



2018 Youth Sexual Health: Education, Youth Behaviors, and School Safety



Washington Office of Superintendent of
PUBLIC INSTRUCTION

This 2018 fact sheet includes an overview of youth sexual health and sexual health education in Washington State (WA). The Healthy Youth Survey (HYS) is administered jointly by several state agencies, including OSPI, to students in grades 6, 8, 10 and 12 in schools that choose to participate. The School Health Profiles Survey, developed by the Centers for Disease Control and Prevention (CDC), with a WA supplemental survey, is administered to randomly selected secondary schools to assess health education and services in WA schools. Principals and lead health educators participate in this statewide survey every two years.

Youth Sexual Behavior & Pregnancy

Lifetime Sexual Intercourse

Youth reported if they had ever had sexual intercourse in their lifetime. In a classroom of 30 students, the following numbers have ever had sex:

- **Three** 8th graders
- **Eight** 10th graders
- **Fourteen** 12th graders

Source: 2018 Healthy Youth Survey

Sexual Risk Behaviors

Nine percent of 8th graders, 26% of 10th graders, and 47% of 12th graders reported ever having sex.

Figure 1 demonstrates the behaviors that students are participating in that put them at risk for unplanned pregnancy and STDs.

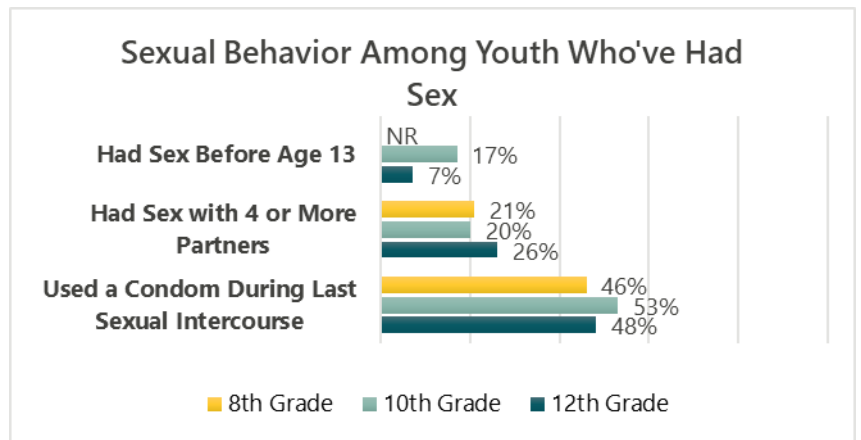


Figure 1: 2018 Healthy Youth Survey * NR: Sex before age 13 not reported for 8th graders since most are 13 years old

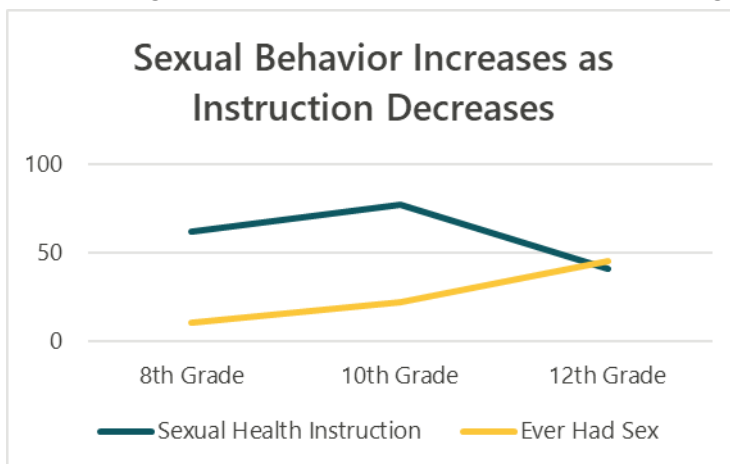


Figure 2: 2018 Healthy Youth Survey

As youth become more sexually active, the need for comprehensive sexual health education increases, although the availability of this instruction decreases, putting students at risk for unplanned pregnancy.

