

# The SIECUS State Profiles



## WASHINGTON

### WASHINGTON'S SEX ED SNAPSHOT

#### THE STATE OF SEX EDUCATION

Advocates have successfully advanced sex education across Washington over the past decade beginning in 2007 with the passage of the [Healthy Youth Act](#). The Healthy Youth Act requires sex education curriculum to be medically and scientifically accurate. Beginning in 2014, Cardea convened key policy and program stakeholders to discuss the state of sex education in Washington, meeting periodically to implement innovative strategies to address gaps in sex education. The implementation of the 2016 [Health and Physical Education K-12 Learning Standards](#) bolstered advocates across Washington to push for the adoption of comprehensive sex education curriculum in districts such as Spokane Public Schools in 2018. In 2019, [Senate Bill 5395](#) was introduced by Senator Claire Wilson in an ultimately unsuccessful attempt to mandate comprehensive sex education. Despite this setback, Senator Wilson successfully championed [Senate Bill 5395](#) in 2020 with the support of advocates statewide. Under the approved legislation, all public schools will be required to provide comprehensive sex education beginning in the 2022-2023 school year. Those who oppose comprehensive sex education challenged this mandate through the inclusion of [Referendum 90](#) on Washington's 2020 ballot. The ballot measure was then approved by a majority of voters, allowing the comprehensive sex education mandate to go into effect and demonstrating the state's overwhelming commitment to advancing sex education for young people.

In light of the coronavirus pandemic, educators have reported challenges in providing virtual sex education due to the limitations of virtual learning along with difficulties in accessing digital versions of their sex education curriculum. Advocates have worked to support schools in continuing to provide sex education, even if curriculum is shortened to fit a virtual format. Advocates have also reported challenges in providing online professional development for educators due to the virus, and have limited their programming efforts related to sex education. While current efforts to advance sex education may be reduced, advocates are preparing to support school districts in improving their sex education programs in light of the updated requirements.

Prior to the statewide comprehensive sex education mandate, individual districts determined whether or not sex education would be provided. Mandating local control over sex education presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive. Such discretion allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement comprehensive sex education. Students [reported](#) that instruction often failed to address the needs of LGBTQ young people and that instruction on sexual assault and sexual violence needed to be expanded. As schools begin to update their curriculum to meet the new standards, educators must ensure that these topics continue to be addressed.

Culturally responsive instruction is necessary to address the unique needs of youth of color, and Native American youth in particular. A [2018 report](#) found that of 148 Native women living in Seattle, Washington,

94 percent reported being sexually assaulted during their lifetime. Such results demonstrate the urgent need to address sexual violence and its impact on marginalized communities within sex education courses.

While many districts successfully implemented comprehensive sex education prior to the 2020 mandate, some districts offered little, if any, sex education instruction. Prior to the statewide mandate, an attempt to introduce comprehensive sex education in Battle Ground schools resulted in a three hour public testimony period that concluded with the public school board voting to remove any sex education requirement. Similar, reactionary opposition is occasionally reported in districts across the state. While opposition groups represent a small minority of Washington residents, they often attend local school board meetings in large numbers when more comprehensive sex education curriculum is being considered. In order to counter these attempts, advocates must be vocal about their support for comprehensive sex education in their district.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. After contacting their local school board, advocates can determine what topics are missing from sex education instruction, such as instruction on consent, sexual orientation and gender identity, and contraceptives. They can then vocalize the important need for advancing sex education requirements in their community. Further, advocates can contact their representatives to discuss the critical need for accountability measures to ensure each district is supported in implementing comprehensive sex education. . Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts

## STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Washington schools are required to teach sex education.
  - Curriculum is required to be comprehensive.
  - Curriculum must stress abstinence. However, abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention
- Curriculum must be inclusive of all students, regardless of sexual orientation or gender identity.
- Curriculum is required to include instruction on affirmative consent.
- Parents or guardians may remove their children from HIV/AIDS prevention education if they have attended an information session about the HIV/AIDS curriculum and its presentation. If a school district chooses to provide sex education, parents may also remove their children from the class with written notification. [This is referred to as an “opt-out” policy.](#)
- Curriculum must be medically accurate.

## STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2020 state legislative session as well as bills that have been introduced thus far in 2021. These proposed bills provide a brief overview of both recent and current legislative action taken to advance or restrict sex education. For a more comprehensive look at relevant legislation concerning sex education and related topics such as reproductive health care, LGBTQ rights, and HIV/AIDS, continue reading on to the “State Legislative Activity” section of Washington’s profile.

### 2021 Legislative Session

**House Bill 1422** (pending): Aims to extend comprehensive sexual health education compliance dates by one year.

## 2020 Legislative Session

**House Bill 2184** (failed): Sought to require sex education curriculum to include instruction on affirmative consent.

**Senate Bill 5395** (passed): Requires schools to provide comprehensive sex education.

**House Bill 1407** (failed): Sought to require schools to teach evidence-based sex education that includes affirmative consent in grades K-12.

**House Bill 2056** (failed): Sought to require the state sex education curriculum to include the age of consent, what the capacity to consent is, and requirements of child support.

