



Sexuality Education Frequently Asked Questions

1. What is comprehensive sexuality education?

- **Comprehensive sexuality education is a curriculum-based process of teaching and learning about the emotional, physical, and social aspects of human sexuality and healthy relationships.**
- Sexuality Education aims to equip children and young people with knowledge and skills that will empower them to:
 - Realize their health, well-being, and dignity;
 - Develop respectful social and sexual relationships;
 - Consider how their choices affect their well-being and that of others;
 - Understand and ensure the protection of their rights throughout their lives.

2. What does “comprehensive” mean?

- **Comprehensive means complete, medically accurate, and age-appropriate.**
- **It ensures that sexuality education teaches that many adults will have sexual relationships in their lives, and it takes learning throughout life from trusted adults to promote that these relationships are healthy, safe, and happy.**
- These key components of comprehensive sexuality education support young people to choose abstinence as the safest way to prevent STIs and unintended pregnancy. They also provide the skills and knowledge necessary to make healthy and safe decisions. Comprehensive sexuality education includes the most critical information to prevent sexual violence and promote health.

3. What does sexual health include?

- **Sexual health is a broad area and is about so much more than we usually consider sexuality.**
- Oregon’s Health Education sexuality education standards address sexuality as a lifelong process linked to basic human needs of having friendships and relationships, displaying and receiving affection, feeling valued and loved, and sharing thoughts and feelings.
- The standards cover socio-emotional learning concepts, including:
 - body image,
 - media literacy,
 - decision-making,
 - gender roles,
 - healthy relationships,
 - communication.
- The standards cover sexual and reproductive health issues, including, but not limited to:
 - sexual and reproductive anatomy and physiology
 - puberty and menstruation
 - reproduction,
 - modern contraception,
 - sexually transmitted infections.
- Although some of these topics may be challenging to teach, they are important to support students’ safety, health, and well-being.

4. How can I be sure this content is appropriate for my child?

- Oregon Laws and education standards require that all content is age-appropriate. Age-appropriate means that curricula are responsive to the changing needs and capabilities of children and young people as they grow.
- The ‘mechanics’ or ‘technique’ of reproduction is never emphasized—the focus of sexuality education is on healthy sexual behaviors and the importance of healthy and equal relationships.
- Based on the age and development of learners, sexuality education addresses relevant topics when it is most timely for their health and well-being.
- Oregon standards are grade specific and reflect the most current research and the National Health Education Standards.

5. Why is sexuality an appropriate topic of learning for young children?

- ‘Sexuality’ can be understood as a core dimension of being human, which includes:
 - understanding the human body,
 - emotional connection and love,
 - gender,
 - intimacy,
 - reproduction.
- Sexuality education teaches that sexuality is a normal part of being human so that children are not ashamed or embarrassed about asking trusted adults’ questions or seeking help when needed.
- It works! Many research studies have shown that when sexuality education is taught early and consistently, it contributes to young people waiting longer to have sex, having sex less often, having fewer partners, taking fewer risks, and using condoms and contraception more often.
- Abstinence-only education does not work. Studies have also shown that abstinence-only education is ineffective for all the above outcomes.

6. Why does sexuality education require that gender identity and sexual orientation be taught in the classroom?

- Teaching these topics supports inclusion and respect, prevents violence, and encourages the learning and overall health and well-being of all students—especially those who may identify as lesbian, gay, bisexual, queer, non-gender binary, or transgender (LGBTQ)— by affirming that all students are deserving of dignity, respect, and inclusion.
- Research has shown that students who identify as lesbian, gay, bisexual, queer, non-gender binary, or transgender, (LGBTQ) experience higher rates of bullying, sexual assault, and other traumas. These student populations also experience higher rates of depression, pregnancy, suicidal ideation, and anxiety. This leads many young people to drop out or be chronically absent.
- Research has shown that individuals who bully based on others’ gender identities and/or sexual orientation are at higher risk for also perpetrating sexual violence. Education around gender identity and sexual orientation promotes acceptance and establishes norms that bullying and hate are never acceptable.
- Teaching and modeling inclusivity, appreciation of diversity, and respect inside and outside the classroom make schools and all students safer.
- Many children start expressing their gender identity in early childhood, and it is the responsibility of public education to provide safe places for all students, regardless of their gender expression or identity, so they can learn and grow.
- ODE’s *Supporting Gender Expansive Students: Guidance for Schools* and Oregon’s Equality Act reaffirm this commitment to serving all students.
- All students, no matter their sexual orientation, should be treated with dignity and respect and supported in pursuing learning, health, and academic success.