While national and state teen pregnancy rates have steadily declined over the past 25 years, 30% of teen girls who have dropped out of high school cite

pregnancy or parenthood as a reason ([The National Campaign, 2012](#)).

Sexual Violence Prevention

The Washington State Legislature recognizes that every child should experience emotional and physical development that is free from abuse and neglect (Erin’s Law, 2018, Substitute House Bill 1539). The law encourages school-based K–12 sexual abuse prevention education but does not require schools to provide such education. [Recommendations from the Erin’s Law Workgroup](#) stress the importance of utilizing primary prevention strategies to reduce perpetration of and victimization from sexual violence.

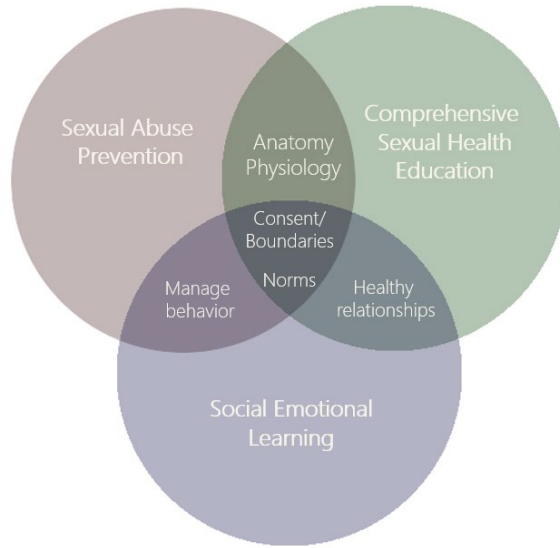


Figure 3: Wessel, OSPI, 2019

Primary prevention works to stop the perpetration of sexual violence before it starts.

All members of the school community, including students and families, must be engaged and involved in addressing the root causes of sexual violence. A comprehensive approach to preventing sexual abuse includes implementing school-based social emotional learning, as well as comprehensive sexual health education (CSHE), which research shows to be an effective primary prevention strategy to reduce sexual violence (Schneider & Hirsch, 2018).

Sexual Violence in Washington

According to the Washington 2018 Healthy Youth Survey, 12% of 8th-graders, 19% of 10th-graders, and 25% of 12th-graders had been forced into kissing, sexual touch, or intercourse when they did not want to. Among 10th- and 12th-graders, these figures were significantly higher than in 2016. Female students who identified as multiracial experienced higher rates of victimization than their white counterparts. Responses showed that 25% of 8th-graders, 31% of 10th-graders, and 31% of 12th-graders had seen someone about their age pressure someone else to kiss, touch, or have sex when they did not want to.