**House Bill 2648** (failed): Sought to amend sex education standards to require outside instructors to utilize “sexual risk avoidance” programming and prohibit instruction about gender identity earlier than the eighth grade. The bill also amends the current parental [“opt-out”](#)

**Senate Bill 6175** (failed): Sought to require schools to teach evidence-based sex education that includes affirmative consent in grades K-12.

## MORE SEX ED IN WASHINGTON

### STATE LAW

The Revised Code of Washington, [§§ 28A.230.070](#) requires schools to provide instruction on human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), “stress[ing] that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact.” HIV/AIDS-prevention instruction must be given at least once each school year beginning in fifth grade and must “teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of [AIDS], and reliance on condoms puts a person at risk for exposure to the disease.” Information must be medically accurate. In order to verify medical accuracy, the Washington Department of Health Office on HIV/AIDS must review and approve all HIV/AIDS curricula and supporting materials. Health education that includes instruction on “methods to prevent exposure to and transmission of sexually transmitted diseases (STDs)” is also required by Revised Code of Washington [§§ 28A.230.020](#).

The Revised Code of Washington, [§ 28A.300.475](#), known as the Healthy Youth Act, was amended in 2020 to require every Washington public school to provide comprehensive sex education. In addition to the previous mandate that required curriculum to be medically and scientifically accurate and age-appropriate, curriculum must now be inclusive of all students, regardless of their protected class under chapter [49.60](#) of the Revised Code of Washington. Curriculum is also required to include instruction on affirmative consent and bystander training. Comprehensive sex education must be provided once to students in kindergarten through grade three, once to students in grades 4-5, twice to students in grades 6-8, and twice to students in 9-12. Parents or guardians may remove their children from HIV/AIDS-prevention education if they have attended an information session about the HIV/AIDS curriculum and its presentation. If a school district chooses to provide sex education, parents may also remove their children from the class with written notification. [This is referred to as an “opt-out” policy.](#)

### STATE STANDARDS

The Washington Office of Superintendent of Public Instruction and the Department of Health developed guidelines titled [Guidelines for Sexual Health and Disease Prevention](#). Any sex education program implemented in schools must be consistent with these guidelines. Washington also provides guidance for best practice for sexual health education in

the [Health and Physical Education K-12 Learning Standards](#), released in 2016, and [KNOW HIV/STD Prevention Curriculum](#), a voluntary curriculum for use in grades 5–12, as well as a thorough list of other curricula that have been reviewed and approved by the Department of Health. Furthermore, Washington provides [health education standards](#) as guidance for curriculum development. Understanding “how to maintain sexual health throughout life” and “how communicable diseases are transmitted,” as well as discussion on harassment and bullying due to sexual orientation, are included.

## STATE LEGISLATIVE ACTIVITY

Legislative activity in state capitals related to sex education does not take place in isolation from the broader influences and conversations in society and the embroiled political and policy climate. Attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals, and efforts to limit access to abortion care and other reproductive healthcare services all restrict students from receiving comprehensive sex education and accessing sexual and reproductive healthcare services. In this section, we will highlight current legislative activity related to these topics. **2021 session convened on January 11, 2021.**

TITLE	DESCRIPTION	STATUS
<a href="#">HOUSE BILL 1008</a>	PROHIBITS ABORTION IF THE FETUS HAS, OR IS SUSPECTED TO HAVE, DOWN SYNDROME.	REFERRED TO THE HOUSE COMMITTEE ON HEALTH CARE & WELLNESS (2021)
<a href="#">HOUSE BILL 1149</a>	REQUIRES THE SUPERINTENDENT OF PUBLIC INSTRUCTION TO IDENTIFY THE PUBLIC HEALTH KNOWLEDGE AND SKILLS THAT STUDENTS NEED TO KNOW AND APPLY IN SUPPORT OF HEALTH ENHANCING BEHAVIORS, POSITIVE HEALTH OUTCOMES, AND HEALTHY COMMUNITIES. THE PUBLIC HEALTH KNOWLEDGE IDENTIFIED MUST THEN BE INCORPORATED INTO THE HEALTH AND PHYSICAL EDUCATION STATE LEARNING STANDARDS.	REFERRED TO THE HOUSE COMMITTEE ON EDUCATION (2021)
<a href="#">HOUSE BILL 1422</a>	EXTENDS COMPREHENSIVE SEXUAL HEALTH EDUCATION COMPLIANCE DATES BY ONE YEAR.	REFERRED TO THE HOUSE COMMITTEE ON EDUCATION (2021)
<a href="#">SENATE BILL 5053</a>	REQUIRES PARENTAL NOTIFICATION IF A MINOR OBTAINS AN ABORTION.	REFERRED TO THE SENATE COMMITTEE ON LAW AND JUSTICE (2021)
<a href="#">SENATE BILL 5416</a>	PROHIBITS ABORTION IF THE FETUS HAS BEEN DIAGNOSED WITH OR MAY BE DIAGNOSED WITH DOWN SYNDROME.	REFERRED TO THE SENATE COMMITTEE ON LAW AND JUSTICE (2021)
<a href="#">HOUSE BILL 1407</a>	REQUIRES SCHOOLS TO TEACH EVIDENCE-BASED SEX EDUCATION THAT INCLUDES AFFIRMATIVE CONSENT IN GRADES K-12.	DIED IN THE HOUSE COMMITTEE ON EDUCATION (2020)
<a href="#">HOUSE BILL 1526</a>	PROHIBITS ABORTION AFTER THE FETUS IS DETERMINED TO BE VIABLE.	DIED IN THE HOUSE COMMITTEE ON HEALTH CARE AND WELLNESS (2020)
<a href="#">HOUSE BILL 2056</a>	REQUIRES THE STATE SEX EDUCATION CURRICULUM TO INCLUDE THE AGE OF CONSENT, WHAT THE CAPACITY TO CONSENT IS, AND REQUIREMENTS OF CHILD SUPPORT.	DIED IN THE HOUSE COMMITTEE ON EDUCATION (2020)
<a href="#">HOUSE BILL 2201</a>	PROHIBITS TRANSGENDER STUDENTS FROM COMPETING ON SCHOOL ATHLETIC TEAMS WHICH DO NOT ALIGN WITH THEIR SEX ASSIGNED AT BIRTH.	IN THE HOUSE COMMITTEE ON EDUCATION

