

State Profiles

District of Columbia State Profile



District of Columbia's State of Sex Ed

Sex education is mandated in public schools in the District of Columbia, but is not required to be medically accurate.

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Current Requirements

- District of Columbia schools are required to teach sex education.
 - Sex education occurs within what is described as a required “comprehensive school health education” program. However, curriculum is not required to align with the [National Sex Education Standards](#).
 - Sex education instruction must include instruction on abstinence.
- Curriculum must [include](#) instruction on how to “differentiate between gender identity, gender expression, sexual orientation, and sex assigned at birth/biological sex,” and detail that “as people grow and develop, they may begin to feel romantically and/or sexually attracted to people of a different gender and/or to people of the same gender.”
- Curriculum must include instruction on how alcohol and other substances can affect the ability to give or perceive the provision of consent to sexual activity. Students must research, compare, and contrast DC minor consent laws.
- Parents can submit a written request to the principal to remove their children from sex education. [This is referred to as an “opt-out” policy.](#)
- Parents have the ability to review curriculum and instructional materials
- The District of Columbia has no regulation regarding medically accurate sex education instruction

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Since 2010, the [DC Healthy Schools Act](#) increased the amount of time dedicated to health education, clarified sex education requirements, and authorized the Office of the State Superintendent of Education (OSSE) to [implement](#) an annual survey for fifth, eighth, and tenth graders on human sexuality, contraception, and drug use. In 2016, the DC [Health Education Standards](#) were updated to require instruction on sexual orientation, gender identity, and to provide guidance on topics such as consent, healthy relationships, and contraceptives. DC Public

Schools, which serve approximately 54% of DC students, are required to use the comprehensive curriculum [Rights, Respect, Responsibility](#) (3Rs).

In 2022, legislators succeeded in advancing sex education by enacting [Bill 24-0582](#) which requires schools to provide access to free menstrual hygiene products in all middle and high school women's and gender-neutral bathrooms, and at least one elementary school girls or gender-neutral bathroom. Additionally, the Office of the State Superintendent of Education, in consultation with the State Board of Education are required to develop and implement health education standards on menstrual education designed for all students, regardless of gender, in District of Columbia public schools and charter schools beginning in grade 4.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. By contacting their local school, advocates can determine what curriculum is being taught and if the school has the resources it needs to implement sex education. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education. For a current overview of pending legislation, see table below. Further, advocates can contact their representatives to discuss ways in which sex education may be improved. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education and to reach out to [EducateUs](#) to get connected to local advocacy groups..

More on sex ed in District of Columbia...

State Law: A Closer Look

[District of Columbia Municipal Regulations §§ 5-E2304](#) and [5-E2305](#) state that public schools must provide comprehensive school health education, including instruction on human sexuality and reproduction. The instruction must be age-appropriate and taught in grades pre-kindergarten (pre-K)–12.

The superintendent of the District of Columbia public schools is charged with ensuring that sex education is taught in schools and that students achieve a minimum proficiency in this area. Accordingly, the superintendent must provide systematic teacher training and staff development activities for health and physical education instructors. A list of all textbooks for student and teacher training must be included in the list of textbooks submitted annually to the District Board of Education for its approval.

Parents or guardians may submit a written request to the principal if they wish to remove their children from human sexuality and reproduction education classes. This is referred to as an “opt-out” policy.

State Standards

The District of Columbia provides *Health Education Standards* for students in grades K-12. “Safety Skills,” “Human Body and Personal Health,” and “Disease Prevention” are three of the six learning categories. STIs, HIV, unintended pregnancy, abstinence, and contraception are all discussed. In 2016, the state standards were updated to ensure students learn how to “differentiate between gender identity, gender expression, sexual orientation, and sex assigned at birth/biological sex,” as well as to understand that “as people grow and develop, they may begin to feel romantically and/or sexually attracted to people of a different gender and/or to people of the same gender.” In 2017, the Office of the State Superintendent of Education published the *Sexual Health Curriculum Review* to guide educators in providing sex education.

State Legislation

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. In 2022, a national wave of attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQAI+) individuals, attempts to restrict or prohibit instruction on “divisive concepts” such as “Critical Race Theory” (which is not taught in public schools), and efforts to limit access to abortion care and other reproductive healthcare services swept the country in an effort to prevent students from receiving sex education and accessing sexual and reproductive healthcare services. Below are highlights of current legislative activity related to

these topics. **The District of Columbia's 2024 legislative session is a two-year session, convening January 2, 2024.**

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 the District of Columbia's Youth Risk Behavior Survey (YRBS) results, [click here](#). At the time of publication, the 2021 YRBS data was not made available yet.

District of Columbia School Health Profiles Data

In 2022, the Centers for Disease Control and Prevention (CDC) released the 2020 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 22 sexual health education topics](#) as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in the District of Columbia as [reported](#) for the 2019–2020 school year.

Reported teaching all 22 critical sexual health education topics

- 48.1% of District of Columbia secondary schools taught students all 22 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 87.6% of District of Columbia secondary schools taught students all 22 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

- 70.4% of District of Columbia secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 100.0% of District of Columbia 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

- 73.1% of District of Columbia 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.
- 100.0% of District of Columbia 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

- 74.1% of District of Columbia 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.
- 100.0% of District of Columbia 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

- 70.4% of District of Columbia 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.
- 100.0% of District of Columbia 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

- 55.6% of District of Columbia secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 94.4% of District of Columbia 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

- 59.3% of District of Columbia secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 100.0% of District of Columbia 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 diversity of sexual orientations and gender identities

- 66.7% of District of Columbia secondary schools taught students about diversity of sexual orientations and gender identities in a required course in any of grades 6, 7, or 8.
- 100.0% of District of Columbia secondary schools taught students about diversity of sexual orientations and gender identities in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about how gender roles and stereotypes affect goals, decision-making, and relationships

- 66.7% of District of Columbia secondary schools taught students about gender roles and stereotypes in a required course in any of grades 6, 7, or 8.
- 93.3% of District of Columbia secondary schools taught students about gender roles and stereotypes 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

- 72.1% of District of Columbia 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](#).