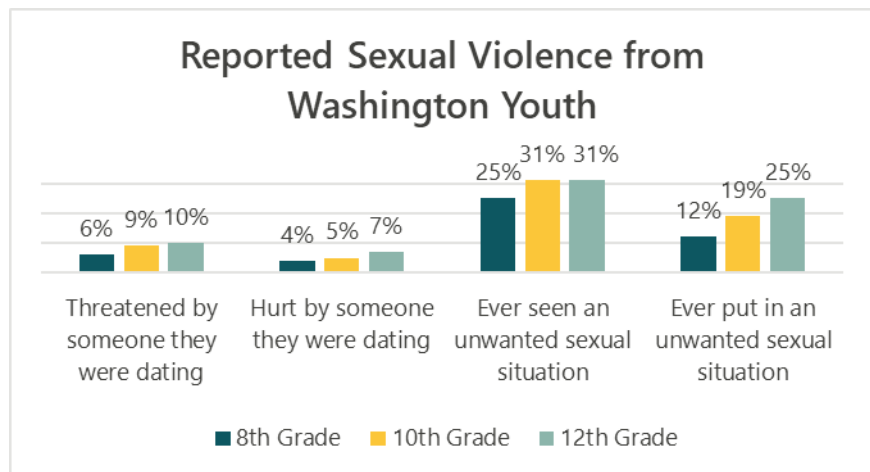


Figure 4: 2018 Healthy Youth Survey

Sexual Health Instruction

Sexual Health Education in Washington Schools

Washington's Healthy Youth Act requires that schools that offer sexual health education ensure it is medically accurate, comprehensive, and follows the 2005 Guidelines for Sexual Health Information and Disease Prevention ([WAC 392-410-140](#)). HIV prevention education is required annually for all students in grades 5-12 regardless of the district's decision to teach sexual health education ([RCW 28A.230.070](#)).

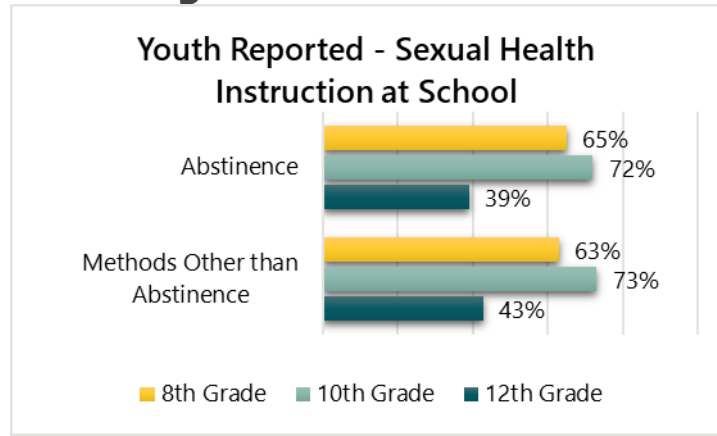


Figure 5: 2018 Healthy Youth Survey

A 2014 survey of parents demonstrated broad support for sexual health education. Regardless of political affiliation, 93% of parents place high importance on sexual health education in middle and high school, with 89% supporting comprehensive sexual health education." ([PLoS ONE, 2017](#))

Very few parents remove their children from sexual health education. The vast majority of schools excuse fewer than 1% of students.

Sexual Health Education Topics

Comprehensive sexual health education, as defined by the [2005 Guidelines for Sexual Health Information and Disease Prevention](#), includes a number of critical topics. The Profiles Survey asks about 20 critical topics that are recommended by research on effective sexuality education.

In 6th, 7th and 8th grade schools:

- **33%** taught all 20 critical topics
- **62%** taught 15 out of 20 critical topics

In 9th, 10th, 11th and 12th grade schools:

- **56%** taught all 20 critical topics
- **87%** taught 15 out of 20 critical topics

Source: 2018 School Health Profiles – reported by health teachers

20 Critical Sexual Education Topics

1. How to create and sustain healthy and respectful relationships

2. Family, peers, media, technology influences on sexual risk behaviors
3. The benefits of being sexually abstinent
4. Efficacy of condoms, that is, how well condoms work and do not work
5. Importance of using condoms consistently and correctly
6. Importance of using a condom at the same time as other contraception
7. How to obtain condoms
8. How to correctly use a condom
9. Methods of contraception other than condoms
10. Communication and negotiation skills
11. Goal-setting and decision-making skills
12. How HIV and other STDs are transmitted
13. Health consequences of HIV, other STDs and pregnancy
14. Influencing and supporting others to avoid or reduce sexual risk behaviors
15. The importance of limiting the number of sexual partners
16. How to access valid and reliable health information, products and services
17. Preventive care that is necessary to maintain reproductive and sexual health
18. Sexual orientation
19. Gender roles, gender identity, or gender expression
20. The relationship between substance use and sexual risk behaviors

Sexual Health Curricula

Schools report what curricula are being used in the Profiles survey. Sexual health curricula are [reviewed regularly by OSPI and DOH](#) for consistency with state requirements.