7. Can parents opt their children out of certain sexuality education components?

- **Sexuality Education standards are included in the mandatory Health Education Standards. Health Education is a core subject in Oregon, and every public school in Oregon requires its instruction.**
- It is important for the health and safety of children to be in school for all health education components, including socio-emotional learning, healthy relationships, and sexuality education. It is encouraged that if a parent finds a portion of the content inappropriate, they opt out only of that portion and not the entire curriculum.
- According to Oregon Law, parents can opt their children out of any or all sexuality education components. However, parents cannot opt their children out of the entire health course or program without written documentation of a religious or disability-related reason. In those cases, parents would also have to demonstrate to the school district how to comply with the Health Education Standards with alternative instruction.

8. How does sexuality education address socio-emotional learning and mental health concepts?

- **Sexuality education focuses on teaching the foundations of socio-emotional well-being, not just teaching about bodies and preventing STIs.**
- Social and emotional learning is the process of learning the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.
- Sexuality education teaches skills related to building safe and positive relationships, understanding and accepting differences, challenging bias, resolving conflict, and making healthy decisions.
- Oregon's Health Standards include instruction requirements that cover respect, healthy communication, active listening, identifying personal values, self-assertion, and goal setting.

9. How does sexuality education work to prevent sexual violence and assault?

- **Studies have shown that teaching sexuality education contributes to preventing sexual violence and gender-based discrimination.**
- Sexuality education supports young people in recognizing what makes relationships healthy and unhealthy, and how to get help from trusted adults when they need it.
- Students learn the names of their body parts and that they have a right to decide who can and can't touch their bodies. This knowledge and set of skills empower students to communicate what makes them uncomfortable, talk about their experiences and concerns, and ask trusted adults questions without shame or embarrassment.
- Sexuality education also supports young people to build stronger and healthier relationships at all ages of development. This is done through socio-emotional skill building, such as healthy communication, respect, self-assertion, and challenging bias.

10. How big of a problem is sexual violence in Oregon?

- **In Oregon, over 1 in 8 students experience teen dating violence before age 18.** 1 in 2 women in Oregon experiences sexual assault in their lifetimes. Sexual violence is a huge issue in Oregon that public education has a responsibility to face.
- The rates are higher among girls and LGBTQ students.
- Despite misconceptions, boys also experience teen dating violence far too frequently: more than 1 out of 10 boys experience sexual violence before the age 18.

11. How big of a problem are sexually transmitted infections in Oregon?

- **Sexually transmitted infections are Oregon's most frequently reported infections and account for almost two-thirds of all reportable infections.**
- Sexually transmitted infections have been increasing dramatically in the past few years in Oregon.

- Adolescents and young adults between 15–24 years of age have the highest infection rates.
- Most sexually transmitted infections, if not identified and managed appropriately, can cause serious complications. Women and newborns bear an inordinate share of complications.

12. Are condom demonstrations required in schools?

- **Condom education is an effective way to help youth use condoms correctly and consistently when they begin to have sex. It has been shown to be a best practice in health promotion.**
- Oregon Sexuality Education standards require students to know how to use a condom. In 6th grade, students must “identify” the steps to use a condom. In 7th, they should be able to “describe” the steps. In 8th they must “demonstrate the steps”, and in 12th grade, students should be able to “demonstrate the steps to use a condom and/or other barrier methods correctly”.
- The average Oregonian starts having sex around age 17—but at least 8% start having sex in 8th grade. This means that young people need the knowledge and skills to stay safe in middle school.
- Condom use among adolescents is inconsistent. Adolescents are more likely to experience condom failures, and these failures discourage condom use.
- Evidence shows that educating youth about condoms does not make them more likely to start having sex. Condom education is associated with a lower likelihood of sexual involvement.

13. What happens if a school district does not teach Oregon’s Health & Sexuality Education standards?

- **To get public funding, schools must comply with the Oregon Department of Education’s Division 22 Standards.** This includes teaching the Health Standards and performance indicators.
- If a school does not comply with the law, a parent or concerned community member could file a complaint with the school, school district, or ODE. The complaint process for each School District is available on their website and the ODE website.

For more information, please contact:

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References:

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