Washington State, 2017

This fact sheet includes an overview of youth sexual health and sexual health education in Washington State. The Healthy Youth Survey is administered jointly by several state agencies, including OSPI, to students in grades 6, 8, 10 and 12 in schools that choose to participate. Principals and lead health educators participate in a statewide survey every two years. 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.
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:

- **Two** 8th graders
- **Eight** 10th graders
- **Fifteen** 12th graders

Source: 2016 Healthy Youth Survey | Washington state agency collaboration

SEXUAL RISK BEHAVIORS

Eight percent of 8th graders, 25% of 10th graders, and 51% 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.


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 HEALTH EDUCATION IN WA SCHOOLS

“The legislature finds 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.” (RCW 28A.300.475)

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).

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.

### 16 Critical Sexual Health Education Topics (CDC)

1. How to create and sustain healthy and respectful relationships
2. Influences of family, peers, media, technology and other factors 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 another form of contraception
7. How to obtain condoms
8. How to correctly use a condom
9. Communication and negotiation skills
10. Goal-setting and decision-making skills
11. How HIV and other STDs are transmitted
12. Health consequences of HIV, other STDs and pregnancy
13. Influencing and supporting others to avoid or reduce sexual risk behaviors
14. The importance of limiting the number of sexual partners
15. How to access valid and reliable health information, products and services
16. Preventive care that is necessary to maintain reproductive and sexual health

#### 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. These topics are recommended by research on effective sexuality education.

**In 6th, 7th and 8th grade schools:**
- 19% taught all 16 critical topics
- 67% taught 10 out of 16 critical topics

**In 9th, 10th, 11th and 12th grade schools:**
- 54% taught all 16 critical topics
- 92% taught 10 out of 16 critical topics

Source: 2016 CDC School Health Profiles – reported by health teachers
SEXYUAL HEALTH CURRICA

Sexual health curricula are reviewed periodically by OSPI and DOH for consistency with state requirements.

Most Common Sexual Health Curricula in Washington Secondary Schools

- Family Life and Sexual Health (FLASH) 61% of surveyed schools
- KNOW HIV Prevention 59% of surveyed schools

Both of these curricula meet state requirements. At least 7% of schools report using curricula that do not meet state requirements.

Source: 2016 CDC School Health Profiles – reported by health teachers

ACADEMIC ACHIEVEMENT & SEXUAL ACTIVITY INSTRUCTION

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.

<table>
<thead>
<tr>
<th>Grades* in School &amp; Sexual Intercourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting lower grades (C’s, D’s, F’s) and sexual intercourse</td>
</tr>
<tr>
<td>No - sexual intercourse</td>
</tr>
<tr>
<td>Yes - sexual intercourse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th</td>
</tr>
<tr>
<td>10th</td>
</tr>
<tr>
<td>12th</td>
</tr>
</tbody>
</table>

Teacher-Reported Hours of Sexual Health Instruction

Grades 6-12

- None, 13%
- Less than 1 hour, 7%
- 1 to 5 hours, 36%
- 6 to 10 hours, 19%
- 10 or more hours, 26%

Figure 4
Source: 2016 CDC School Health Profiles – reported by health teachers

SEXUAL HEALTH CURRICA

- 55% of schools checked their curriculum for medical and scientific accuracy
- 53% schools had curriculum consistent with 2005 DOH-OSPI Guidelines

Source: 2016 CDC School Health Profiles – reported by health teachers

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).
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 55% of schools gave teachers all five types of materials they needed.
- 70% of schools gave teachers at least four out of five needed materials.

Source: 2016 CDC School Health Profiles – reported by health teachers

PROFESSIONAL DEVELOPMENT FOR SEXUAL HEALTH EDUCATORS

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

- About a quarter (26%) to almost half (46%) of teachers received some PD on topics related to sexual health education. About 60% 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.

Source: 2016 CDC School Health Profiles – reported by health teachers
Access to Health Services

The Washington State Office of Superintendent of Public Instruction (as cited in 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, 2014)

- 21% of schools have a school-based health center
- 28% of schools have a full-time nurse
- 77% of schools have a half-time nurse

Source: 2016 CDC School Health Profiles – reported by principals

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.