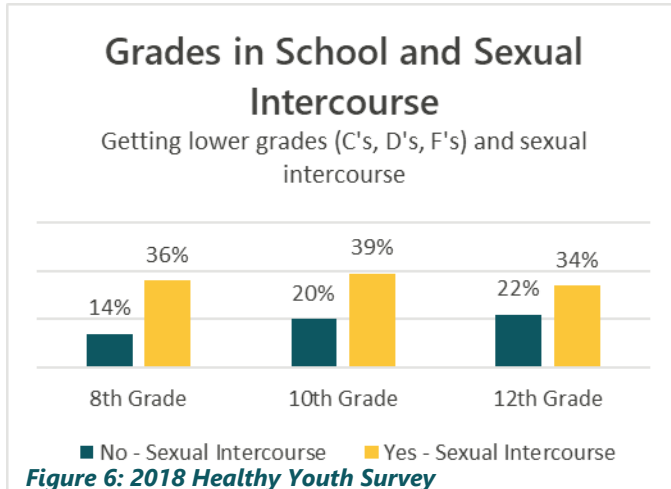
Most Common Sexual Health Curricula in Washington Secondary Schools (2018)

- Family Life and Sexual Health (FLASH): **59%** of surveyed schools
- KNOW HIV Prevention: **40%** of surveyed schools



Both of these curricula meet state requirements. A total of 29 different curricula were reported being used. At least 3% of schools report using curricula that do not meet state requirements.

Academic Achievement & Sexual Activity



Students with lower grades are more likely than their peers with higher grades to participate in certain risk behaviors:

- Compared to students with higher grades (mostly A's/B's), students with lower grades (mostly C's/D's/F's) are more likely to be sexually active.

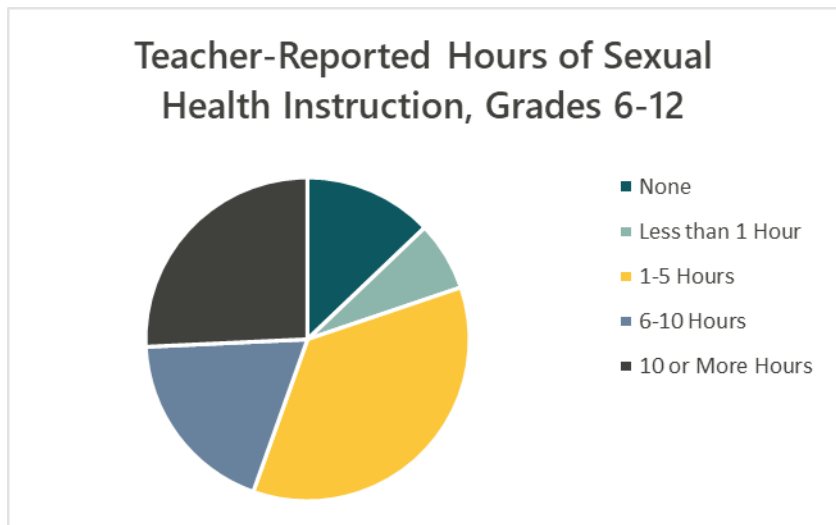
While these results do not prove a causal link between academics, sexual activity, and health, these associations are important because they confirm that students who reported engaging in unhealthy behaviors struggle academically (CDC, 2017).

Hours of Sexual Health Instruction

About 20% of schools teach no sexual health education or provide less than 1 hour.

Sexual Health Curricula

- **49%** of schools checked their curriculum for medical and scientific accuracy
- **42%** schools reported having a curriculum consistent with 2005 DOH-OSPI Guidelines



Source: 2018 School Health Profiles – reported by health teachers

Professional Development & Resources

Teacher Resources

To effectively teach sexual health education, teachers need five types of materials: learning outcomes, a written curriculum, a scope and sequence of instruction, appropriate strategies to engage students, and methods to assess student knowledge and skills.

- About **65%** of schools gave teachers all five types of materials they needed.
- **79%** of schools gave teachers at least four out of five needed materials.

