A GUIDE TO SEXUAL HEALTH EDUCATION IMPLEMENTATION IN WASHINGTON STATE

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Our schools have an important role to play in promoting the health and well-being of all students. Research consistently shows that students' health status is linked directly to student learning and achievement. The provision of comprehensive, age appropriate, evidence-informed sexual health education is a vital component of K-12 education. When incorporated as part of an ongoing health education program, it helps address the needs of the whole child. Sexual health education helps prepare students for healthy relationships and reduces their risk for health challenges that can interfere with academic success. OSPI supports schools in providing such education in partnership with families, recognizing their role as the primary source of education about sexual health.

Comprehensive sexual health education that addresses consent and provides opportunities for developing communication and decision-making skills can support students in making healthy choices that serve them for a lifetime. Inclusive sexual health education that addresses the varied needs of every student can promote safe and supportive school environments that promote respect and empathy both in the classroom and in the community.

Chris Reykdal

Washington State Superintendent

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Introduction

Comprehensive sexual health education (CSHE) is a critical component of comprehensive health education that helps students develop knowledge and skills needed to become successful learners and healthy and productive adults. In 2007 the Washington Legislature found that "young people should have the knowledge and skills necessary to build healthy relationships, and to protect themselves from unintended pregnancy and sexually transmitted diseases, including HIV infection. The primary responsibility for sexual health education is with parents and guardians. However, this responsibility also extends to schools and other community groups. It is in the public's best interest to ensure that young people are equipped with medically and scientifically accurate, age-appropriate information that will help them avoid unintended pregnancies, remain free of sexually transmitted diseases, and make informed, responsible decisions throughout their lives."

In 2021 the Washington Legislature reiterated support for such instruction with the passage of Senate Bill 5395, requiring that all K-12 students receive comprehensive sexual health education, defined as "recurring instruction in human development and reproduction that is medically accurate age-appropriate and inclusive of all students." The voters of Washington state subsequently expressed their support for this bill through a ballot referendum.

The Centers for Disease Control and Prevention (CDC) Division of Adolescent Health (DASH), in its rationale for "exemplary sexual health education," states that sexual health education programs should be medically accurate; consistent with scientific evidence; tailored to students' contexts and the needs and educational practices of communities; and should use effective classroom instructional methods. Sexual health education should allow students to develop and demonstrate developmentally appropriate sexual risk avoidance and reduction-related knowledge, attitudes, skills, and practices.

Support for Comprehensive Sexual Health Education

Support for comprehensive sexual health education (CSHE) is widespread. Parents overwhelmingly support CSHE, as evidenced in poll after poll over the past 20 years (Szucs, et al. 2022). In a 2014 survey, 93 percent of both Republican and Democrat parents placed high importance on sexual health education in middle and high school, with 89 percent supporting comprehensive education (PLoS ONE, 2017). While teens say parents "most influence their decisions about sex" (National Campaign, 2016), 88 percent of Millennials (people born between the early 1980s to early 2000s) support CSHE (Public Religion Research Institute, 2011). Voters in Washington state showed their support with the approval of a ballot referendum requiring all schools to provide K-12 comprehensive sexual health education (CSHE).

The National Education Association "believes that the developing child's sexuality is continually and inevitably influenced by daily contacts, including experiences in the school environment…sensitive sex education can be a positive force in promoting physical, mental, emotional, & social health that the public school must assume an increasingly important role…"

(National Education Association, 2016)

In addition to parents and youth, a number of national organizations highlight the importance of sexual health education. The National Association of School Nurses (NASN) supports evidence-based sexual health education that is accessible to all students, as part of a comprehensive school health education program (NASN, 2017) and the American Academy of Pediatrics (AAP) highlights the importance of children and adolescents learning age-appropriate sexual health education to help youth develop a safe and positive view of sexuality (Breuner & Mattson, 2016).

Benefits of Comprehensive Sexual Health Education

"In short, quality sexuality education can go beyond the promotion of abstinence or even the prevention of unplanned pregnancy and disease to provide a life-long foundation for sexual health."

(FOSE, 2016)

Health programs in schools can help young people succeed academically, as academic achievement is linked to student health. Health risk behaviors, such as early sexual initiation and having multiple sexual partners, are associated with lower grades and test scores, and lower educational attainment. "Regardless of sex, race/ethnicity and grade-level, high school students reporting lower academic grades also report greater health risk behaviors related to substance use, violence, and sex" (Rasberry, et al, 2015).

Comprehensive sexual health education can help "…improve academic success; prevent child sexual abuse, dating violence, and bullying; help youth develop healthier relationships; delay sexual initiation; reduce unplanned pregnancy, HIV, and other sexually transmitted diseases (STDs) and related disparities among youth; and reduce sexual health disparities among lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth" (Future of Sex Education, 2016). It improves communication skills, increases empathy and respect for others, and results in an increased sense of self-control and safety (Goldfarb & Lieberman, 2020). It is critical to note evidence that shows students who received CSHE are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes (Advocates for Youth, 2009).

Guidance Document Organization

Section 1 provides district administrators with resources and suggestions for successful implementation of comprehensive sexual health education. There are additional resources on OSPI's website to support instructional materials review and adoption, standards implementation, classroom instruction, parent and community engagement, positive school climate and student access to community-based resources. Professional development resources are also provided for both administrators and educators, many of which are available online. Please contact OSPI's Sexual Health Education Program Supervisor for additional support and resources.

Section 2 of this document is geared toward educators, providing recommendations on the provision of sexual health education that meets state and district requirements, as well as instruction in line with best practice as determined by sexuality education professionals and researchers. It is helpful for district administrators to be familiar with these recommendations. The Administrator Checklist in Appendix A also includes some of these items.

SECTION 1: District Guidance – Introduction

Districts in Washington state must provide annual HIV and STD prevention education, per the AIDS Omnibus Act and Common School Curriculum. Beginning in December 2020, all schools must begin implementing or planning to implement comprehensive sexual health education in accordance with Senate Bill 5395 (see Legislative Requirements below), in statute as RCW 28A.300.475.

Most districts have adopted policies related to HIV prevention instruction (see Model Policy #2126) and Sexual Health education (Model Policy #2125, available from WSSDA). Districts are encouraged to review policies, procedures, and curricula regularly to ensure they are up to date and reflective of current state laws, and based on evidence regarding effective instruction, and on accurate assessments of the community climate (see Support for Sex Education above).

Administrator Checklist – Sexual Health Education

A checklist is provided in Appendix A to support district administrators in ensuring that sexual health education is being provided in a manner consistent with state requirements.

Legislative Requirements

RCW 28A.300.475

Until 2020, comprehensive sexual health education (CSHE) in Washington schools was governed by the Healthy Youth Act (HYA), passed by the legislature in 2007, and the 2005 Guidelines for Sexual Health Information and Disease Prevention (2005 Guidelines). The HYA defined sexual health education and set out requirements for schools that chose to offer CSHE.

In 2020, Senate Bill (SB) 5395 was passed by the Washington Legislature and approved by the voters. In statute as RCW 28A.300.475, legislation requires that all schools provide comprehensive sexual health education to all students by the 2022-23 school year.

Instruction for students in Kindergarten through grade 3 must be social emotional learning (SEL) that is consistent with OSPI's SEL Standards and Benchmarks. There is no sexuality content/instruction required for students in grades K-3.

All instruction and materials used to teach CSHE in grades 4-12 must be:

- Medically and scientifically accurate
- Age-appropriate
- Inclusive of all students regardless of sex, race, sexual orientation, gender identity, disability and other protected class status, using language and strategies that recognize all members of all protected classes
- Consistent with the 2005 Guidelines for Sexual Health Information and Disease Prevention
- Consistent with the Health and Physical Education K-12 Learning Standards

Medical and scientific accuracy is determined by the Washington Department of Health (DOH) or a

district review panel that includes experts such as a university-level researcher or human sexuality instructor or clinical staff from a family planning/reproductive health clinic.

When a district provides medically accurate instruction (e.g., regarding birth control), it may not bring in an "opposing viewpoint" if that viewpoint represents medically or scientifically inaccurate information, or information that is otherwise inconsistent with legislative requirements.

The term "inclusive" means all curricula, materials and instruction are relevant for all students because they "use language and strategies that recognize all members of protected classes" (RCW 28A.300.475). The goals are for all students to feel seen and accepted for who they are and for all students to receive instruction that is useful and relevant to them as individuals. Section 2 and Appendix C provide examples of strategies districts and educators might use to ensure instruction is inclusive.

Abstinence may not be taught to the exclusion of instruction and materials on FDA approved contraceptives and other disease prevention methods. In other words, the instruction must be comprehensive and address both the benefits and drawbacks of all prevention methods. It cannot present either abstinence or other prevention methods as the "only choice," or the only moral or correct choice. Materials and guest speakers utilizing a "sexual risk avoidance" approach are promoting abstinence-only-until-marriage, an approach generally inconsistent with Washington requirements and therefore not allowable by law in public schools.

