Proposal Overview:

Part One: Expanding Health Youth Act
- Include non heterosexual identities into Sex Ed
- Include education on consent and various sexual harassment (in all forms)
- Deconstruct concept of virginity

Part Two: Require Sex Education programs in K-12

Problem: In our K-12 school system, sexual education is not required. Washington law on sexual health education states that "the decision as to whether or not a program about sexual health education is to be introduced… is a matter for determination at the district level by the local school board."
Furthermore, schools that do teach students about sex provide heteronormative sexual education, excluding non heterosexual identities. Currently, most students lack the introduction and language for other identities. This is a problem because there is a multitude of sexual orientations and identities that individuals should be aware of entering their adult life. By failing to formally acknowledge different sexual orientations, students unsure of their own identities are disadvantaged in their own development.

In addition, education that emphasizes consent, in all forms, is nonexistent in the K-12 school system. Teaching students consent at an early age is vital to forming healthy sexual relationships later on. Currently, language and anti-assault messaging is primarily targeted to women. In order to reduce sexual assault, education on consent needs to shift and include conversations to young men about sexual assault and harassment. In addition, "virginity" needs to be emphasized as a social construct.

- Lots of language and anti assault messaging is targeted towards women: i.e. don't walk alone at night, don't be too flirty, be careful what you wear etc. instead of telling young men it is not okay to assault or harass women.
- Virginity. Social construct.

Legislators / committees
Peer Sexual Health Educators, Prevention and Wellness Services

BACKGROUND

Current WA Sex Ed (Updated 5/3/2017):

Washington State HIV/AIDS Prevention Education Requirements
In 1988 the Washington State Legislature passed the AIDS Omnibus Act. This act mandates HIV/AIDS prevention education beginning in Grade 5 and continuing through Grade 12. Districts must adhere to the following criteria when developing an HIV/AIDS prevention education curriculum:
- Beginning no later than Grade 5, students shall receive yearly instruction in the life-threatening dangers of.
- HIV/AIDS, its transmission, and its prevention.
- Each school district board of directors will adopt an HIV/AIDS prevention education program, which is developed in consultation with teachers, administrators, parents, and other community
members including, but not limited to, persons from medical, public health, and mental health organizations and agencies.

- 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 Office on HIV/AIDS.

- If a district develops (or purchases) its own HIV/AIDS prevention curricula, the district must submit to the DOH office on HIV/AIDS a copy of its curricula and an affidavit of medical accuracy stating that the material has been compared to the model curricula for medical accuracy and that in the opinion of the district, the materials are medically accurate. After submission of these materials to the DOH Office on HIV/AIDS, the district may use the materials until the approval procedure by the DOH Office on HIV/AIDS has been completed.

- At least one month before teaching HIV/AIDS prevention education in any classroom, each district must notify parents and guardians that instruction will take place AND must conduct at least one presentation, during weekend or evening hours, for parents and guardians of students concerning the curriculum and materials that will be used for HIV/AIDS education.

- A student may be removed from HIV/AIDS prevention education if the student's parent or guardian, having attended one of the district presentations, objects in writing to such participation.

- Model Policy #2126, HIV-AIDS Prevention Education, is available for district use (WSSDA). Sample HIV Instruction Parent Waiver

- **NOTE:** As with all school district curricula, HIV/AIDS prevention instructional materials must also 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).

Groups working on this issue:

What we would like to see:

Require that sex education be mandated in Washington State

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https://nursing.usc.edu/blog/americas-sex-education/
SEX ED LEGISLATION IN THE UNITED STATES

Legislation for sex education falls under the jurisdiction of states’ rights, creating disparities in what public school students learn in classrooms across the country. The chart below indicates which states require critical components of comprehensive sex education, and whether they mandate sex education at all.


States Without Available Data: Alaska, Kansas, Nebraska, South Dakota, Wyoming

* If HIV education is taught in Arizona it cannot “promote” a “homosexual lifestyle” or portray homosexuality in a positive manner. Mandated HIV education in Oklahoma teaches that, among other behaviors, “homosexual activity” is considered to be “responsible for contact with the AIDS virus.”

† Sex education is not mandatory, but health education is required and it includes medically accurate information on abstinence.

‡ Sex education “shall not be medically inaccurate.”

§ Localities may include topics such as contraception or STIs only with permission from the State Department of Education.

Ψ Sex education is required if the pregnancy rate for women ages 15-17 is at least 19.5 or higher.

ξ State also prohibits teachers from responding to students’ spontaneous questions in ways that conflict with the law’s requirements.