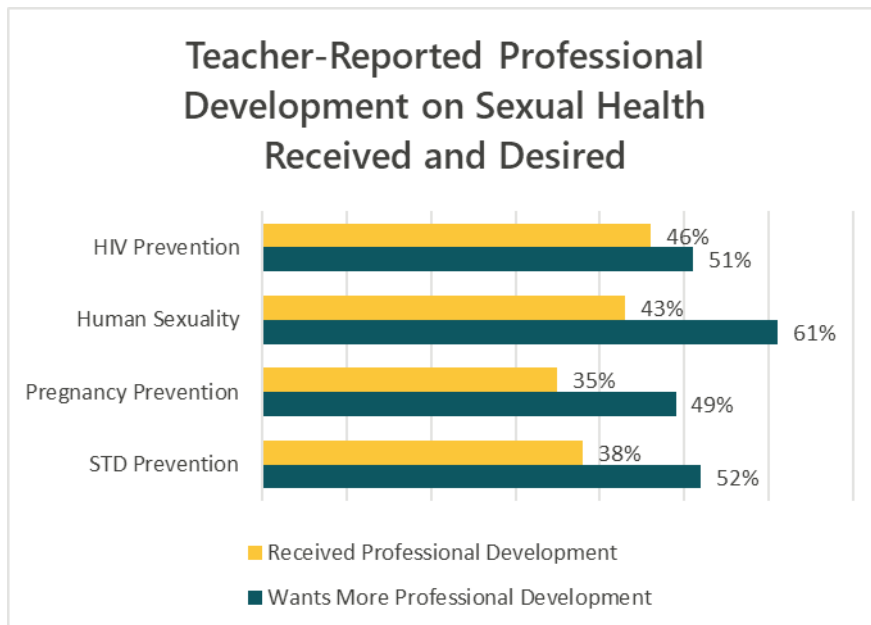


Figure 8: 2018 School Health Profiles – reported by health teachers

Source: 2018 School Health Profiles – reported by health teachers

Professional Development for Sexual Health Teachers

Sexual health educators need continual professional development (PD) to provide up-to-date, relevant instruction.

- About a quarter (35%) to almost half (46%) of teachers received some PD on topics related to sexual health education. About 50% or more teachers want more PD in all areas.

To provide students with optimal sexual health instruction, Washington schools can continue to improve in areas including staff development, using evidence-based curricula, and providing resources for marginalized and at-risk youth.

Access to Health Services

The Washington State Office of Superintendent of Public Instruction (as cited by the Washington School-Based Health Alliance) reports that “the more health risks students have, the more likely they will not succeed in school. Each health risk that can be removed has the potential to

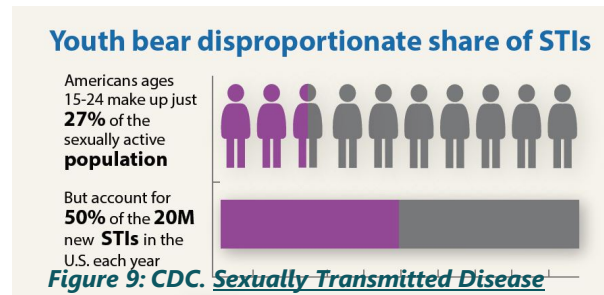
positively influence academic behaviors.” Access to health services is a critical component of wellness and helps ensure the success of Washington State students.

Medical Staff at School

Having a full-time school nurse improves student health and student achievement.

([Healthy Schools Campaign, 2020](#))

- **35%** of schools have a full-time nurse
- **73%** of schools have a part-time nurse
- **23%** of schools have a school-based health center



Sexual Health-Related Services or Referrals

Students who are sexually active need reproductive health-related services and referrals in order to be healthy and avoid school dropout and other potential negative consequences.

About 19% of schools provide on-site sexual health-related services to students. More often, schools provide referrals to these services in the community, about 46%.

