

Comprehensive Sexual Health Education Requirements: Frequently Asked Questions

What changes were made to sexual health education requirements?

In 2007, the Washington State Legislature passed the Healthy Youth Act, which placed certain requirements on public schools that offer sex education programs. In 2020, the Washington State Legislature passed Senate Bill 5395, which updates the Healthy Youth Act by requiring public schools to provide comprehensive sexual health education to all students by the 2022–23 school year, with requirements phased in starting in 2020. Senate Bill 5395 went into effect on December 3, 2020 after being upheld by Washington voters in the 2020 General Election. All current requirements can be found in Revised Code of Washington ([RCW 28A.300.475](#)).

Is there a new sexual health curriculum?

No. State law does not require schools to use any specific curriculum and there are no new curricula that will be required or developed for sexual health education statewide as a result of the new legislation. Most districts already provide sexual health education and will be able to continue using the same instructional materials. Families should check with their children’s district to see what is currently used or planned for use.

Does the new law take away local flexibility?

No. School districts that don’t already have a curriculum in place will still work with parents, families, and the community to select or create a curriculum that best meets the needs of their students. There is a wide range of instructional materials to choose from.

Will OSPI need to approve districts’ curriculum choices?

No. New requirements maintain OSPI’s role in reviewing curricula for consistency with state requirements and making a list available for districts to use as a resource. The authority to approve curricula for use in schools rests with school districts. Districts will need to provide the name of the curriculum they are using and describe how it meets state requirements, but OSPI does not have the authority to approve or deny districts’ choices.

Can parents opt their child out of sexual health instruction?

Yes. Parents and guardians can still opt their children out of planned instruction in comprehensive sexual health education. The new law strengthens the existing provision by requiring districts to honor parent/guardian requests.



How will parents be involved and informed about the sexual health education being provided by their child's school?

Parents and guardians will be notified by the district of planned instruction and what curriculum will be used. They may review their district's curriculum at any time. Parents and guardians are critical partners in their children's sexual health education, and several comprehensive curricula include family homework assignments for every lesson to encourage and foster family-based values discussions as they pertain to sexual health.

Is sexual health instruction required in kindergarten?

No. [Social and emotional learning \(SEL\)](#) is the new – and only – requirement for kindergarten through third grade, beginning in the 2022–23 school year. Social and emotional learning is a process of building awareness and skills in managing emotions, setting goals, establishing relationships, and making responsible decisions that support success in school and in life. No sexuality content or curriculum is required for kindergarten through grade 3.

Districts may provide social and emotional learning (SEL) with or without a curriculum. While a curriculum is not required for grades K–3, the use of an evidence-informed program is needed to see the benefits offered by SEL.ⁱ

When does instruction on sexual health education begin?

Beginning in the 2021–22 school year, sexual health education must be provided to students in grades 6–12. Starting in the 2022–23 school year, sexual health instruction will begin in 4th or 5th grade, depending on district decisions. Required instruction for grades 4–5 focuses on helping students understand and respect personal boundaries, develop healthy friendships, and gain a basic understanding of human growth and development. Instruction must be consistent with [Washington's Health Education K–12 Learning Standards](#). Already required annual HIV prevention instruction must begin no later than 5th grade.

The law says instruction must be consistent with state learning standards – does that mean that curriculum and instruction must include all health education grade-level outcomes for K–12?

No. The grade-level outcomes in the Health Education K–12 Learning Standards provide an example of what comprehensive instruction **might** look like, but the outcomes are not required to be taught. For grades 4–12, the eight overarching Health Education Standards are required, and grade-level outcomes serve as examples of what districts might consider teaching in each grade. Instructional decisions are up to each district. Since the only requirement for grades K–3 is social-emotional learning (SEL), a different set of [standards](#) will apply for those grades.

Who determines what is “age-appropriate”?