Instruction must include information on affirmative consent and bystander training, which are both sexual violence prevention strategies. A complete list of required content is provided on OSPI's CSHE implementation webpage.

When providing sexual health education, schools must also include "age-appropriate information about the legal elements of sexual [sex] offenses (under chapter 9A.44 RCW) where a minor is a victim and the consequences upon conviction." (RCW 28A.300.145)

For more information about parent notification, student opt-out and other requirements, please see OSPI's website. Model policies and procedures are available from the Washington State School Directors' Association (WSSDA).

AIDS Omnibus Act

The AIDS Omnibus Act (AOA) of 1988 mandates annual HIV/AIDS prevention education beginning no later than grade 5 and continuing through grade 12. Districts must adhere to several criteria, including the following:

The materials developed for use in the HIV/AIDS education program must be either:

- Model curricula and resources available from OSPI **or**
- Developed (or purchased) by the school district and approved for medical accuracy by the Department of Health (DOH) Office on HIV/AIDS

OSPI provides a list of materials that have been reviewed by DOH for medical accuracy. If a district

develops (or purchases) its own HIV/AIDS prevention curriculum, the district **must submit** to the DOH office on HIV/AIDS a copy of its curriculum and an affidavit of medical accuracy stating that the material has been compared to the model curriculum for medical accuracy and that in the opinion of the district, the materials are medically accurate.

For more information about parent notification, student opt-out and other requirements, please see OSPI's website. A model policy and sample parent waiver form are also available on our webpage.

Common School Curriculum

An additional law, RCW 28A.230.020 (Common School Curriculum), requires that "all teachers shall stress the importance of…methods to prevent exposure to and transmission of sexually transmitted diseases…" Schools may combine STD and HIV prevention instruction, or incorporate STD and HIV prevention into a comprehensive sexual health curriculum.

HIV and STD prevention instruction are most meaningful and useful to students when provided in the context of more comprehensive sexual health education that addresses basic anatomy and physiology, skill development (e.g., communication and refusal skills), and healthy relationships.

Student Learning Standards and Grade-level Outcomes

In 2016, the Washington Office of Superintendent of Public Instruction (OSPI) adopted Health and Physical Education K-12 Learning Standards, which include Sexual Health as one of six "core ideas" for health education. CSHE must be consistent with these standards. While the eight overarching health standards must be taught, grade-level student learning outcomes are provided as examples for districts of what a comprehensive course of instruction might look like.

Sexual health education grade-level outcomes were based on Washington's Healthy Youth Act (HYA) and the Guidelines for Sexual Health and Disease Prevention (2005 Guidelines), with additional guidance from the National Sexuality Education Standards (NSES) and Centers for Disease Control and Prevention (CDC) Healthy Behavior Outcomes.

Grade-level Student Learning Outcomes

Washington's sexual health education (CSHE) grade-level outcomes are provided as examples and do not represent a required course of instruction. They do reflect CSHE as defined by Washington state law and research on effective programs.

Ideally, Grade-level Student Learning Outcomes are used to ensure a comprehensive array of topics and skills such as those required by RCW 28A.300.475 are incorporated into the curriculum in a sequenced, age-appropriate manner. There are many opportunities to link CSHE to other health topics (e.g., social-emotional health, violence prevention, wellness) and to Common Core State Standards (e.g., social studies, English language arts). A standards comparison document from OSPI provides examples of how CSHE relates to Common Core State Standards.

Grade-level Student Learning Outcomes related to sexual health are organized into six topic strands. As discussed above, the grade-level outcomes are offered as examples of what a comprehensive sexual health curriculum might include. While instruction must be consistent with Health Education Standards and must include the topics outlined in RCW 28A.300.475, **each district will determine which additional topics to include in their curriculum and at what grade topics will be introduced.** Districts make decisions related to instructional materials.

For additional resources to support instruction, see our website resources page.

Elementary Level Sexual Health Outcomes

Note: no sexual health topics are required for students in grades K-3. At this age, the only requirement is for instruction in social emotional learning (SEL).

Anatomy and Physiology – Familiarity with medically accurate terminology in early elementary grades is foundational for understanding subsequent age-appropriate instruction on puberty, HIV, and other CSHE topics. Additionally, research shows that children's ability to avoid and/or report sexual abuse is dependent in part on their understanding of their bodies, including the correct names for body parts (Kenny, M.C. & S.K. Wurtele, 2008).

"Teaching children anatomically correct terms, age-appropriately, promotes positive body image, self-confidence, and parent-child communication; discourages perpetrators; and, in the event of abuse, helps children and adults navigate the disclosure and forensic interview process."

(National Sexual Violence Resource Center)

Growth and Development – Puberty education often is provided in grades 4, 5 and 6. Grade-level outcomes address the fact that some districts choose to address this topic as early as 3rd grade due to changes in the onset of puberty, especially among girls. Each district will determine when to start teaching this topic and how much information to provide. See the best practices section for a discussion on co-ed vs. gender separated instruction.

Best Practice Tip!

Providing instruction on growth and development in mixed gender classes helps normalize the topic and ensures that the needs of all students are being met.

Reproduction – Basic concepts related to reproduction, very general in nature (e.g., living things can reproduce; humans can reproduce), are introduced in grades 2–5 as foundational information for more advanced instruction in secondary grades.

HIV Prevention – HIV prevention instruction is required to be taught annually, starting no later than 5th grade. Some schools choose to start providing general information about disease transmission in earlier grades (see section above on AIDS Omnibus Act requirements). KNOW is the

state's "model curriculum" for HIV/AIDS prevention instruction, but districts are free to use any instructional materials that have been reviewed for medical accuracy and are otherwise consistent with legislative requirements (see Instructional Materials section below for tools to support instructional materials review and for a link to reviewed materials).

HIV prevention instruction is most meaningful and useful to students when provided in the context of more comprehensive sexual health education that addresses basic anatomy and physiology, skill development (e.g., communication and refusal skills), and healthy relationships. Stand-alone instruction related to HIV/AIDS is not recommended.

Self-Identity – Grade-level outcomes for K–2 are intended to address gender expression (e.g., can boys/girls wear certain colors and styles of clothing?) and gender roles and stereotypes (e.g., can boys/girls play certain games or sports, work in certain professions?), as questions and comments related to these topics are common in early elementary classrooms.

"The National PTA "encourage[es] states to incorporate standards regarding age-appropriate, medically accurate and culturally sensitive information on LGBTQ issues into existing health and other appropriate curricula"

Unless a school is working openly with a family to support a transgender student, conversations about gender identity are not common in early elementary classrooms. However, having these conversations can support students who may not yet be open about their identity and can promote both safety and empathy. The grade-level outcomes related to self-identity at the elementary levels are in place to prompt teachers to be prepared for discussions, based on terms and information students commonly hear, not to dictate what kinds of discussion to have.

The inclusion of self-identity content also addresses state civil rights and equity and RCW 28A.300.475 requirements for inclusive and bias-free CSHE instruction (see section on Legislative Requirements above). Grade-level outcomes are intended to promote understanding and respect for the wide variety of students and families represented in our schools. LGBTQ+ students who receive inclusive CSHE instruction are less likely to feel unsafe at school or to experience victimization based on their sexual orientation or gender identity (Kosciw, 2019).

A number of resources are available on OSPI's website to support instruction in this content area: Welcoming Schools and *Teaching Tolerance* both offer lesson plans; several curricula reviewed by OSPI and DOH include relevant lessons, including *FLASH* and *Rights, Respect, Responsibility* from Advocates for Youth. Seattle Public Schools has developed a Book Kit for teachers that addresses K–5 self-identity outcomes.

Healthy Relationships – In addition to addressing friendship, this topic also addresses safe and unwanted touch, affirmative consent and bystander intervention. These topics may be covered in other areas of instruction such as bullying prevention and social emotional learning programs. Healthy relationship instruction at the elementary level helps protect students from sexual abuse, helps students avoid sexually abusing others, and lays the groundwork for conversations about healthy romantic relationships and consensual sex at the secondary level. Discussions about

healthy relationships should include information about safe use of social media and the internet.

Secondary Level Sexual Health Outcomes

Grade-level Student Learning Outcomes related to sexual health are organized into six topic strands. As discussed above, the grade-level outcomes are offered as examples of what a comprehensive sexual health curriculum might include.

Anatomy, Reproduction, and Pregnancy – Familiarity with medically accurate terminology and the basics of reproduction are foundational for understanding age-appropriate instruction on puberty, HIV, STDs, pregnancy and other CSHE topics, and ideally are covered in elementary instruction. In addition to introducing new concepts in secondary grades, a short review of basic concepts and terminology is important at each grade level, as students may reach readiness for understanding this information at different ages.

Best Practice Tip!

The use of the Values Question Protocol should be used to support fact-based instruction that recognizes a wide array of personal values and refers students to families for discussion of family values (see section on Best Practices.)

Puberty and Development – Puberty (growth and development) education often is provided in grades 4 and 5. If prior instruction has been provided by the district, a review of the topic is recommended in middle school, recognizing the wide range of ages at which youth reach puberty. Each district will determine when and how much information to provide at each grade level. See the "best practices" section for a discussion on co-ed vs. gender separated instruction.