Reproductive health services and/or referrals should be available without parental notification or consent according to Washington state law ([RCW 9.02.100](#), [RCW 70.24.110](#)),

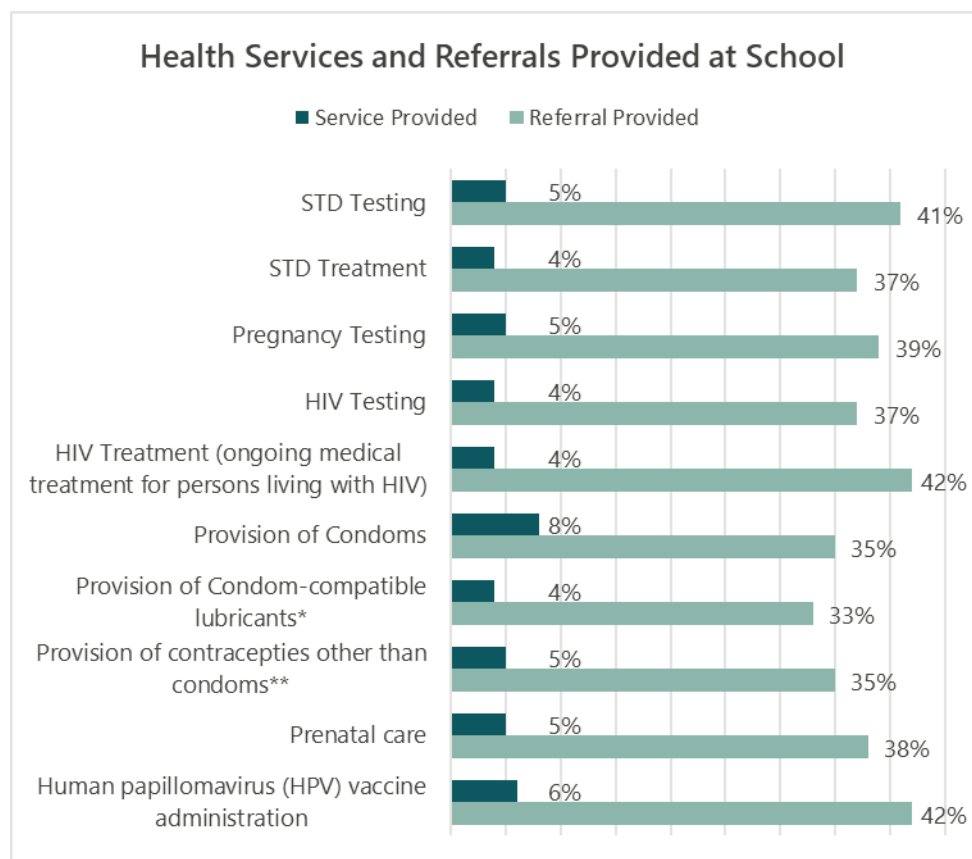


Figure 10: 2018 School Health Profiles – reported by principals

although some schools with school-based clinics require parental permission for use of clinic services.

- **24%** of schools require parental consent for sexual or reproductive **health services**
- **21%** of schools require parental consent for sexual or reproductive **health referrals**

Bullying & Sexual Harassment at School

Student Experiences with Bullying, Harassment & Abuse

Bullying and sexual harassment are experienced by many students today in K-12 schools. On average, around 21% of Washington State students report being bullied and 20% report that they do not feel safe at school.

