of origin as deficient; she explicitly described herself as close to her mother. Against the background of a recent history marked by disrupted education, institutional placement, offending and unstable intimate relationships, however, motherhood appears in her account as an unusually concrete image of continuity, belonging and a future she could actively shape. The formulation *belongs to you* supports an interpretation centered on belonging and on something enduringly her own, while the material does not justify the stronger psychological claim that pregnancy represented a search for control. Her wish that her son would not become like she used to be makes this reconstructed biographical counter-project particularly visible. All 16 interviews were included in the comparative analysis. Individual participants are named in the Results only where their accounts provide particularly clear or contrasting illustrations of a broader analytical pattern; the absence of a pseudonym from the Results does not indicate exclusion from the analysis.

Hans provides a further example in which early parenthood was positively incorporated into a precarious biography. At the time of the interview, he was 17 and living in a crisis facility, while his 17-year-old girlfriend also lived within a youth welfare services facility. Following an earlier miscarriage, she was again pregnant. Hans explicitly described the current pregnancy as wanted by both partners and spoke positively about becoming a father. His longer-term vision of the future included a family, a house and a car. *Yes, it's wanted*. Asked whether his girlfriend wanted it as well, he responded: *Yes, she wanted it too*.

Kevin offers an important contrast. At 18, he was interviewed during a two-week period of juvenile detention after a biography involving early cannabis use, later dependence on MDMA, school disengagement, robbery and serious assaults. Kevin's mother had herself given birth to him at the age of 16 and, according to his account, had initially had to leave school as a consequence. She later completed a secondary qualification. Kevin therefore grew up with early parenthood as part of his own family biography, although the data do not establish that his mother's experience directly caused his reproductive orientation.

At the time of the interview, Kevin had been with his 16-year-old girlfriend for approximately ten months. He clearly wanted children in the future, yet equally clearly rejected

parenthood at this point in their lives. His reasoning linked pregnancy directly to education and the possibility of establishing a more stable life:

> *Not now. I need to get my life together. My girlfriend too. If we had a child now, we would NEVER get our lives together. […] She wouldn't be able to do her school. […] She is 16 years old. I can't do that to her.*

His girlfriend was using the pill. When asked to imagine his life ten years later, however, Kevin described living with her in an apartment after completing treatment and perhaps already having a baby. He structured this anticipated future around a sequence of prerequisites: treatment, housing and vocational training. Parenthood was desirable, but its timing was explicitly conditional on achieving greater biographical and material stability.

Across these cases, reproductive practice cannot be mapped directly onto levels of sexual knowledge. Rudi intentionally stopped preventing pregnancy in a relationship in which he imagined imminent parenthood. Chantal's pregnancy was unplanned, yet motherhood subsequently acquired a highly positive and biographically structured meaning. Hans actively welcomed an early pregnancy, while Kevin wanted children but located parenthood after education, treatment and greater stability. Reproductive behavior was therefore embedded in the futures young people considered available, desirable and achievable. Understanding the relevance of sexuality education requires attention not only to whether young people know how pregnancy can be prevented but also to how such knowledge intersects with relationships, biographical discontinuities and unequal expectations of the future.

4. Discussion

The findings suggest that inequalities in sexuality education concern not only whether young people are reached at all but also the continuity, timing and perceived relevance of educational encounters across their biographies. Participants had encountered sexuality-related information in families, schools, care settings and professional services, yet the extent to which these encounters formed a sustained educational process varied considerably. For young people whose biographies involved repeated school changes, residential placements, youth justice settings or other institutional transitions, responsibility for sexuality education could become distributed across several adults and organizations without being continuously assumed by any one of them. Research on residential care underscores the importance of this relational and institutional dimension. The quality of relationships with care workers shapes whether adolescents engage with them around sexuality-related concerns (Mantey, 2017), while later work highlights the role of intimacy, shame and the tension between supporting sexual development and regulating sexuality through protection (Mantey, 2023). International research likewise identifies role ambiguity, competing responsibilities and organizational conditions as relevant to sexuality- and relationship-related communication in care settings (Nixon et al., 2019), alongside the importance of professional competencies and organizational commitment (van der Gaag et al., 2024). These findings can also be interpreted in relation to the risk-oriented selectivity of professional attention described in youth-welfare research. Professional engagement with sexuality in care settings may become particularly salient in connection with safeguarding, sexual activity or perceived risks of exploitation or harm (Nixon et al., 2019), while sexual behavior may itself become an object of institutional problematization and social control (Vogel & Pettersson, 2025). The present findings suggest that this selectivity may produce an asymmetry between the regulation of sexuality and opportunities for sexuality-related learning. Young people whose biographies are already subject to intensive professional intervention may receive considerable attention around offending, substance use, mental-health crises, housing in-

stability or other concerns, while sexuality becomes institutionally visible primarily when it is framed as a problem or risk. The issue is therefore not simply insufficient professional engagement with sexuality. Rather, professional engagement may be substantial but unevenly distributed between regulation, protection and education. This constellation may be described as *regulation without education*: sexuality is monitored, problematized or regulated without necessarily becoming the object of sustained educational accompaniment.