The American Federation of Teachers is one of many organizations that supports "integrat[ing] respect for human rights, including LGBTQ rights, across the curriculum."

Self-Identity – Grade-level outcomes for the secondary level are in place to prompt teachers to be prepared for discussions and respond to questions about terms and information students commonly hear, not to dictate the discussion. The primary focus of these grade-level outcomes is to promote understanding and respect for the wide variety of students and families represented in our schools. The inclusion of self-identity content also addresses state civil rights and equity and RCW 28A.300.475 requirements for inclusive and bias-free CSHE instruction (see section on Legislative Requirements above).

A number of resources are available on OSPI's website to support instruction in this content area: *Welcoming Schools* and *Teaching Tolerance* both offer lesson plans; several curricula reviewed by OSPI and DOH include relevant lessons, including *FLASH* and *Rights, Respect, Responsibility* from Advocates for Youth. For additional resources to support self-identity instruction, see our website resources page.

Some parents and community members may question the decision to teach about self-identity in schools. Research shows that all students benefit from CSHE that is inclusive of LGBTQ+ students (Kosciw, 2019). Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools, includes information and resources that may be helpful for districts, including a section on working with parents.

Prevention – Abstinence and other methods of prevention are addressed in the grade-level outcomes and reflect requirements of RCW 28A.300.475 (see Legislative Requirements section above), as well as research on effective CSHE. Research shows clearly that instruction that includes content on both abstinence and contraception is more effective than abstinence-only education, resulting in delayed sexual activity and other positive behavior changes among youth (Kohler, et al). Materials and guest speakers utilizing a "sexual risk avoidance" approach are promoting abstinence-only-until-marriage, an approach generally inconsistent with Washington requirements and therefore not allowable by law in public schools.

RCW 28A.300.475 and the 2005 Guidelines for Sexual Health Information and Disease Prevention require that teachers:

- Emphasize that no birth control method, except abstinence, is 100 percent effective in avoiding pregnancy and reducing the risk of sexually transmitted disease
- Instruct on abstinence, contraceptive methods, and other methods of disease prevention
- Ensure that neither abstinence nor birth control is characterized as the "only" choice for all students at all times
- Provide opportunities for students to practice communicating boundaries and consent

HIV prevention instruction (like other sexual health topics) is most meaningful and useful to when students have already been exposed to instruction covering basic anatomy and physiology, skill development (e.g., communication and refusal skills), and healthy relationships.

STD and birth control instruction is most effective when using "key concepts," rather than providing detailed summaries of every STD or every contraceptive method. Slide shows of STD symptoms are not recommended for several reasons: they may perpetuate stigma regarding STDs, they may be problematic for students who have experienced sexual trauma, and the information may be dismissed by students who perceive this approach as a "scare tactic."

Typically, actual examples of birth control methods would not be handled in the classroom earlier than 7th grade. It is recommended that they be introduced no later than 8th grade, with continued lessons throughout high school to ensure that students have needed information prior to becoming sexually active and as they are initiating sexual activity. This includes condom demonstrations on correct condom use.

Best Practice Tip!

Instruction on condom use is recommended starting by 8th grade before most students are sexually active. By 10th grade, 25% of students report having had sex, with only a little more than half of them reporting the use of a condom.

Skill-building (as reflected in Health Learning Standards 2–8) is of particular importance with prevention education, including communication, decision-making and goal-setting skills. Role plays, practice with decision-making models related to other health behaviors, and goal-setting related to other health behaviors, can all help reinforce the skills needed for successful behavior adoption or change related to sexual health. Evidence-based or evidence-informed curricula will include many examples of skill-building activities for this content area.

Healthy Relationships – In secondary grades, in addition to addressing friendship, healthy romantic and sexual relationships should be addressed. Providing information about affirmative consent and bystander intervention is required. These topics may also be covered in other areas of instruction such as bullying prevention and social emotional learning programs. Healthy relationship instruction at the secondary level helps protect students from experiencing or perpetrating sexual abuse and intimate partner violence. Discussions about healthy relationships should include information about safe use of social media and the internet and may include discussions about sex trafficking or the use and impact of pornography. Skills related to Health Standard 2 (analyzing the influence of peers, media, technology) and media literacy would be helpful to reinforce within this content area.

Washington State Laws - A number of laws are referenced in secondary level grade-level outcomes. Having students research laws related to access to sexual health services provides an opportunity for skill-development related to accessing valid health information (Health Standard 3). Discussing laws related to sexting and online sexual harassment can help students develop the ability to analyze the influence of technology, culture and peers (Health Standard 2). Appendix D provides resources and information on Washington state laws referenced in this section of the standards.

Scope and Sequence

The 2016 Health and Physical Education K–12 Learning Standards include grade-level student learning outcomes. Grade-level outcomes are provided as an example of a comprehensive scope and sequence based on state law and national standards, identifying what students should know and be able to do by the end of each grade.

Districts may develop their own CSHE scope and sequence as long as it is consistent with RCW 28A.300.475 and 2005 Guidelines. For more information, see Developing a Scope and Sequence for

Sexual Health Education from the CDC.

Instructional Materials

When districts think about adopting instructional materials for CSHE, it is important to consider a number of factors:

- Are they consistent with legislative requirements (see above)?
- Are they evidence-informed or evidence-based? In other words, have the materials been evaluated for effectiveness in changing behavior? Are they based on theoretical models for behavior change that have been shown effective?
- Are they appropriate for all students in the classroom? In other words, do the materials address the needs and diversity of all students? Are the materials culturally responsive? Are they consistent with the norms of the school? Have they been reviewed for bias?

In accordance with RCW 28A.300.475, OSPI and DOH regularly review CSHE instructional materials for consistency with legislative requirements and state learning standards. The resulting curriculum review reports are available on our website. OSPI does not "approve" or recommend instructional materials.

Districts reviewing their own materials must use OSPI-developed tools for reviewing instructional materials. Districts should review materials before adopting/implementing them, even if they have been determined to be consistent with legislative requirements, to determine that they are a good fit for the district.

Resources for providing population-specific CSHE are available on OSPI's website. These include programs and materials for special education students, students in out-of-home care, LGBTQ+ students, students in alternative education programs, as well as other culturally relevant programs and materials.

Bias and Equity

In addition to being reviewed for medical accuracy and general compliance with RCW 28A.300.475 and AIDS Omnibus Act requirements, all instructional materials used in Washington schools, including CSHE and HIV prevention materials, must be reviewed by the school district instructional materials committee for bias as provided in the Basic Education Law (RCW 28A.150.240), the Instructional Materials Law (RCW 28A.320.230), and the Sex Equity Law (RCW 28A.640.010). OSPI curriculum reviews incorporate this component and OSPI-developed curriculum review tools include items related to bias and equity. OSPI also provides a more extensive tool, "Screening for Biased Content in Instruction Materials" for optional use.

Teacher Preparation

Adequate teacher preparation is essential for the delivery of effective comprehensive sexual health education that is consistent with state and district requirements. Professional Learning Standards for Sex Education (PLSSE) outline core skills across four domains: context for sex education,

professional disposition, best practices for sex education, and key content areas. A teacher self-assessment tool is included in the PLSSE materials.

In brief, educators delivering sexual health content should have comfort with the subject matter, commitment to providing quality sexual health education, and confidence in their ability to deliver instruction with district support. Tailored professional development has been linked to better behavioral outcomes for youth receiving sexual health education (Raspberry, et al. 2022).

Sexual health content may be delivered effectively by a variety of people, including health/PE teachers, other classroom teachers, school nurses, school counselors, guest speakers (see Section 2 and Appendix E for more information), or by teams including a teacher and school nurse. Those delivering sexual health content should be familiar with district policies and state requirements, should use district-approved instructional materials, and should have adequate training to ensure success.

Teaching sexual health content raises the possibility of student disclosures of sexual abuse and assault. All professional school personnel are mandated reporters and should have adequate training on reporting processes. Professional development resources are provided for both administrators and educators, many of which are available online. For more information about the role of educators, see the section below on "Recognizing and Reporting Sexual Abuse and Assault."

It may be helpful to have school counselors/social workers available during sexual health units to support teaching staff with reporting and to support students with appropriate services. Recommendations for Sexual Abuse Prevention Education in Washington State K-12 Schools" includes information on developing support and referral systems. Please contact OSPI's Sexual Health Education Program Supervisor for additional support and resources.

SECTION 2: Educator Guidance

Best Practices in the Classroom – Introduction

This section provides information and guidance for educators to support effective sexual health instruction. Familiarity with district and state legislative policies and requirements is critical, as well as the use of district-approved instructional materials that meet state requirements, and adequate training and preparation (see Section 1). The use of strong instructional materials and tailored professional development have been linked to better behavioral outcomes for youth receiving sexual health education (Raspberry, et al. 2022).

Guidance is provided in Section 1 to support use of the grade-level outcomes for sexual health education that are included in the Health & Physical Education K-12 Learning Standards. A number of resources to support instruction are provided on OSPI's Health/Physical Education and Sexual Health Education webpages.