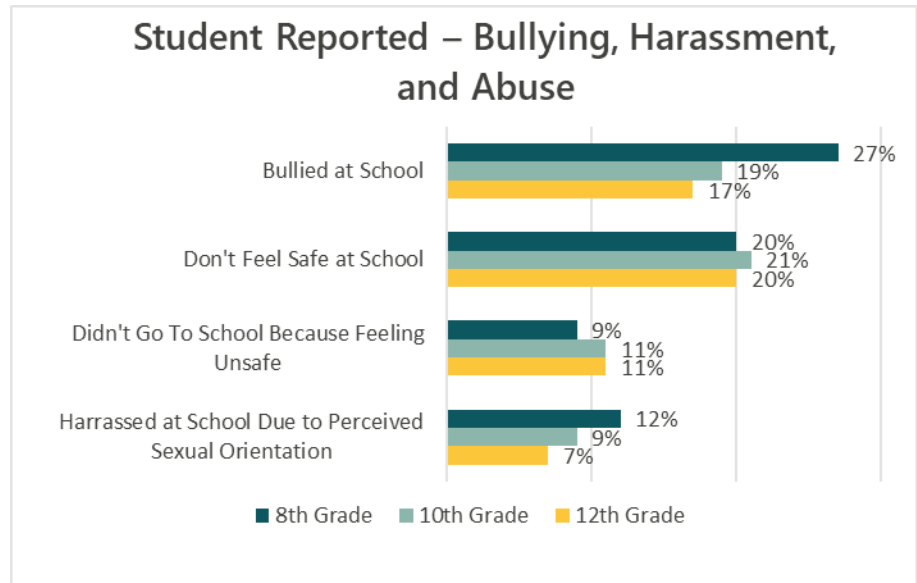


Figure 11: 2018 Healthy Youth Survey

"Children who are bullied can experience negative physical, school, and mental health issues. Kids who are bullied are more likely to experience depression and anxiety, health complaints, and decreased academic achievement" - stopbullying.gov.

Disparities – LGBTQ+ Youth

- Civil rights laws prohibit discrimination and discriminatory harassment on the basis of gender expression and gender identity in K-12 public schools ([Chapter 28A.642 RCW](#)).
- 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 six youth do not identify as straight (heterosexual). Another 2% of students identify as transgender.

- Students who identify as LGBTQ+, are significantly more likely to experience bullying, harassment and abuse compared to straight (heterosexual) students (Figure 10).