Fewer than 5% of schools provide on-site sexual health-related services to students. More often, schools provide referrals to these services in the community (Figure 8).

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

- 29% of schools require parental consent for sexual or reproductive health services
- 22% of schools require parental consent for sexual or reproductive health referrals

Figure 7

Figure 8
Source: 2016 CDC School Health Profiles – reported by principals
*e.g., birth control pill, birth control shot, intrauterine device [IUD]
Bullying and sexual harassment are experienced by many students today in K-12 schools. On average, around 20% of Washington State students report being bullied, while 16% report that they do not feel safe at school.

“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, 2017)

### Student Experiences with Bullying, Harassment & Abuse

<table>
<thead>
<tr>
<th>Experience</th>
<th>8th Grade</th>
<th>10th Grade</th>
<th>12th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullied at school</td>
<td>21%</td>
<td>27%</td>
<td>17%</td>
</tr>
<tr>
<td>Don’t feel safe at school</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Didn’t go to school because did not feel safe</td>
<td>10%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Harassed at school due to perceived sexual orientation</td>
<td>9%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Ever in an unwanted sexual situation</td>
<td>18%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Threatened by someone they were dating</td>
<td>4%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Hurt by someone they were dating</td>
<td>3%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Disparities - LGBQ Youth

- Civil rights laws prohibit discrimination and discriminatory harassment on the basis of sexual orientation, gender expression, and gender identity in K-12 public schools ([Chapter 28A.642 RCW](https://apps.leg.wa.gov/RCW/28A.642)).
- About 18% of students identify as lesbian, gay, bisexual or questioning their sexual orientation (LGBQ)**. In a classroom of 30 youth, about five youth do not identify as straight (heterosexual).
- Students who identify as LGBQ are significantly more likely to experience bullying, harassment and abuse compared to straight (heterosexual) students:

#### 2x more likely
- To be bullied at school
- To not feel safe at school
- To not go to school because of not feeling safe
- To be threatened by someone they were dating

#### 3x more likely
- To be hurt by someone they were dating
- To ever be in an unwanted sexual situation

#### 9x more likely
- To be harassed at school due to perceived sexual orientation

Source: 2016 Healthy Youth Survey | Washington state agency collaboration

**The 2016 Healthy Youth Survey asks students about their sexual orientation. T for transgender is left out because Washington State has not measured gender identity.
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, 2013)

- 96% of schools have designated staff to confidentially report bullying and sexual harassment, including electronic aggression
- 94% of schools publicize policies on bullying and sexual harassment, including electronic aggression
- 89% of schools have staff that received professional development on preventing, identifying and responding to bullying and sexual harassment, including electronic aggression

Source: 2016 CDC School Health Profiles – reported by principals

SCHOOL EFFORTS TO CREATE SAFE ENVIRONMENTS FOR LGBQ 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.” (Chris Reykdal, 2017).

- 97% of schools prohibit harassment based on sexual orientation or gender identity
- 80% of schools identify “safe spaces” for LGBQ youth
- 75% of schools encourage professional development on safe and supportive school environments for all students, regardless of orientation or identity
- 59% of schools facilitate access to social and psychological services for LGBQ youth
- 58% of schools facilitate access to health services for LGBQ youth
- 54% of schools provide supplementary materials for health teachers relevant to LGBQ and questioning youth
- 38% of schools have a student-led club to create a safe and accepting environment for all youth, sometimes called a gay/straight alliance

Source: 2016 CDC School Health Profiles – reported by principals and health teachers
**For More Information**

- For more information about this report, contact: Laurie Dils, Sexual Health Program Supervisor, Laurie.Dils@k12.wa.us
- To read more about the School Health Profiles, 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 Krissy.johnson@k12.wa.us.

**Resources**

- OSPI HIV & Sexual Health Education: [http://www.k12.wa.us/HIVSexualHealth](http://www.k12.wa.us/HIVSexualHealth)
- OSPI School Safety Center: [http://www.k12.wa.us/SafetyCenter](http://www.k12.wa.us/SafetyCenter)
- OSPI Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) School Safety: [http://www.k12.wa.us/safetycenter/LGBTQ](http://www.k12.wa.us/safetycenter/LGBTQ)

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References


- 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 2017).