There is no one "right way" to teach sexual health education, but decades of research do point to effective teaching strategies that maximize the academic benefits of such instruction for students

and support behavior change that promotes health and wellbeing.

Much of the research that informed development of the 2005 Guidelines still holds true today. A recent literature review substantiated earlier evidence that sexuality education is most effective:

- When begun early and before sexual activity begins
- When instruction is scaffolded over multiple grades, i.e., teaching builds on previous lessons and happens over time (Goldfarb & Lieberman, 2020)

Educator Checklist – Sexual Health Education

A checklist for educators is provided In Appendix B that outlines key steps and components to help ensure success.

Effective Sexual Health Education Practices

Students who receive comprehensive sexual health education are more likely to delay having sex, and more likely to have fewer partners and use protection when they do have sex (Advocates, 2014). Additional benefits include improved knowledge, attitudes, and outcomes related to healthy relationships and personal safety and touch; increased intentions for communicating with parents and guardians about sexuality in the media; reduced bullying related to sexual orientation; and increased empathy and respect (Goldfarb & Lieberman, 2020).

Research on effective CSHE instruction directs educators to focus their efforts on supporting students in developing their own beliefs, attitudes, and skills. This approach is especially useful when working with elementary and middle school aged students, as they are still in the process of forming their beliefs, attitudes and skills related to sexual health and relationships. Most elementary and middle school students are not currently engaged the type of sexual behavior that might put them at risk of negative health outcomes. Sexual health education at this grade level supports development of beliefs, attitudes, and skills that will help young people prevent potential negative health outcomes when they are older by delaying sex and using condoms and/or other prevention methods when they do have sex.

Teach in Accordance with State Laws and District Policies

Before teaching sexual health content, it is helpful to review the requirements outlined in RCW 28A.300.475 and the related 2005 Guidelines (see legislative requirements).

Additionally, each school district establishes CSHE policies and procedures based on state law and their community norms and traditions. Teaching staff are encouraged to familiarize themselves with district policy, and districts are encouraged to review policies, procedures, and curricula regularly to ensure they are up to date, based on evidence regarding effective instruction, and on accurate assessments of the community climate (see Support for Sex Education above).

Teach Students to Access Accurate Information and Valid Resources

Both state law and K–12 Health and Physical Education Learning Standards address the importance of providing accurate information to students and helping them identify and assess valid health information. Reliable sources include government sites and the peer-reviewed journals of major professional associations. OSPI's website includes organizations that have been vetted for the quality and reliability of their resources. Help students analyze the trustworthiness of sources. Introduce your school nurse and other supportive school personnel to students as a reliable source of information.

All materials, especially visual aids/videos, should be reviewed before showing to students. Consider the age-appropriateness, relevance to lesson, medical accuracy, and potential bias of information and images.

Teach Comprehensively

RCW 28A.300.475 requires that sexual health education be consistent with the 2005 Guidelines for Sexual Health and Disease Prevention, which describe comprehensive sexual health education in line with evidence-based approaches. It must include instruction on both abstinence and contraceptives, and should include a wide variety of topics, provided over time, that promote lifelong sexual health.

A comprehensive approach also suggests addressing sexual health topics not only through information and skill building, but also by addressing social norms. This may be done by addressing school and classroom climate, conducting social marketing/norms campaigns to normalize non-risk-taking behaviors, or engaging students in integrated learning and advocacy projects.

Build a Positive Classroom Climate

Creating a positive classroom environment is not unique to sexual health education, because it is associated with improved student learning and academic achievement (Thapa, et al. 2013). However, climate building is especially important for developing rapport and creating an environment where all students feel safe and comfortable discussing the many sensitive topics often included in sexual health education (Answer & Cardea, 2016).

Manage sexual harassment, intimidation, and bullying threats through climate setting at the beginning of a unit and through consistent, firm, equitable intervention. Recommended best practice involves early introduction of the climate setting topic, including: establishing group norms or written group agreements to set the tone and identify expected behavior, openness to diverse questions and use of an anonymous question box, and noting confidentiality and mandatory reporting requirements (see FLASH and other resources for instructions on the effective use of anonymous question boxes).

It is also helpful to consider classroom climate in the context of the climate of the entire school. A number of tools are available to assess and improve school climate, including GLSEN's School Climate Survey and West Ed's School Climate Improvement Toolkit.

Educators can use many different strategies to build a safe and respectful learning environment. One of the most important ways to create and maintain a safe, respectful environment is by introducing and reinforcing group norms (or ground rules) to guide interaction among everyone in the classroom. Group norms describe how students and teachers want each other to act so everyone can learn. Effective sexual health education begins with a process in which teachers engage all students in creating, understanding, agreeing to and respecting the norms, which may vary depending on the grade level (Schroeder, Goldfarb & Gelperin, 2016). Norms or ground rules that relate to confidentiality should be carefully worded because teachers are mandated reporters.

Consider posting the norms on a wall for every session. For classrooms with norms that are posted all year, it can be helpful to remind students about the group norms before a unit on sexual health education and remind students, when necessary, that everyone has agreed to abide by the norms. Students can initial group norms before posting to increase buy-in. Some examples of group norms that can help build a supportive environment for sexual health education are listed below.

Group Norms (adapted from *Rights, Respect, Responsibility* (3Rs) Curriculum)

- Right to Pass—Share only what you are comfortable sharing. No one should ever feel pressured to contribute if they do not wish to.
- Respect differences— Protect one another's right to hold different views. Group members may disagree, but they should not judge one another for their beliefs.
- One person speaks at a time—Allow one another to be heard. Avoid side conversations.
- No put downs—Avoid name calling or insulting one another.
- Use "I" statements—Speak for yourself and avoid broad generalizations.
- There is no such thing as a silly/stupid question—All questions are good to ask.
- Appropriate sharing outside of class—Telling other people about what you learn here is good, but we should not discuss anything personal that someone in the class may have shared. That's disrespectful and unfair to that person. Instead, you can describe what you learned rather than reference a person, especially if the person would be easily identified by sharing.

Create an Inclusive Classroom

State law (RCW 28A.300.475) specifically says instruction in comprehensive sexual health education must be "inclusive of all students, regardless of their protected class status, and that "all curriculum, instruction, and materials must use language and strategies that recognize all members of protected classes." Current protected classes include:

- Sex
- Race and color
- Religion and creed
- National origin
- Sexual orientation
- Gender identity

- Gender expression
- Disability

Starting at the end of the 2022-23 school year, districts will need to show how their CSHE instruction meets this and other requirements of the law.

State law (WAC 392-190-055) also requires that schools identify and eliminate bias in all instructional materials in order to protect the civil rights of all students and to support student identity development, pride, sense of community, belonging, and empowerment. The Office of Superintendent of Public Instruction (OSPI) provides a resource to screen for biased content in instructional materials.

Two groups typically left out of traditional sexual health education are students who identify as LGBTQ+ and students with disabilities.

About 20% of students describe themselves as lesbian, gay, bisexual, or questioning their sexual orientation or identity (LGBQ). In a classroom of 30 youth, about 6 do not identify as straight (heterosexual). Most classes of 30 youth also include an average of one student who identifies as transgender. Students who identify as LGBTQ+ are significantly more likely to experience bullying, harassment, and abuse compared to straight (heterosexual) students (2018 Healthy Youth Survey). Students in schools with LGBTQ-inclusive sexual health education experience lower levels of victimization related to their sexual orientation and gender expression and a more positive school climate in general (Kosciw et al. 2018).

Approximately 143,000 eligible students in Washington receive special education and related services – about 13% of students enrolled in public schools. Individuals with disabilities, especially intellectual and developmental disabilities, are at greatest risk of sexual abuse, yet they have the least access to sexual abuse prevention education (Balderian, 1991).

In order to be inclusive, curriculum, instruction, and materials must recognize all students. The goals are for all students to feel seen and accepted for who they are and for all students to receive instruction that is useful and relevant to them as individuals.

Inclusion of Students with Disabilities - All students, regardless of their ability status, should have access to sexual abuse prevention education, as well as more comprehensive sexual health education that recognizes them as sexual beings and as possibly sexually active. An example of a strategy to include all students would be acknowledging that all people experience similar developmental changes, feelings, etc. no matter their ability status.

If students in special education programs are separated from their regular classroom during a sexual health unit, ensure they get developmentally appropriate sexual health education so they are able to manage their own sexual health, as well as develop and maintain personal boundaries related to sexuality. Students with disabilities may be vulnerable to sexual predation and students with cognitive disabilities may be at risk for perpetrating sexual abuse if they are not taught about healthy sexuality and boundaries. Ensure that instruction is concrete, age-appropriate (so it matches physical developmental stages) and uses simplified language. Research on youth with

autism spectrum disorder suggests that a one-size-fits-all approach is not sufficient and that a skills-development approach is critical, as is including parents and advocates in planning and conversations and providing supports for educators (Davies et al. 2021).