<a href="#">HOUSE BILL 2648</a>	AMENDS SEX EDUCATION STANDARDS TO REQUIRE OUTSIDE INSTRUCTORS TO UTILIZE “SEXUAL RISK AVOIDANCE” PROGRAMMING AND PROHIBITS INSTRUCTION ABOUT GENDER IDENTITY EARLIER THAN THE EIGHTH GRADE. THE BILL ALSO AMENDS THE PARENTAL “OPT-OUT” POLICY.	DIED IN THE HOUSE (2020)
<a href="#">SENATE BILL 5185</a>	REQUIRES AT LEAST 48 HOURS NOTICE TO A PARENT OR GUARDIAN IF A MINOR SEEKS ABORTION CARE.	DIED IN THE SENATE COMMITTEE ON LAW AND JUSTICE (2020)
<a href="#">SENATE BILL 5395</a>	REQUIRES SCHOOLS TO PROVIDE COMPREHENSIVE SEX EDUCATION.	ENACTED (2020)
<a href="#">SENATE BILL 6175</a>	REQUIRES SCHOOLS TO TEACH EVIDENCE-BASED SEX EDUCATION THAT INCLUDES AFFIRMATIVE CONSENT IN GRADES K-12.	DIED IN THE SENATE COMMITTEE ON EARLY LEARNING AND K-12 EDUCATION (2020)
<a href="#">SENATE BILL 6664</a>	ESTABLISHES THE "PARENTS BILL OF RIGHTS", PERMITTING PARENTS AND GUARDIANS TO OBJECT TO ANY COURSE MATERIAL BASED ON BELIEFS CONCERNING SEX, MORALITY, RELIGION, OR THE BELIEF THAT THE MATERIALS OR ACTIVITIES ARE HARMFUL. EMPHASIZES THE ABILITY OF PARENTS AND GUARDIANS TO REMOVE THEIR CHILDREN FROM ANY SEX EDUCATION COURSE. PROHIBITS HEALTH CARE PROVIDERS FROM PROVIDING OR ARRANGING TO PROVIDE HEALTH CARE SERVICES TO MINORS WITHOUT PARENTAL CONSENT.	DIED IN THE SENATE COMMITTEE ON LAW AND JUSTICE (2020)

#### LEGISLATIVE KEY

<p><b>SEX EDUCATION</b></p> <p><b>REPRODUCTIVE HEALTHCARE</b></p> <p><b>SEXUAL ORIENTATION AND GENDER IDENTITY</b></p> <p><b>HIV/AIDS (THAT IMPACTS YOUTH)</b></p>
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### YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and well-being. To learn more about Washington’s 2018 Healthy Youth Survey results, [click here](#).

### STATE SCHOOL HEALTH PROFILES DATA

In 2019, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools’ principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the [CDC identifies 20 sexual health education](#)

[topics](#) as critical for ensuring a young person’s sexual health. Below are key instruction highlights for secondary schools in Washington as reported for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 32.6% of Washington secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 56.1% of Washington secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about the benefits of being sexually abstinent

- 83.9% of Washington secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 96.8% of Washington secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 76.4% of Washington secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 92.4% of Washington secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships

- 78.3% of Washington secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 93.9% of Washington secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 67.2% of Washington secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 90.0% of Washington secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom

- 50.3% of Washington secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 85.4% of Washington secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms

- 63.6% of Washington secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 90.0% of Washington secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation



- 49.8% of Washington secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 64.0% of Washington secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about gender roles, gender identity, or gender expression

- 49.8% of Washington secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 64.9% of Washington secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 64.1 % of Washington secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

**The quality of sex education taught often reflects funding available for sex education programs.**

**To learn more about federal funding streams, [click here](#).**