The present findings add a biographical perspective by showing how discontinuities may accumulate across settings: an educational encounter in one context does not necessarily compensate for the absence of continuity across the trajectory as a whole. These findings do not imply that informal learning, perceived limitations of school-based sexuality education or difficulties translating knowledge into practice are specific to young people in precarious circumstances. Such processes have also been documented among broader youth populations (Pound et al., 2016; Shorey & Chua, 2023). Their particular significance in the present study lies in the way they intersect with repeated institutional transitions. Where responsibility shifts between family, school, residential care, youth welfare or youth justice, gaps arising in one setting may remain unaddressed because no relationship or institution assumes continuity across the trajectory as a whole.

A second central finding concerns the participants' repeated descriptions of having learned about sexuality "by themselves". These accounts did not indicate socially isolated learning. They were embedded in relationships with siblings and peers, observation, intimate relationships, digital media and personal experience. Sexual knowledge, norms and practical orientations were acquired through these contexts even when the participants did not recognize such processes as sexuality education. This is consistent with research on peer norms and sexuality-related communication (van de Bongardt et al., 2015; Nogueira Avelar E Silva et al., 2020) and with studies showing how young people use online environments to explore sexuality, relationships and their own experiences (Gamson & Hertz, 2023; Power et al., 2024). The present study adds a biographical dimension by showing how socially mediated learning may nevertheless be reconstructed as autonomous self-learning when no continuous educational relationship is retrospectively recognized. Informal and experiential learning also did more than fill informational gaps: it provided practical and relational knowledge about sexual encounters, partners, intimacy, gendered expectations and the social meanings of sexuality. At the same time, such learning offered no guarantee that information would be accurate or that coercive, stigmatizing or gendered scripts would be critically questioned. Formal sexuality education thus takes place within an already active process of sexual socialization rather than before or outside it.

The participants' recollections further point to a distinction between being reached by sexuality education and feeling prepared for sexual and relational situations. Formal sexuality education was remembered predominantly in relation to bodies, reproduction, contraception and HIV/STI prevention, whereas communication, pressure, relationships and practical negotiation appeared more often in accounts of experiential learning. Qualitative syntheses likewise show that young people frequently experience school-based sexuality education as insufficiently responsive to their needs and to the realities in which sexuality is lived (Pound et al., 2016; Shorey & Chua, 2023). The present material suggests that this mismatch may become particularly consequential when young people cannot rely on stable familial or institutional relationships through which such questions can be revisited.

The findings concerning pressure, violence and control further indicate that consent within an individual sexual encounter captures only one dimension of what young people need to navigate intimate relationships. Sexual agency is embedded in social relationships, norms and sexual cultures (Cense, 2019), while agency more broadly can be understood as emerging through social relations and interaction (Burkitt, 2016). Against this background,

the concept of relational agency developed here brings these perspectives together. Across the cases, recognizing one's own boundaries did not necessarily enable participants to maintain them when love, loyalty or the continuation of a relationship appeared to be at stake. Tamara's account can, moreover, be read cautiously through the concept of *cruel optimism* (Berlant, 2011): attachment to a relationship may remain connected to promises of love, intimacy or stability even where the relationship simultaneously constrains the conditions under which those promises might be realized. Sexuality education that addresses consent without attending to relational power, coercion and gendered expectations may therefore conceptualize agency too individualistically.

The findings concerning sexual health likewise caution against a knowledge-deficit model. Knowledge about contraception, condoms or HIV/STIs did not translate uniformly into behavior, while apparently risky practices did not necessarily indicate an absence of knowledge. Research with young people experiencing homelessness similarly shows that contraceptive use is shaped not only by knowledge but also by accessibility, perceived side effects, adherence difficulties and relationship contexts (Eapen et al., 2023). In the present study, experience could make preventive knowledge personally meaningful, while misconceptions could coexist with a subjective sense of being well informed.

The reproductive findings extend this argument. Pregnancy cannot automatically be interpreted as evidence that sexuality education has failed. An unplanned pregnancy could subsequently acquire a meaningful place within an anticipated future, while other participants actively wished for early parenthood or deliberately postponed it until education, treatment or housing appeared more secure. Earlier German research likewise situated adolescent pregnancy and parenthood within educational, occupational, relational and material contexts (Friedrich et al., 2005). Research on teenage pregnancy in Berlin and Brandenburg further emphasized that prevention cannot be reduced to contraceptive knowledge but must also take account of educational opportunities, occupational prospects and social participation (Häußler-Sczepan, 2008). These studies do not imply that precarious circumstances cause early parenthood; instead, they support analyzing reproductive orientations within the wider biographical futures available to young people.