Inclusion of LGBTQ+ Students - The most effective way for a district to ensure their curriculum and materials are inclusive is to use a curriculum that has been developed to be inclusive. These curricula use strategies such as gender inclusive language and scenarios that include diverse characters.

Inclusive curricula:

- actively acknowledge lesbian and gay students by referencing same-sex relationships in scenarios and language throughout the curriculum;
- acknowledge that some students identify as transgender (their gender identity is not consistent with the gender assigned to them at birth) or non-binary (they don't identify as either male or female or they identify as both male and female) and may use the pronouns they/them rather than she/her or he/his; and
- include content on sexual orientation and gender identity, including definitions of terms, the importance of empathy and respect for all students and families, and resources specific to the population.

Including lessons on sexual orientation and gender identity is recommended as part of a comprehensive, inclusive curriculum. Even if lessons titled "sexual orientation" or "gender identity" are not used, content on these topics should be included in instruction in some way.

Instruction is more inclusive when educators are intentional in their language to ensure they are recognizing all students when delivering lessons from any curriculum. With that being said, if a curriculum needs significant modification in order to be seen as inclusive, the curriculum alone will not meet the requirement to recognize all members of protected classes. For example, a curriculum would not be considered inclusive if it does not recognize the range of students' gender identities, if only examples of heterosexual relationships are included in language, scenarios, and images, or if language in the materials shows bias toward or stigmatizes certain groups of students. The law states that "all curriculum, instruction, and materials must use language and strategies that recognize all members of protected classes."

Examples of instructional strategies that recognize all students might include:

- When talking about sexual attraction:
    - pointing out that some people are attracted to others of the same gender and some to others of a different gender and using language such as "when two people are dating…" (instead of when guys and girls are dating).
    - using gender neutral terms when describing relationships or attraction, e.g., "most people start to feel attracted to other people when they go through puberty" (instead of most boys and girls will start feeling attracted to the opposite sex).
    - acknowledging that people experience similar feelings no matter their ability status.

- Addressing gender stereotypes related to appearance – a wide range of choices with length/style of someone's hair or the color/style of their clothes, etc. is normal and doesn't necessarily indicate anything about a person's sexual orientation or gender identity.

- When talking about puberty/development:
    - acknowledging that all people experience physical changes during puberty and many of the changes are the same no matter what someone's gender is (instead of boys and girls experience physical changes).
    - acknowledging that all people have a gender identity – some people are cisgender (they identify with the gender they were assigned at birth), some people are transgender, and others don't identify with any gender.

The checklist in Appendix C provides examples of strategies for providing inclusive instruction and can help districts assess their own instruction. Resources to support inclusive instruction can be found on OSPI's website.

Practice Cultural Responsiveness and Proficiency

Classrooms in Washington state include a diversity of cultures. Cultural differences can enrich the classroom experience, but only if students and educators strive for cultural proficiency. In education, cultural proficiency is about educating all students to high levels through knowing, valuing, and using as assets their cultural backgrounds, languages, and learning styles. This is a transformational approach and an inside-out perspective on change, involving making the commitment to lifelong learning for the purpose of being increasingly effective in serving and integrating the needs of cultural and ethnic groups. Educators must have the capability to recognize our own assumptions in order to retain those that facilitate culturally proficient actions and to change those assumptions that impede such actions. Similarly, educators as a community apply this inside-out process to examine school policies and practices that either impede or facilitate culturally proficient practices. Cultural Proficiency is about being effective thinkers and educators in cross-cultural situations (Center for Culturally Proficient Educational Practice, n.d.).

Cultural proficiency is the ability to work effectively and respectfully with people from diverse cultural, linguistic, and social backgrounds. It is nearly impossible to learn and understand each young person's unique lived experience in a way that enables completely responsive communication. Rather, striving for cultural proficiency means communicating in ways that acknowledge and respect others' cultural identities. Teaching in a culturally responsive way includes learning within the context of culture, and student-centered instruction. Educators who seek to implement culturally proficient and responsive sex education have the potential to improve health outcomes for youth who have been marginalized. Without cultural proficiency, educators and students are incapable of effectively communicating with one another, and curricula fail to reach all students in the classroom.

Because a host of factors influence sex education, culturally proficient sexual health education extends beyond the particular sexual health education curriculum. It includes a range of programs and policies, including those related to nondiscrimination, bullying, sexual harassment, drugs, dress code, discipline, student organizations, school-based health services, the physical space, and the

general curriculum.

There are many strategies that teachers and administrators can consider to develop cultural proficiency in sexual health education.

Examine the broader school environment. An environmental scan might include policies, resources for LGBTQ+ youth and Black, Indigenous and other youth of color, staff professional development related to cultural proficiency, access to health resources, physical safety, and many other factors. A number of school climate surveys are available for use or adaptation.

Choose and adapt your curriculum thoughtfully. Consider how well the curriculum reflects students in your classrooms through visual images and reflections of culture. Curricula often need to be tailored to the community you serve; however, care must be taken to preserve the core elements of the curriculum that make it effective. School boards typically make decisions about CSHE curriculum adoption and may specify if the curriculum is to be taught with fidelity or can be adapted. When possible, it can be helpful to involve young people, families, and other community members in choosing and adapting curricula. You can find general adaptation guidance here: http://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf. When adapting a curriculum, strive to make meaningful changes beyond language modifications that will make your curriculum more relevant for a broad range of youth experiences and identities. For example, ensure that your curriculum includes sexual health information and discussions that are relevant to young people who might have same sex partners. or choose videos that include youth or adults that students can relate to.

Reflect on bias in your curriculum and any personal bias you may bring to the classroom. Striving towards cultural proficiency requires reflecting on the bias in our curricula and our own personal biases. Think critically about the messages in your curriculum and whether they make assumptions about groups of young people. Examine the ways you mentally categorize individuals, and the labels you attach to those categories. Being aware of these biases is often the first step toward making improvements in the facilitation of health education curricula. OSPI provides guidance on conducting a bias review, and one of OSPI's CSHE curriculum review tools includes a brief section for assessing bias. Some implicit bias tests include sexual orientation and gender, as well as race.

Biases and stereotypes to look out for related to sexual health are expectations that girls in some cultures will experience unplanned pregnancy, reinforcement of majority culture norms around beauty, body shape and size, adultification of black children (Goff, 2014), early sexualization or hyper-sexualization of girls of color (Epstein et al, 2016), and dress codes that perpetuate stereotypes, such as putting the onus for sexual violence prevention on those who experience it.

Use a trauma-informed teaching model. Trauma is the physical and emotional response to events that threaten the life or physical integrity of the young person or someone critically important to the young person. Trauma informed sex education emerged from the understanding that every classroom has young people who have survived sexual trauma, and that these youth still have the capacity for health and well-being. The use of "scare tactics" for topics such as STD or pregnancy prevention is not recommended, as it may re-traumatize students who have

experienced sexual abuse. Using shaming language or metaphors related to sexual experience will reinforce any feelings of shame already experienced by survivors of sexual abuse. See section below for more information.

Illustrate respect for students' identities. Know your students' names and pronouns. Ask students to tell you the name they want to use in your classroom and clarify pronunciation. Mispronouncing names that are unfamiliar to you or using a young person's assigned name as opposed to the name they prefer to use are often unintentional but powerful acts of discrimination. The same is true regarding students' gender pronouns. Consider sharing your gender pronouns with students and requesting that they share their gender pronouns with you.

Use gender-neutral language as possible. The use of terms like "partner" rather than boyfriend/girlfriend recognizes the wide variety of possible relationships among students and their families. Referring primarily to anatomy rather than the gender of the person who may have those body parts recognizes students who may be intersex or transgender. Using gender-neutral pronouns acknowledges the range of possible gender identities in the classroom. And de-gendering language helps address and break down gender stereotypes. The Healthy Teen Network provides a Tip Sheet on Gender, Sexuality, & Inclusive Sex Ed.

Find constructive ways to address offensive remarks by students when they arise. Harassing comments create an opportunity for teachers to address misunderstanding and promote a positive classroom environment. These steps can be helpful: address the remarks immediately, name the behavior, use the teachable moment, support the targeted student, hold students accountable. GLSEN's Safe Space Kit provides additional ideas for intervening effectively.

Consider Classroom Composition

Per the requirements of RCW 28A.300.475, all sexual health education should be age appropriate. The sexual health grade-level outcomes in the Health Education K-12 Standards provide a framework to support educators in determining what content is age-appropriate at different grade levels. These student learning outcomes were sequenced by a group of Washington State teacher leaders based on their own classroom experience and guidance developed by national experts to ensure that information is both cognitively and developmentally appropriate.

Students have different physical, emotional, intellectual, and social developmental needs and one classroom in a particular grade may be very different from another. Review materials for age- and developmental-appropriateness and consider age-appropriateness when answering questions that arise in the classroom.

Also per the requirements of RCW 28A.300.475 and Washington civil rights laws, all sexual health education should be appropriate for students regardless of protected class status, including race, religion, gender, sexual orientation and gender identity.

