FREQUENTLY ASKED QUESTIONS ABOUT *K-12 STANDARDS FOR OPTIMAL SEXUAL DEVELOPMENT*

1. Are these standards scientifically and medically accurate? Are they evidence-based?

The scientific and medical accuracy of **K-12 Standards for Optimal Sexual Development (K-12 Standards)** is supported by 258 citations from medical and scientific literature (see "References"). "Evidence-based" is a higher standard of review and certification which is not met unless there have been experimental studies demonstrating a clear causal relationship between the intervention and measurable positive changes in the subject population. Such evaluation may be performed on a specific curriculum. Standards do not lend themselves to the same type of evaluation, and therefore, cannot properly be described as "evidence-based." However, **K-12 Standards** are "evidence-informed," since they align with research that validates the principles upon which they are based. Relevant research has affirmed the positive value of developing knowledge, attitudes and skills that empower young people to avoid high-risk behavior (see "Alignments").

2. Are these "abstinence-only" standards?

K-12 Standards for Optimal Sexual Development take a primary prevention health perspective directed at avoiding the many risks associated with early sexual activity. **K-12 Standards** promote that "avoiding sexual activity" is "the only 100% effective way" to prevent teen pregnancy (4.B.1.) and STDs/STIs (4.C.). This is consistent with the Centers for Disease Control and Prevention (CDC), which states, "The most reliable ways to avoid transmission of STDs are to abstain from sexual activity, or to be in a long-term mutually monogamous relationship with an uninfected partner."[1]

The term "abstinence-only" has sometimes been used to label a stereotyped, limited approach to sex education that focuses solely on the risks of sexual activity and omits other topics in sexual or reproductive health. **K-12 Standards** focus more broadly on optimal sexual development, encompassing positive character formation (Key Topic 1), decision-making, and goal setting (1.B. and C.), as well as healthy relationships—such as family relationships (2.A.), friendships (2.B.), dating (2.C.), and marriage (2.D.). These standards also feature factual information on pregnancy (3.B., 4.B.), STDs/STIs (4.C.), condoms (4.C.7. and 8.), and contraception (4.B.3. and 4.).

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[1] Centers for Disease Control and Prevention. Condom fact sheet in brief. Page last reviewed: September 14, 2021. Accessed November 9, 2021. https://www.cdc.gov/condomeffectiveness/brief.html

3. Do these standards provide for comprehensive sex education?

K-12 Standards are comprehensive because they cover a wide range of topics related to optimal sexual development, involving both information and skill-building. Such topics include biological milestones (3.A.), reproductive systems (3.B.), positive character formation (Key Topic 1), healthy relationships (Key Topic 2), and avoidance of high-risk behavior (Key Topic 4). In addition, **K-12 Standards** address pregnancy (3.B.5., 4.A.1., 4.A.3., 4.B.), STDs/STIs (4.A.1. and 3., 4.B.3., 4.C.), and efficacy of condoms and contraception (4.B.3., 4.B.4., 4.C.7., 4.C.8., 4.D.4.), to provide a fuller understanding of the implications of sexual activity for school-aged children. **K-12 Standards** also build awareness of sexual abuse and methods for preventing it (2.C.10, 4.C.9., 4.E.). They are medically accurate, research aligned, age-appropriate, and educationally sound. This approach and range of topics make these standards "comprehensive" in any meaningful sense of the word.

The term "Comprehensive Sexuality Education" (CSE) has been used to describe a "rights-based approach"[2] to sex education that promotes an expansive emphasis on seeking "social change."[3] "Diversity" and "pleasure" are seen as "essential components" of this approach,[4] which also focuses on "gender and power inequalities"[5] and the "inclusion of power and privilege, conscious and unconscious bias, intersectionality, and covert and overt discrimination, and the principles of reproductive justice, racial justice, social justice, and equity."[6] CSE advocates offer detailed guides on how to enlist students as activists in promoting CSE,[7] while sometimes viewing parents as "barriers" to "providing the sexuality education that teachers believe students need."[8] Sometimes "health outcomes" and "the prevention of disease or pregnancy"[10] are even downplayed as goals of sex education in favor of a larger social agenda. The focus in **K-12 Standards** on "optimal sexual development" is appropriately comprehensive without straying into areas better suited for social studies than health or sex education classes.