These findings support understanding sexuality education as one component of broader, biographically organized processes of sexual socialization. For young people with institutionally discontinuous biographies, continuity of educational responsibility may be as important as the content of individual educational encounters. Schools, residential care, youth welfare, juvenile justice and sexual-health services need not address sexuality in identical ways, but responsibility for sexuality-related education and support should not disappear at institutional transitions. Continuity across institutional transitions therefore depends on clearly assigned responsibility. Where young people move between settings, professionals involved in case planning or transition support should ensure that sexuality-related questions do not simply disappear. This does not require the routine transfer of intimate information. It requires clarity about who remains available to address emerging questions, who can continue or initiate sexuality-related education and counselling, and how young people can be connected to specialized services when additional support is needed. Opportunities to revisit sexuality-related questions across developmental stages and changing life situations are particularly important when stable familial or educational relationships cannot be assumed. Such education should combine sexual health and contraception with attention to relationships, communication, pleasure, coercion, gendered power and reproductive intentions.

Several limitations should be considered. The interviews were conducted between 2015 and 2018, and this temporal distance should be considered when interpreting the findings. Specific institutional practices, digital platforms and patterns of media use may

have changed since data collection, although digital media already formed an important part of young people's sexual socialization during the study period. At the same time, the basic institutional distribution of responsibility across family, school and other educational or welfare settings has remained broadly comparable. The study does not claim to describe the current prevalence or detailed organization of sexuality education in Germany. Its analytical focus lies in the biographical processes through which sexual knowledge, norms and practices are acquired, negotiated and given meaning across families, schools, peer environments and welfare institutions. These social contexts are not simply settings in which sexuality education takes place; they are also sites in which norms, values and sexual scripts are reproduced, contested and transmitted over time. The continuing analytical relevance of the material therefore lies in reconstructing how such processes unfold across changing relationships and institutional contexts, including the continuities and discontinuities that emerge across young people's biographies.

The study is based on a small, purposively selected qualitative sample and does not permit conclusions about the prevalence of experiences or learning patterns. Although the sample included variation in sexual orientation and sexual experience, the relationship dynamics examined in the present analysis predominantly concerned different-gender relationships. The study was not designed to compare processes of sexuality education and sexual socialization systematically across sexual orientations or gender identities. The findings should therefore not be assumed to capture the specific educational and relational experiences of LGBTQ+ young people in precarious or institutionally discontinuous life circumstances.

Participants' retrospective accounts provide access to what they remembered and recognized as sexuality education rather than an objective record of what families, schools or institutions had communicated. The interviews were conducted as part of a broader study of sexual socialization in which sexuality education was an explicit component of the research design and interview guide. This broader design enabled sexuality education to be examined within participants' sexual, relational and institutional biographies rather than as an isolated educational event. The predominantly male sample and the concentration of recruitment in youth probation and youth detention further limit transferability. In particular, the sampling strategy resulted in a strong representation of young people with histories of offending and involvement in the youth justice system. Recruitment through these settings may therefore have made biographies marked by delinquency, supervision and institutional intervention more accessible than other forms of precarity. The findings should consequently be read as an analysis of particular configurations of precarious and institutionally discontinuous biographies rather than as representative of young people in precarious circumstances more broadly. Future research should examine these processes across other groups and institutional settings and, where possible, longitudinally reconstruct how formal, informal and experiential forms of sexual learning interact across institutional transitions and changing relationships.

5. Conclusions

The findings indicate that inequalities in sexuality education extend beyond unequal access to individual educational encounters or sources of information. In biographies marked by precarious circumstances and repeated institutional transitions, the continuity of sexuality-related educational responsibility emerged as a central analytical issue. The study contributes to existing research by showing how widely documented processes, including informal sexual learning and limitations of formal sexuality education, may acquire particular significance when educational responsibility is repeatedly interrupted, transferred or left unclear across a biography. This perspective shifts analytical attention from discrete educa-

tional encounters towards continuity across time. Individual lessons, counselling sessions or conversations may provide relevant information without ensuring that sexuality-related questions can be revisited as experiences, relationships and needs change. Participants' accounts of learning "by themselves" further indicate that apparently autonomous learning was often socially mediated through siblings, peers, intimate partners, media and personal experience. Formal sexuality education can therefore be understood as one component of broader processes of sexual socialization rather than as a discrete intervention situated outside them. At the same time, the findings indicate that sexual-health knowledge alone did not necessarily provide the resources required to navigate the relational, gendered and reproductive situations encountered by participants. The findings therefore support approaches to sexuality education that combine continuity of educational responsibility with attention to relationships, power, coercion, sexual health and reproductive futures. Where young people move between institutional settings, such continuity also depends on clarity about who remains available to address emerging sexuality-related questions and how additional educational or counselling support can be accessed when needed.

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Data Availability Statement: The qualitative interview data are not publicly available due to privacy and ethical restrictions associated with the sensitive and potentially identifiable nature of the material. De-identified data supporting the findings may be made available by the corresponding author upon reasonable request, subject to ethical and data-protection requirements. Data can also be made available to the journal's editors or reviewers for the purposes of verification, where this is compatible with participant consent and applicable data-protection requirements.

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