Schools often wonder if students should be separated by gender for sexual health education lessons. While there are some circumstances that could warrant separation by gender to enhance student comfort or address cultural norms, in the majority of circumstances it is preferable to teach

sexual health education in an inclusive, co-ed classroom. Teaching all students in your classroom together:

- Affirms the diversity of identities and experiences of all students and allows opportunities to hear a wide range of perspectives
- Helps normalize conversations about sexual health between/among genders and removes stigma related to the topic
- Ensures that all students receive required information, regardless of gender identity
- Ensures that all students receive accurate information, rather than second-hand information from other students after lessons
- Provides an opportunity to reinforce the importance of shared responsibility for communicating about consent
- Provides an opportunity to foster respect and healthy communication
- Addresses gender stereotypes and sexist attitudes (Fabes, 2011)

Teachers and administrators should carefully consider the pros and cons of separating classrooms by gender. If students are separated by gender, teach the same content, using the same materials with all students of similar ages.

Having a teacher who is comfortable with the subject matter and able to create a safe learning environment seems to be more important than having a teacher of the same gender.

Use Key Concepts

Key concepts are high-level ideas or themes. Focusing on key sexual health concepts (or enduring understandings) is a strategy that teachers can use their classrooms to achieve greater understanding of the key points of a curriculum. Teachers can weave key concepts into their discussions with students and into other health lessons, streamlining the amount of lesson preparation time teachers need and enhancing student learning. Students will also absorb and remember a few broader key messages more easily than a large number of specific details about topics such as STDs and birth control. The FLASH curriculum, developed by Public Health - Seattle and King County, provides a helpful Key Concept Guide that can be adjusted for use with many curricula (available with a FLASH license or in FLASH training events).

Focus on Skill Development

Research on effective CSHE indicates that students need information and skills, before they become sexually active. It is important to both model and provide opportunities to practice communication, negotiation and refusal skills. Helping students learn to communicate effectively in early elementary grades can be especially helpful with sexual violence prevention and reporting throughout life. Skills-based instruction like "demonstrating the steps to using a condom correctly" is recommended starting in high school, but ideally would be provided earlier (Kirby, 2007). The Health and Physical Education K–12 Learning Standards provide additional examples of skills-based grade-level outcomes for sexual health education.

Answer All Sexual Health-Related Questions

Answering student questions is a fundamental part of high-quality sexual health education. Answering all student questions accurately and age-appropriately validates students' quest for knowledge and ensures that misinformation is corrected. Not only are student questions fundamental to student learning, but they give the teacher an opportunity to assess students' understanding of content, build trust in their classroom and build their own credibility as a reliable source of accurate information.

While most questions are relatively straightforward and easy to answer, some are more difficult. If a teacher needs time to think about the answer or to consult with a colleague or expert, it is fine to let the class know you will answer the question in the next few days. Use of an anonymous question box can provide time to prepare for answering questions (see FLASH and other resources for instructions on the effective use of anonymous question boxes).

While it is best practice to answer all student questions, always follow your district's written policy (e.g., if certain topics are not allowed) or combine questions if you can do so without losing the primary focus of each. A few questions may need to be re-worded or paraphrased in order to avoid offending other students or reinforcing misinformation or stereotypes.

Questions about value-laden topics can be challenging for teachers at first glance. These questions may be directly about values, or they may be about topics about which people have strong values. The Value Question Protocol, developed by Public Health - Seattle and King County as part of the FLASH curriculum, offers a process for answering value-laden questions that is accurate, helpful to students, and respectful of the broad range of values and beliefs held by students and their families. FLASH also provides strategies for responding to personal questions, technique questions, and to slang in questions.

Teachers can get guidance and build skills on answering student questions by attending OSPI or other sexual health education professional development events.

Assess for Understanding

Students are most likely to retain skills and information when instruction is presented in a way that resonates with students and reflects best practices in learning theory. Many curricula include videos, games, and other interactive activities that make learning more engaging and it is critical to spend time debriefing such activities with students. A common framework used for debriefing sexual health education activities is Kolb's Experiential Learning Cycle. Most packaged curricula include some version of this framework in their scripts, to support either formative or summative assessments. One important way to improve cultural relevance and inclusivity is by adapting the debriefing questions in packaged curricula.

There are four steps to the experiential learning cycle:

- **Do the Activity.** The activity could be reading an article, watching a video, participating in a game, etc.

- **Reflect.** Support young people in reflecting on the experience they just had. Some questions you might ask could be "What did we just do?" "What happened?" or "What were the results?"
- **Analyze.** The next step is help students analyze the experience and understand why they participated in the activity. In this step you might ask questions like, "So what does this mean?" or "Why did this happen?"
- **Relate.** The last step is to ask students how the activity and what they learned from it applies to their lives and what they already know. For example, you might ask questions like, "Now what?" "What will you do with this information?" or "What will you do differently next time?"

Use Cross-content Instruction to Reinforce Learning

A comprehensive, medically accurate, and age-appropriate sexual health curriculum supports and reinforces the student learning outcomes within other Core Ideas in Washington State's Health Education Standards. For example, in the Sexual Health Core Idea, student learning outcomes that include basic understanding of gender and sexual orientation are critical to the bullying prevention student learning outcomes embedded within the Social Emotional Learning Core Idea. Connecting content and skills in a variety of content areas helps reinforce learning.

A standards comparison document from OSPI provides examples of how CSHE instruction relates to Washington K-12 Learning Standards for English language arts and mathematics, including many sample classroom activities

Engage Families

Parent/guardian engagement in schools contributes to students' health and learning. Studies have shown that students who have parents engaged in their school lives are more likely to have higher grades and test scores, better student behavior, and enhanced social skills (National Sexual Violence Resource Center, 2015).

Washington law requires that schools engage parents/guardians at least one month before teaching sexual health education in any classroom by notifying parents and guardians about the curriculum and making materials available for their review. *This includes any materials and lesson plans from outside speakers.* Families must also have the ability to review lessons and materials for HIV/AIDS prevention education lessons, including those from outside speakers.

Parent/guardian preview events should be held during hours most parents/guardians are available and advertised in a variety of ways to reach all families (website, emails, letters sent home with students). Parent events could include demonstrations of the Value Question Protocol or a typical lesson. Invite parents/guardians to share their own family's structure and values with their children. Encourage families to communicate at home about the content in each lesson or unit.

Communicating with parents and guardians about the curriculum is often just the first step. Trusted adults and families are critical sources of sexual health information for young people. Young

people typically want to learn about sexual health from their parents and caregivers, but sometimes parents and caregivers are unsure how to talk about these topics. Schools might consider providing presentations on parent-child communication about sexuality or factual resources to parents to support conversations at home about the sexual health topics addressed in class. Curricula and lesson plans that include homework and other family activities are also a great way to encourage conversations between students and the parents, caregivers, and other trusted adults in their lives and to create opportunities for these conversations outside of the classroom.

Respect a family's written request to waive a child's participation in all or part of sexual health/HIV prevention instruction, ensuring that district policy is being followed. Excuse the child discreetly, providing meaningful alternative activities. Contact OSPI for more information on opt-out resources.

Have Regular Classroom Teachers Deliver Content

Research shows that students learn more about sexual health topics when taught by their regular classroom teacher or a school nurse who has developed relationships with students, rather than a guest speaker. The teacher-student relationship, especially during adolescence, is important for establishing ease and trust when discussing sensitive topics. Regular classroom teachers and school nurses are considered more credible by students than their counterparts (e.g., guest speakers), especially when discussing sexual health, and students are more likely to pay attention and retain information. It is important to ensure that teachers have needed professional development prior to delivering sexual health content. Districts may choose to bring in guest speakers for a variety of reasons.

Review Guest Speakers

Some schools and teachers may choose to bring in guest speakers who are experts in sexual health. It is important to note that outside speakers are bound by the same laws and requirements around teaching HIV and other sexual health lessons as classroom teachers.

Best Practice Tip!

Students may be more inclined to learn life-changing behaviors from someone they know and trust.

RCW 28A.300.475, the law that articulates the standards for sexual health education, states, "a school may choose to use separate, outside speakers or prepared curriculum to teach different content areas or units within the comprehensive sexual health program as long as all speakers, curriculum, and materials used are in compliance with this section."

Guest speakers may not be brought in to provide "opposing viewpoints" on topics such as abstinence, birth control or abortion if those viewpoints represent medically or scientifically inaccurate information, or information that is otherwise inconsistent with legislative requirements for inclusivity and bias. Guest speakers and materials utilizing a "sexual risk avoidance" approach

are promoting abstinence-only-until-marriage, an approach that is generally inconsistent with Washington requirements.

Guest speakers' presentations should be previewed before they are invited into the classroom. OSPI's "Guest Speaker Guidelines and Checklist" can be used to assess guest speakers for alignment with Washington state requirements (see appendix D).