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[2] Guttmacher Institute. A Definition of Comprehensive Sexuality Education. *Demystifying Data Toolkit.* July 2016:1. https://www.guttmacher.org/sites/default/files/report_downloads/demystifying-data-handouts_0.pdf
[3] Harley CS. Sex ed is a vehicle for social change. Full stop. SIECUS. 2019. https://siecus.org/sex-ed-is-a-vehicle-for-social-change/
[4] Guttmacher Institute. 2016:1-3.
[5] United Nations Educational, Scientific and Cultural Organization (UNESCO). *International technical guidance on sexuality education: An evidence-informed approach.* Second revised edition. 2018:18. https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf
[6] Future of Sex Education Initiative. *National Sex Education Standards: Core Content and Skills, K-12.* Second Edition. 2020:8. https://www.advocatesforyouth.org/wp-content/uploads/2021/08/NSES-2020-web-updated.pdf
[7] Advocates for Youth and Community HIV/AIDS Mobilization Project (CHAMP). So Change It: A Guide For High School Youth Activists. 2008. https://www.advocatesforyouth.org/resources/policy-advocacy/high-school-organizing-guide/
[8] Eisenberg ME, et al. Barriers to Providing the Sexuality Education That Teachers Believe Students Need. J Sch Health. May 2013;83(5):335-342. https://doi.org/10.1111/josh.12036
[9] UNFPA. *Comprehensive sexuality education: Advancing human rights, gender equality and improved sexual and reproductive health.* December 2010:24-25. https://www.unfpa.org/sites/default/files/resource-pdf/Comprehensive%20Sexuality%20Education%20Advancing%20Human%20Rights%20Gender%20Equality%20and%20Improved%20SRH-1.pdf
[10] Guttmacher Institute. 2016:1.

4. Are these standards inclusive of LGBTQ students?

To the extent that **K-12 Standards** address biological science—puberty, reproduction, and ways to avoid nonmarital pregnancy or sexually transmitted diseases—their content is relevant to all students, regardless of sexual orientation or gender identity. To the extent that these standards include skills such as decision-making and nurturing healthy relationships, they are grounded in the reality that all humans have inherent dignity and worth, as well as universal needs such as love, belonging, respect, and connection—regardless of how they identify. The promotion of optimal health for every student, by definition, fosters mutual respect in the classroom (see "Distinctives").

Because these core principles are relevant to all adolescents, **K-12 Standards** do not provide for separate instruction regarding "sexual orientation" or "gender identity." Some subjects are sensitive or complex and are better addressed with individual attention to maintain student privacy and confidentiality. Students are always encouraged to discuss sexual topics further with parents and family members, and to seek individual counseling or clinical help when needed (see "How to Use K-12 Standards").

5. Do these standards include the topics of condoms and contraception?

K-12 Standards include the topics of condoms and contraception, comparing their effectiveness at reducing the risk of pregnancy (4.B.3.), their limitations, and their potential side effects (4.B.4.). They also address how consistent and correct use of condoms can reduce the transmission of specific STDs/STIs to differing degrees (4.C.7.). They communicate that it is important for sexually active teens to use condoms and contraceptives consistently and correctly to achieve the greatest reduction of risk, and they highlight the fact that incorrect or inconsistent use may make condoms and contraceptives less effective (4.C.8.). While providing accurate information, **K-12 Standards** do not encourage the distribution or demonstration of condoms or contraception. While acknowledging how condoms and contraception can reduce certain risks for students who are sexually active, these standards are not based on the presumption that students will be sexually active. They emphasize that postponing sexual activity can help students *avoid* those risks altogether and can facilitate young people's optimal sexual development.

6. Do these standards include principles of sexual consent?

"Sexual consent" (see "Glossary") is the permission willingly granted (by an individual who is legally and mentally capable) to engage in a specific sexual activity. **K-12 Standards** do include the message that sexual activity without mutual consent of the partners is a form of sexual abuse (4.E.2 and 4.E.3). They also cover the facts that young people below a certain age, including most school-aged children, are not legally able to consent to sex, and that the minimum legal age of consent (under statutory rape laws) varies from state to state (4.A.10, 4.E.9). Because the word "consent" implies movement toward sexual activity, these standards place a primary emphasis on refusal skills (see "Glossary")—how young people can resist or move away from sexual activity for the sake of avoiding risks and developing healthy relationships (1.B.8, 1.D, 4.A.7).