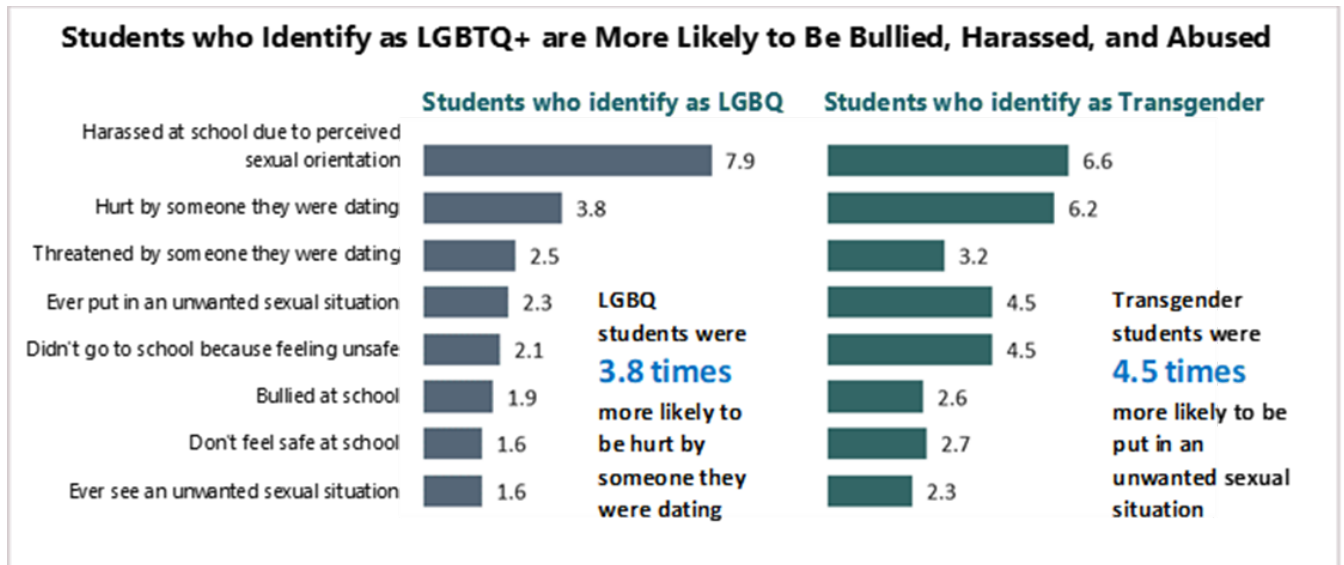


Figure 12: 2018 Healthy Youth Survey

Creating Safe School Environments

School Efforts to Create Safe Environments

"School safety supports student learning by creating and promoting a physically, emotionally, socially, and academically secure climate for students, staff, and visitors." Safe environments at school help to "create a learning environment which has a positive impact on behavior, attendance/drop-out rates, and ultimately, academic achievement." - OSPI – School Safety Advisory Committee, 2017

- **94%** of schools have designated staff to confidentially report bullying and sexual harassment, including electronic aggression
- **98%** of schools publicize policies on bullying and sexual harassment, including electronic aggression
- **90%** of schools have staff that received professional development on preventing, identifying and responding to bullying and sexual harassment, including electronic aggression

Source: 2018 School Health Profiles Survey – reported by principals

School Efforts to Create Safe Environments FOR LGBTQ+ Youth

Our schools are where we can make the first stand against discrimination and bullying, and promote inclusivity and openness for every child. Our LGBTQ+ students deserve the love, respect, and civil rights that are owed to EVERY person. My job as superintendent is to ensure every single student in Washington receives a high-quality education, and I will never back down from that" – Superintendent Chris Reykdal.

- **99%** of schools prohibit harassment based on sexual orientation or gender identity
- **86%** of schools identify "safe spaces" for LGBTQ+ youth
- **84%** of schools encourage professional development on safe and supportive school environments for all students, regardless of orientation or identity
- **68%** of schools facilitate access to health services for LGBTQ+ youth
- **62%** of schools facilitate access to social and psychological services for LGBTQ+ youth
- **56%** of schools have a student-led club to create a safe and accepting environment for all youth, sometimes called a gay/straight alliance

Source: 2018 School Health Profiles – reported by principals and health teachers

References, Resources, Copyright

References

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- Centers for Disease Control and Prevention, *Health-Related Behaviors and Academic*

Achievement Among High School Students — United States, 2015 MMWR, September 8, 2017, https://www.cdc.gov/mmwr/volumes/66/wr/mm6635a1.htm?s_cid=mm6635a1_w (accessed 2020).

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- Washington School-Based Health Alliance. *Impact/Benefits of SBHCs*. Accessed from <https://wasbha.org/benefits-of-sbhcs-2/> (accessed 2020).
- Wessel, A. (2019). *Venn diagram - sexual health education, social emotional learning, and sexual abuse prevention* [digital image]. Olympia, WA: Office of Superintendent of Public Instruction.

For More Information

- For more information about this report, contact: Laurie Dils, Sexual Health Program Supervisor, Laurie.Dils@k12.wa.us or Andrea Wessel, Sexual Health Education Program Specialist, andrea.wessel@k12.wa.us.
- To read more about the School Health Profiles Survey, please see: <https://www.cdc.gov/healthyyouth/data/profiles/index.htm>
- For information about the Healthy Youth Survey and for more survey results, please see: www.AskHYS.net or contact Emily Maughan, emily.maughan@k12.wa.us.

Resources & Copyright

- OSPI HIV & Sexual Health Education: <https://www.k12.wa.us/student-success/resources-subject-area/sexual-health-education>
- OSPI Mental, Social, & Behavioral Health: <https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health>
- OSPI School Safety Center: <https://www.k12.wa.us/student-success/health-safety/school-safety-center>
- OSPI System & School Improvement: <https://www.k12.wa.us/student-success/support-programs/system-and-school-improvement>



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