Use a Trauma-Informed Approach

Approximately one in four girls and one in six boys experience sexual assault before age 18 (The National Child Traumatic Stress Network, n.d.). Traumatic experiences like sexual abuse and assault can greatly impact a young person's sense of safety in school, as well as their ability to focus, learn, and regulate emotions (Substance Abuse and Mental Health Services Administration, 2014). This can be particularly true when the class subject matter directly relates to any traumatic experiences students have had related to sexuality or relationship dynamics.

Using a trauma-informed approach "means that educators, facilitators, and agency staff have some knowledge and training about the effects of trauma on the brain and behavior, and consider those effects when providing services." (Cardea, 2016). Ultimately, this approach intends to promote equity and a greater sense of safety among those served by an organization or program. The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined six key principles of a trauma-informed approach:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

There are guides and other materials designed to help educators adapt curricula to support a trauma-informed approach to sexual health education. Resources on creating trauma-sensitive classrooms is available from ASCD.

Recognizing and Reporting Sexual Abuse and Assault

People aged 15 to 24 report rape and sexual assault at far higher rates than any other age group (Perkins, 1997). Washington's 2018 Healthy Youth Survey indicated that rates of unwanted sexual contact among 10th and 12th graders were significantly higher than in 2016. Students who identify multiracial experienced higher rates of victimization than their white counterparts. (Office of Superintendent of Public Instruction). Nationally, data shows that people who identify as LGBTQ+ experience higher rates of sexual harassment and violence than straight people. (Centers for Disease Control, n.d.).

If you suspect a student in your classroom has been or is being sexually abused, sexually exploited,

or injured (by anyone, not just a caregiver) you are legally obligated to report it per RCW 26.44.030. All professional school staff are mandated reporters. If guest speakers are used, ensure you discuss and plan for how any disclosures should be handled.

Keep in mind that at any given time you likely have students in your class who have experienced sexual abuse or assault, either currently or in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. Be transparent with students about your role as mandated reporter in order to ensure they have as much control as possible about how and when disclosures happen.

Signs that a student may be experiencing abuse:

- The student tells you.
- A student confides to you that another student was exploited.
- The student acts differently than usual, in troubled ways. These behaviors can signal other stresses but should still prompt the teacher to ask the student if they can help with a problem.
    - Regressing to more immature behavior
    - Clinging to you or another staff person
    - Cranky, hostile, or depressed
    - Sleeping in class, or lacking energy
    - Development of minor ailments (headaches, stomach aches, no appetite)
    - Reluctant to leave school at end of day
    - Sudden change in attire
    - Wearing many layers of clothing even during hot weather

It is important to note that a student showing one or all of these identified behaviors does not indicate or prove there is abuse. If a student is demonstrating these behaviors, school personnel should have a conversation with the student to check in on their social emotional health, mental health, and physical safety in and outside of school.

What to do if a student confides in you about sexual abuse or assault or if you have reasonable cause to believe that abuse or assault has occurred.

- Tell the student "I believe you."
- Tell the student that they are not to blame and say, "I care about you and I'm glad you told me."
- Speak privately with the student and maintain the student's confidentiality within the school, unless you feel the need to enlist the help of another adult support person, such as your principal, school nurse, or counselor.

In Washington state, if you suspect a child is being abused, call the Washington State Child Abuse and Neglect Hotline at 866-END-HARM (866-363-4276). The operator will connect you with the right office to make your report. Hotline hours: 24/7

- **Report the abuse**. It is not sufficient to "turn the case over" to your principal or another staff person, even if this is what your school protocol advises. You are required by law to report it yourself or to make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is reasonable cause to believe it has occurred; it is the job of the child protection agency to investigate, not yours or the school's.
- Offer the student as much control as possible over the timing and manner of reporting. If the student wishes, for example, they could make the report themselves while you sit at their side for support. In Washington state, if a student is not in imminent danger, you have 48 hours to make a report. You could allow them the choice to delay reporting to a child protection or law enforcement agency for a day in order to disclose it first to a parent or guardian, assuming the abuse is not at the hands of this person (Child Protective Services (CPS), 2012).
- If the student is reporting a sexual assault, ensure they get appropriate medical care and support as soon as possible. Local sexual assault agencies are an excellent source of information.

If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help. In Washington, call 866-END-HARM (866-363-4276) or find a local CPS intake number online. Nationally, call the National Sexual Assault Hotline: 1-800-656-HOPE.

What to do if you get an anonymous question from a student that indicates possible abuse or exploitation:

- If you recognize the handwriting, ask that student if you can talk with them privately. Do not pressure them, but tell them that you care and that if there is anything they want help with, you can help. If the student denies writing the question, tell them that you care about their wellbeing and want to help if they ever do need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you are not sure who wrote it.
- If you do not recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

For further resources related to responding to disclosures of abuse, or about the provision of sexual health education in general, please see OSPI's website.

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APPENDICES

Appendix A: Administrator Checklist – Sexual Health Education

The following checklist includes both requirements and best practice guidelines

Policies and Requirements:

- ☐ My district's policies for HIV prevention instruction (#2126) and Sexual Health Instruction (#2125) are up to date and reflect current state law.
- ☐ My district provides an opportunity for parents/guardians to preview instructional materials.
- ☐ My district provides 30 days advance notice to parents/guardians and a process for them to opt their child out of instruction.
- ☐ My district provides planned alternate activities for students whose parents/guardians opt them out of instruction.
- ☐ My district provides sexual health education that is appropriate for students regardless of gender, race, sexual orientation, disability status, and gender identity.
- ☐ If my district uses guest speakers, we ensure they are following district and state requirements (see Appendix E).

Instructional Materials Used by My District:

- ☐ Have been approved/adopted by our school board.
- ☐ Are up-to-date.
- ☐ Have been reviewed for consistency with AIDS Omnibus Act and RCW 28A.300.475 requirements (e.g., medically accurate, age-appropriate, comprehensive, cover both abstinence and other methods of prevention, appropriate for students regardless of gender, race, disability status, sexual orientation, and gender identity).
- ☐ Have been reviewed for bias and cultural relevance.
- ☐ Include student assessments (formative or summative).
- ☐ Include homework that engages families.

School Climate:

- ☐ My district works to provide safe spaces for all youth.
- ☐ My district has carefully considered the pros and cons of mixed gender vs. split gender instruction.

Professional Skills:

- ☐ Educators teaching sexual health content in my district have received relevant and regular professional development.
- ☐ My district provides training on mandatory reporting.
- ☐ I am familiar with my responsibilities as a mandated reporter and know who to contact for support.
- ☐ Staff delivering sexual health content are familiar with the requirements of the AIDS Omnibus Act and RCW 28A.300.475.

Appendix B: Educator Checklist – Sexual Health Education

The following checklist includes both requirements and best practice guidelines

Policies and Requirements:

- □ I am familiar with my district's policies for HIV prevention instruction (#2126) and Sexual Health Instruction (#2125).
- □ I am familiar with the requirements of the AIDS Omnibus Act and RCW 28A.300.475.
- □ I have provided an opportunity for parents/guardians to preview instructional materials.
- □ I have provided 30-days advance notice to parents/guardians and a process for them to opt their child out of instruction.
- □ I have an alternate activity planned for students whose parents/guardians opt them out of instruction.
- □ I ensure guest speakers are following district and state requirements, including their role in mandatory reporting (see Appendix E).

Instructional Materials I am using:

- □ Have been approved by my district.
- □ Are up-to-date.
- □ Have been reviewed for consistency with AIDS Omnibus Act and RCW 28A.300.475 requirements (e.g., medically accurate, age-appropriate, comprehensive, cover both abstinence and other methods of prevention, appropriate for students regardless of gender, race, disability status, sexual orientation, and gender identity).
- □ Have been reviewed for bias.
- □ Include student assessments (formative or summative).
- □ Include homework that engages families.

Classroom Climate:

- □ I have a plan to establish group norms/ground rules.
- □ I have carefully considered the pros and cons of mixed gender vs. split gender instruction.
- □ I am familiar with the range of cultural differences in my classroom.

Professional Skills:

- □ I am committed to teaching CSHE.
- □ I am confident about teaching with key concepts.
- □ I have the skills I need to answer student questions (e.g., use of the Value Question Protocol).
- □ I am familiar with my responsibilities as a mandated reporter and know who to contact for support.

Professional Training:

- □ I have received adequate training to be confident and comfortable teaching.
- □ I have received training on the use of the Value Question Protocol.

Appendix C: Administrator/Educator Checklist: Inclusive Sexual Health Instruction

The following checklist includes both requirements and best practice guidelines

State law (RCW 28A.300.475) requires that the curriculum, instruction, and materials used to provide comprehensive sexual health must be inclusive of all students, regardless of their protected class status and must use language and strategies that recognize all members of protected classes. This checklist provides examples of how districts might ensure that instruction is inclusive.