7. Are these standards relevant for students who are already sexually active?

K-12 Standards are relevant for sexually active youth because they include content on how to analyze the health and/or risks of their existing relationships (2.C.), and how to end a relationship safely and respectfully (2.C.11). **K-12 Standards** also cover both the potential reduction of risk and the limitations involved in the use of condoms (4.C.7. and 4.C.8.) and contraception (4.B.3. and 4.B.4.), as well as the importance of STD/STI screening for sexually active teens (4.C.12). These standards prompt discussions on the facts that many sexually active adolescents wish they had waited (4.A.5), and it is never too late to stop unhealthy behaviors and replace them with healthy ones (1.D.3), to begin receiving the physical and emotional benefits of that choice (4.D.7). Thus, while covering information needed by sexually active teens, these standards also emphasize that any youth at any point can make a choice to reduce or completely avoid sexual risks and pursue optimal sexual health going forward.

8. How is marriage defined in these standards?

Marriage is defined as "the mutually committed, monogamous union of a couple, intended to be lifelong, that is granted rights and responsibilities by law" (2.D.1.). This definition is consistent with current legal practice throughout the United States. Decades of research have shown that the type of relationship which contributes to long-term sexual, emotional, financial, and relational health is most often found in the context of a healthy marriage (2.D.). It is reasonable to assume that many of the benefits which emanate from a mutually committed, monogamous relationship would apply to both opposite-sex and same-sex couples. However, most of the research documenting the benefits of marriage (2.D.4. and 9.) has been conducted on opposite-sex couples only.

9. Why do these standards put so much emphasis on healthy marriage?

The U.S. Department of Health and Human Services acknowledges, "More than 30 years of research show that when children are living with their married, biological parents, they have better physical, emotional, and academic well-being (Anderson, 2014, Sandstrom & Huerta, 2013). Studies have shown that people live longer, have less stress, and are more financially stable in a healthy family environment where both parents are present, share the responsibility of the household, and raise the children (Acs, G. and Nelson, S., 2004)."[11]

While many children, including students in schools, have not had the benefit of such a family structure, **K-12 Standards** affirm that attributes and skills needed to create and strengthen a healthy marriage can be learned and applied, regardless of family experience (2.D.8.). These standards strongly assert that every student should be encouraged and supported in planning for a positive future and accomplishing personal goals (1.C.).

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[11]Office of Family Assistance, Administration for Children and Families. Healthy marriage and relationship education for adults. U.S. Department of Health and Human Services. Current as of: October 23, 2020. Accessed November 9, 2021. https://www.acf.hhs.gov/ofa/programs/healthy-marriage-responsible-fatherhood/healthy-marriage

10. Is it realistic to expect students to abstain from sexual activity until marriage?

Avoiding sexual activity until, and in preparation for, marriage is a behavioral choice. It is helpful to frame the answer to this question in the context of other adolescent behavioral choices. Not all students avoid drinking alcohol until they are 21, using tobacco, and abusing other drugs, nor do they always eat nutritious foods, exercise daily, and wear seat belts in automobiles. Yet educators continually teach to these behavioral standards.

Similarly, not all students will avoid nonmarital sexual activity; however, this should not dissuade us from providing accurate information regarding the risks of such activity, as well as the benefits of reserving sexual activity for marriage. This approach maximizes the potential for extending optimal health and wholeness into adulthood. Parents and educators have high expectations and achievement goals for students in academics and career aspirations, and the same should be true with sexuality, marriage, and family relationships.

The CDC's Youth Risk Behavior Survey indicates that a majority of high school students have not had sexual intercourse, and this rate has been declining for several decades.[12] Most students are not having sex. For students who choose not to avoid sexual activity until marriage, the optimal health concepts included in **K-12 Standards** can lead to a delay in sexual debut and a reduction in the number of lifetime partners, which have significant physical and emotional benefits as well.

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[12]Centers for Disease Control and Prevention. Trends in the prevalence of sexual behaviors and HIV testing National YRBS: 1991—2019. Page last reviewed: August 20, 2020. Accessed November 9, 2021. https://www.cdc.gov/healthyyouth/data/yrbs/factsheets/2019_sexual_trend_yrbs.htm