

Comprehensive Sexual Health Education Legislation: Frequently Asked Questions

Does new legislation (Senate Bill 5395) take away local flexibility?

No. Most districts are already providing sexual health education and will be able to continue using the same curriculum. School districts will still work with parents, families, and the community to select or create a curriculum that best meets the needs of their students and communities.

Will the legislation require one curriculum for the whole state to use?

No. The new legislation maintains districts' ability to choose from many curricula that meet requirements or to create their own.

Will OSPI need to approve districts' curriculum choices?

No. The new legislation maintains OSPI's role in reviewing curricula for consistency with state requirements and making a list available for districts as a resource. The authority to approve curricula for use in schools currently rests with districts and that would continue. Districts would 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 will still be able to opt their children out of sexual health instruction. Senate Bill 5395 strengthens this 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 will still be allowed to review their district's curriculum at any time. In addition, 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.

What will be required in kindergarten?

No sexuality content or curriculum is required for grades K–3. [Social and emotional learning \(SEL\)](#) is the new requirement for grades K–3. 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. Most districts are already addressing SEL.



Isn't *Rights, Respect, Responsibility (3Rs)* the only curriculum reviewed by OSPI for grades K–3? Will districts be required to use it?

No. Districts will not be required to use *Rights, Respect, Responsibility (3Rs)*. Districts are required to provide only social and emotional learning in K–3, with or without a curriculum. 3Rs contains lessons on friendship and personal boundaries that address social and emotional learning skills, but it is not a social emotional learning curriculum and it is not required for district use. While a curriculum is not required for grades K–3, several titles reviewed in the [Erin's Law curriculum review](#) would meet the SEL requirement for those grades and many others are available also.

At what grade level does instruction on sexual health education begin?

Currently required HIV prevention instruction must begin no later than 5th grade. Beginning in the 2020–21 school year, sexual health education must be offered 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. Instruction must be consistent with Washington's Health & Physical Education K–12 Learning Standards, but grade level outcomes will continue to be optional for districts. 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.

What is meant by “comprehensive” sexual health education?

Comprehensive sexual health education, as defined in the bill, 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, as reflected in the next question. It does not refer to instruction that is embedded in other content areas.

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

Legislation 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.

Where did the graphic illustrations come from that I saw on social media?

Several social media posts inserted illustrations from a book intended for parents and guardians into a lesson plan for 4th graders. The book was one of several optional books on a handout for parents and guardians wishing to continue talking with their child about puberty and reproduction. The book is not part of a lesson, curriculum, or instruction that a teacher or school would provide to a student. Images showing sexual positions would never be used in Washington state classrooms. Other graphic images in social media posts are from websites and not part of the curriculum itself. Students are never provided “how-to” instruction related to sex.

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

No. The grade-level outcomes in the Health & Physical Education K–12 Learning Standards provide an example of what comprehensive instruction might look like, but they are not required to be taught. Since the only requirement for grades K–3 is social emotional learning (SEL), only the SEL standards would apply for those grades. For grades 4–12, the Health Education grade-level outcomes serve as examples of what districts might consider teaching in each grade, but instructional decisions are up to each district.

Isn't sexual abuse prevention education already required in schools?

No. The Washington State Legislature passed “Erin’s Law” (House Bill 1539) in 2018. It directed OSPI to review sexual abuse curricula and to develop recommendations for schools wishing to provide sexual abuse prevention instruction. It did not require schools to provide such instruction.

What is “affirmative consent” and “bystander training” and why are they included in this legislation?

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.” In earlier grades it might focus on hugs or horseplay, and in older grades on hugs, exchanging photos, or romantic or sexual contact. This approach reinforces and honors every student’s right to set healthy boundaries for themselves and for every student to feel their needs are respected in turn. Bystander training teaches students how to safely intervene when they see bullying, sexual harassment, or unwanted sexual activity.

These topics are included in this 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.

How does sexual health education improve the safety of students?

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

Doesn't 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. Additional benefits include improved knowledge, attitudes, and outcomes related to healthy relationships and personal safety and touch; increased intentions for communicating with parents about sexuality in the media; reduced bullying related to sexual orientation; and increased empathy and respect.ⁱⁱ

ⁱ 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>.

ⁱⁱGoldfarb, 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).