This infographic is brought to you by the USC Suzanne Dworak-Peck School of Social Work Department of Nursing.
• Describe the issue: What is the problem? What is the solution?

Sex education in America varies widely by state and even region, leaving teenagers without adequate sex education and information. In our K-12 school system, sexual education is not required. Washington law on sexual health education states that “the decision as to whether or not a program about sexual health education is to be introduced… is a matter for determination at the district level by the local school board.” Furthermore, schools that do teach students about sex provide heteronormative sexual education, excluding non heterosexual identities. Currently, most students lack the introduction and language for other identities. This is a problem because there is a multitude of sexual orientations and identities that individuals should be aware of entering their adult life. By failing to formally acknowledge different sexual orientations, students unsure of their own identities are disadvantaged in their own development.

In addition, education that emphasizes consent, in all forms, is nonexistent in the K-12 school system. Teaching students consent at an early age is vital to forming healthy sexual relationships later on. Currently, language and anti-assault messaging is primarily targeted to women. In order to reduce sexual assault, education on consent needs to shift and include conversations to young men about sexual assault and harassment. In addition, “virginity” needs to be emphasized as a social construct.

We are encouraging strengthening and expansion of the Healthy Youth Act (RCW 28A.300.475) and requiring HIV and healthy sex education in all public schools in Washington State.

• How does it directly impact and improve students' lives?

Inclusive sex education will institutionalize positive conversations about different gender identities and sexual orientations. Schools will introduce language for other identities, improving interpersonal and professional relationships. Including programming on consent and sexual harassment is vital to ensure the wellbeing of all people. This will also help to deconstruction gender roles.

• Please provide background information and the current context of the issue?

- Washington State teen pregnancy rates have gone down in the last five years, to 28 per 1,000 young women aged 15-19. However, we can continue reduce this number.
- Washington State does not require sex education for public schools. But, for schools that do, the Healthy Youth Act encourages that "the education must be comprehensive (i.e., discuss both abstinence and contraception) and 'medically and scientifically accurate' (i.e., supported by research, published in peer-review journals, and objective)" (Soffes, 2010).
- In a survey done by the JAMA network from 2005-2006, nationwide, “Approximately 82% of respondents indicated support for programs that teach students about both abstinence and other methods of preventing pregnancy and sexually transmitted diseases. Similarly, 68.5% supported teaching how to properly use condoms. Abstinence-only education programs, in contrast, received the lowest levels of support (36%) and the highest level of opposition (about 50%) across the 3 program options. Self-identified conservative, liberal, and moderate respondents all supported abstinence-plus programs, although the extent of support varied significantly” (Bleich et al. 2006).
• Does it have a clear target? If yes, who?

  o (e.g. a specific legislator, committee, or other agency)

  Currently, Washington State Law states that “the decision as to whether or not a program about
  sexual health education is to be introduced into the common schools is a matter for determination at
  the district level by the local school board” (WAC 392-410-140). We believe this disenfranchises students
  and ill-prepares them for high school and their adult life after. Standardization of HIV and Sexual Health
  education is important so that all students are getting a comprehensive background and are prepared
  for healthy sexual relationships.

  Our ask is to improve and expand the Healthy Youth Act (RCW 28A.300.475) by including
  education on non-heterosexual identities, discussion of different gender identities, emphasizing consent
  and giving education on forms of harassment to young men, and deconstructing the concept of virginity.
  Furthermore, requiring comprehensive HIV and healthy sex education for all K-12 public schools in
  Washington State.

  ASWWU acknowledges that this ask may be controversial. Nonetheless, this does not negate the
  importance of positive sexual education for K-12 students.

  • How could students build a diverse campus coalition around this issue?

  Every student who attends a university has been taught some form of sex education. We can
  use their stories and testimonies as a reinforcement of our ask. Washington State by no means is one of
  the worse off states in regards to sex education, but there are still improvements to be made. Providing
  comprehensive and medically accurate sex education to our youth is critical, and effective- and we
  know students on Western’s campus will agree with these sentiments and will rally behind the efforts.

  • In what way does it have a local/state/federal organizing and lobbying angle?

  We would like to expand the Healthy Youth Act to be more encompassing of all identities and sexual
  orientations and deconstruct social constructs that previous sex education has created. Simply
  requiring, ”All instruction and materials used must be appropriate for students regardless of gender and
  sexual orientation” does not provide enough information for health non binary relationships.

  • What creative and/or innovative tactics could we employ to engage the media
    and excite new students around this issue?

  LET'S TALK ABOUT SEX (ual identities)
  Collab with outreach/programming with WIRC and QRC
Great link! ACLU:


To do:
- Condense agenda item
- Summary to be used for agenda items