Curriculum and Instructional Materials:

- ☐ Appropriate for students regardless of religious/spiritual beliefs (e.g., does not promote a particular set of faith-based values or beliefs)
- ☐ Provided in more than one language
- ☐ Designed for the primary cultural group represented in our school
- ☐ Use inclusive language and/or terminology
- ☐ Use language and examples that recognizes a range of gender identities
- ☐ Avoid derogatory, stigmatizing or shaming language related to sexual orientation
- ☐ Include accurate information/lessons about sexual orientation and gender identity
- ☐ Include lessons about sexual orientation and gender identity
- ☐ Designed specifically for LGBTQ students
- ☐ Include information that directly addresses the sexual health needs of LGBTQ students
- ☐ Avoid derogatory or shaming language related to sexual activity
- ☐ Avoid reinforcing gender stereotypes
- ☐ Designed specifically for students with disabilities

Classroom Instruction:

- ☐ Provides students with information about LGBTQ resources within the school (e.g., counseling services, student support groups)
- ☐ Identifies additional LGBTQ resources available in the community or online
- ☐ Provides information about sexual orientation
- ☐ Provides information about gender identity and gender expression
- ☐ Addresses gender stereotypes
- ☐ Encourages students to respect others' sexual and gender identities
- ☐ Provides English language learners with resources for themselves and parents/guardians in languages other than English

Appendix D: Laws Related to Sexual Health Education Topics

Sexual Health Care for Minors
Washington state has several laws that ensure confidential access to health care for minors, including sexual health care, without the permission of parents or other adults. Minors have full access to contraceptive, prenatal and abortion services regardless of age, access to STD testing and treatment at age 14 and older, and the ability to make an adoption plan with legal counsel. Mental health services can be accessed at age 13 and older.

Washington Law Help maintains a summary of all laws related to minors' access to health care: https://www.washingtonlawhelp.org/files/C9D2EA3F-0350-D9AF-ACAE-BF37E9BC9FFA/attachments/392AA11E-B7CF-083D-B5DC-911ACC8EF7A7/5934en_when-can-minor-access-health-care-wout-parental-consent.pdf..

The Guttmacher Institute maintains national and state-specific summaries of laws related to minors' access to sexual health care: https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law.

The Center for Adolescent Health and the Law maintains state-level summaries of state minor consent laws: http://www.cahl.org/state-minor-consent-laws-a-summary-third-edition/.

Students' health information must be kept confidential by school personnel. Disclosing a student's health information to other school staff is a violation of privacy and may be a violation of federal HIPAA and FERPA laws. See OSPI Guidelines for more information: https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/healthcaredocumentguide.pdf.

Safe Surrender of Infants
Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. The National Safe Haven Alliance maintains a listing of state-specific laws: https://www.nationalsafehavenalliance.org/maps/.

Sexual Assault Laws and Exploitation
Schools that provide sexual health education must include information about sexual offenses involving minors. RCW 28A.300.145 was amended by the legislature in 2013 to require that schools offering sexual health education must include "age-appropriate information about the legal elements of sexual [sex] offenses (under chapter 9A.44 RCW) where a minor is a victim and the consequences upon conviction."

Several laws define illegal sexual contact and legal consent to sexual contact.

- RAINN maintains state-specific information on related laws: https://www.rainn.org/laws-your-state-washington.
- The Washington Coalition of Sexual Assault Programs (WCSAP) maintains a webpage with laws related to sex offenses and other related crimes, as well as benefits and protections for victims: http://www.wcsap.org/rape-laws-related-statutes.

- The YWCA's Sexual Violence Legal Services maintains a webpage with WA laws related to sexual assault and harassment and mandatory reporting: http://www.svlawcenter.org/washington-state-laws/.

Sexting
The Cyberbullying Research Center maintains a listing of state laws related to sexting: https://cyberbullying.org/sexting-laws.

Age of Marriage
Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. Cornell Law School maintains a list of state laws related to marriage: https://www.law.cornell.edu/wex/table_marriage.

Equity and Civil Rights
OSPI's Office of Equity and Civil Rights works to ensure that each student has equal access to public education without discrimination. Their webpage includes laws and policies, as well as district resources related to sexual and discriminatory harassment, gender identity and expression, and other civil rights topics: http://www.k12.wa.us/Equity/default.aspx.

Appendix E: Guest Speaker Guidelines and Checklist

In order to ensure the best outcomes for students, it is ideal that guest speakers utilize lessons and teaching methods aligned with current sexual health education research, such as avoiding the use of fear-based educational techniques. They must also be in alignment with state law.

Comprehensive Sexual Health Education (RCW 28A.300.475)
A school may choose to use separate, outside speakers to teach different content areas or units within a comprehensive sexual health program as long as they and their materials are consistent with RCW 28A.300.475 and other applicable state laws.

Guest speakers may not be brought in to provide an "opposing viewpoint" on topics such as abstinence, birth control or abortion if that viewpoint represents medically or scientifically inaccurate information, or information that is otherwise inconsistent with legislative requirements for inclusivity and bias. Guest speakers using "sexual risk avoidance" materials or approaches are promoting abstinence-only-until-marriage, which is not consistent with Washington law and therefore not allowable under state law.

Key Requirements for materials/information presented:

- Must be medically and scientifically accurate (i.e., information that is verified or supported by research, published in peer reviewed journals and recognized as accurate and objective by organizations such as the Centers for Disease Control and Prevention).
- Must be inclusive of all students, using language and strategies that recognize all protected classes (includes gender, gender identity, race, disability status, sexual orientation, religion).
- Abstinence may not be taught to the exclusion of other instruction on contraceptives and disease prevention. (i.e., may not be taught without instruction on contraceptives and disease prevention, or as the only acceptable or effective method of prevention).
- Must be available for parents and guardians to review at least a month in advance of instruction being provided.

HIV/AIDS Prevention Education
While the AIDS Omnibus Act does not specifically address the use of guest speakers in the provision of HIV/AIDS Prevention Education, it does address the adoption and use of "curricula" and "materials." If an outside speaker is used to deliver all or part of the "curriculum" or "materials," the district should ensure that their presentation is in alignment with the provisions of the law.

Key Requirements for materials/information presented:

- Must be medically and scientifically accurate (i.e., information that is verified or supported by research, published in peer reviewed journals and recognized as accurate and objective by organizations such as the Centers for Disease Control and Prevention)
- Must be reviewed for medical accuracy by the WA Department of Health
- Must be available for parents and guardians to review at least a month in advance

A sample Checklist follows that may be used to determine suitability of guest speakers.

Sexual Health Education Guest Speakers – Sample Checklist

Speaker Preview:

- ☐ Have I reviewed all content prior to engaging the speaker? (e.g., requested and reviewed handouts, reviewed videotaped sample of the presentation if available, asked others in my district to review content/materials. If there are questions about medical accuracy, have I had those items reviewed by the WA Dept. of Health or another similar expert?)

Preliminary Considerations:

- ☐ What topics are covered during the presentation?
- ☐ Are the expected student learning outcomes consistent with my desired outcomes?
- ☐ How will student questions be answered during the presentation?
- ☐ Do the speaker's credentials indicate expertise in the content area? (e.g., professional certification, higher education degree in related topic, references, etc.).
- ☐ Organizational affiliation – is the group's mission statement/goal consistent with the provisions of RCW 28A.300.475 and other state requirements and policies? If there is a religious affiliation, is the content appropriate for public school use?
- ☐ Have we discussed and made a plan for handling sexual abuse disclosures?

During Presentations:

- ☐ I can and will remain in the room during the guest presentation.
- ☐ If students are disrespectful to the presenter or to each other, I will intervene as needed.
- ☐ If the presentation deviates from the agreed-upon content, I will thank the speaker for coming and end the presentation.

Presentation Design:

- ☐ The presentation is engaging.
- ☐ The presenter interacts with students in a respectful and professional way and creates a safe learning environment (e.g., the material is non-shaming, is trauma-informed).
- ☐ Accurate information is presented in an objective and non-biased way (i.e., does not present personal or religious values, beliefs or biases).
- ☐ The content is appropriate for a broad range of students (i.e., the content is inclusive).
- ☐ Speaker has clear student learning objectives that support student learning standards.
- ☐ Learning objectives address important concepts and skills that support healthy behavioral outcomes.

HIV/AIDS Prevention Education (AIDS Omnibus Act Compliance)

- ☐ Content is medically accurate.
- ☐ Content addresses the dangers of developing AIDS.
- ☐ Content includes transmission and prevention of HIV, including behaviors that place a person at risk of contracting HIV, and a range of methods to avoid such risk.

Comprehensive Sexual Health Education (RCW 28A.300.475 Compliance)

- ☐ Content is medically and scientifically accurate.
- ☐ Content is age-appropriate.
- ☐ Content is inclusive of all students, using language and strategies that recognize all protected classes.
- ☐ Neither abstinence nor contraception/condoms are presented as the only acceptable or effective method of prevention and abstinence-only-until-marriage is not promoted.
- ☐ Materials are consistent with the 2005 Guidelines for Sexual Health Information and Disease Prevention, and other requirements of RCW 28A.300.475.

LEGAL NOTICE

Download this material in PDF at **https://www.k12.wa.us/student-success/resources-subject-area/sexual-health-education**. *This material is available in alternative format upon request. Contact the Resource Center at 888-595-3276, TTY 360-664-3631. Please refer to this document number for quicker service: 19-0024.*

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