The Health Education K–12 Learning Standards are based on guidance from the U.S. Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and other sources with expertise in healthy child development. While the Learning Standards provide guidelines for what instruction might look like in each grade, the decision on when and how to introduce instruction to students rests with each school district.

What is meant by “comprehensive” sexual health education?

Comprehensive sexual health education as defined by law is recurring instruction in human development and reproduction. It is medically and scientifically accurate, age-appropriate, and appropriate for all students, regardless of protected class. The word “comprehensive” refers to instruction covering a wide variety of topics over time. It does not refer to instruction that is embedded in other content areas.

What topics are required to be taught in grades 4–12?

The law requires the following topics, at developmentally appropriate times:

- The physiological, psychological, and sociological developmental process experienced by an individual;
- The development of intrapersonal and interpersonal skills to communicate, respectfully and effectively, to reduce health risks and choose healthy behaviors and relationships based on mutual respect and affection, and free from violence, coercion, and intimidation;
- Health care and prevention resources;
- Abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases;
- The development of meaningful relationships and avoidance of exploitative relationships;
- Understanding the influences of family, peers, community and the media throughout life on healthy sexual relationships;
- Affirmative consent and recognizing and responding safely and effectively when violence or a risk of violence is or may be present, with strategies that include bystander training.

Are illustrations or descriptions of sexual positions included in instruction?

No. Images showing sexual positions would never be used in Washington state classrooms and students are never provided “how-to” instruction related to sex or sexual positions.

Does comprehensive sexual health education give students permission or encouragement to have sex?

No. Research on comprehensive sexual health education shows just the opposite. 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.ⁱⁱⁱ 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.^{iv}

What does it mean to teach “once” or “twice” in a grade band?

Districts will want to look at the list of required content and the K–12 Learning Standards to determine how many lessons will be offered in each grade band. It typically will be a unit with multiple lessons in multiple grades. “Twice” in middle school, for example, might be a 6-lesson unit in 6th grade and a 6-lesson unit in 8th grade. Districts have flexibility in determining how instruction will fit into each school’s schedule.

What does it mean that instruction must be inclusive of all students, regardless of protected class status?

The law 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

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.

What is “affirmative consent” and “bystander training” and why are they included in the requirements?

Affirmative consent is an approach to giving and receiving consent for any activity that includes clear, voluntary, enthusiastic permission. It is not just the absence of “no.” While the law defines affirmative consent in relation to sexual activity, instruction must be age appropriate. In earlier grades it might focus on hugs or horseplay, and in older grades on hugs, exchanging photos, or romantic or sexual contact. Bystander training teaches students how to safely intervene when they see bullying, sexual harassment, or unwanted sexual activity.

These topics were included in legislation as a way for schools to combat the high rates of unwanted sexual contact experienced by youth in our state. According to the [2018 Healthy Youth Survey](#), 12.3% of 8th graders, 18.9% of 10th graders, and 25.2% of 12th graders had been forced into kissing, sexual touch, or intercourse when they did not want to.

Research shows comprehensive sexual health education is an important and effective sexual abuse and violence prevention strategy.ⁱⁱ When students learn about and develop skills related to affirmative consent, they are more able to set personal boundaries, to feel respected, and to respect the boundaries of others.

ⁱ CASEL (2012). [Effective Social and Emotional Learning Programs - Preschool and Elementary School Edition](#).

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

ⁱⁱⁱ Advocates for Youth (2014). Sexuality Education: Building an evidence- and rights-based approach to healthy decision-making. <https://www.advocatesforyouth.org/resources/fact-sheets/sexuality-education-2/>.

^{iv} Goldfarb, E. S., & Lieberman, L.D. (2020). Three Decades of Research: The Case for Comprehensive Sexual Health Education. *Journal of Adolescent Health*. [https://www.jahonline.org/article/S1054-139X\(20\)30456-0/fulltext](https://www.jahonline.org/article/S1054-139X(20)30456-0/fulltext).