



Cardea Services

# Conejo Valley USD Board Study Session



Let's  
Talk  
About Sex...Ed!



FOUNDATIONS  
CORE SKILLS TRAINING FOR SEX ED

Cardea4Parents



CSE Network

# Introduction

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Jeffrey Gould, Mdiv  
Director of Partnership and  
Innovation





# Why are we here today? (Agenda)

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- Why sex ed?
- CA policies and mandates
- Instructional materials
- Implementation
- Parent Engagement



# Defining Sex Education

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**dictator** /dik'teɪtə(r); US 'dɪkteɪtər/ no  
ruler who has total power in a country  
cially one who used force to gain power  
who rules the country unfairly ► **dyktator**  
◻ **dictatorship** noun [C,U] government b  
tator; a country that is ruled by a dict  
*military dictatorship* ► **dyktatura**  
**dictionary** /'dɪkʃənəri; US -neri/ noun [C] (d  
tionaries) 1 a book that lists the words of  
guage in alphabetical order and that tel  
that they mean, in the same or another  
age: to look up a word in a dictionary ◦ a  
ll/monolingual dictionary ◦ a Fr  
ish dictionary ► **słownik** 2 a book  
e words connected with a particular  
tells you what they mean: a d  
o a medical dictionary



# Defining Sex Education

Sex education aims to reduce the risks of potentially negative outcomes from sexual behavior

while also aiming to contribute to young people's positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions over their lifetime.

## Another definition:

*Sexuality education is a **lifelong process** of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.*

- Sexuality Information and Education Council of the United States

# Why Sex Education is Important

Along with parental and community support, it helps young people:

- Avoid negative health consequences
- Communicate about sexuality and sexual health
- Delay sexual initiation until they are ready
- Understand healthy and unhealthy relationships

# Why Sex Education is Important

Along with parental and community support, it helps young people:

- Understand, value, and feel autonomy over their bodies
- Respect others' right to bodily autonomy
- Show dignity and respect for all people, regardless of sexual orientation or gender identity
- Protect their academic success

# The Goals Of School-Based Sexuality Education

- To provide **accurate information** about human sexuality
- To provide an opportunity for young people **to develop** and understand *their values, attitudes, and insights* about sexuality
- To help young people develop **relationships and interpersonal skills**
- To help young people **exercise responsibility** regarding sexual relationships



# The Goals Of School-Based Sexuality Education

To prepare students for their futures.

# SEL

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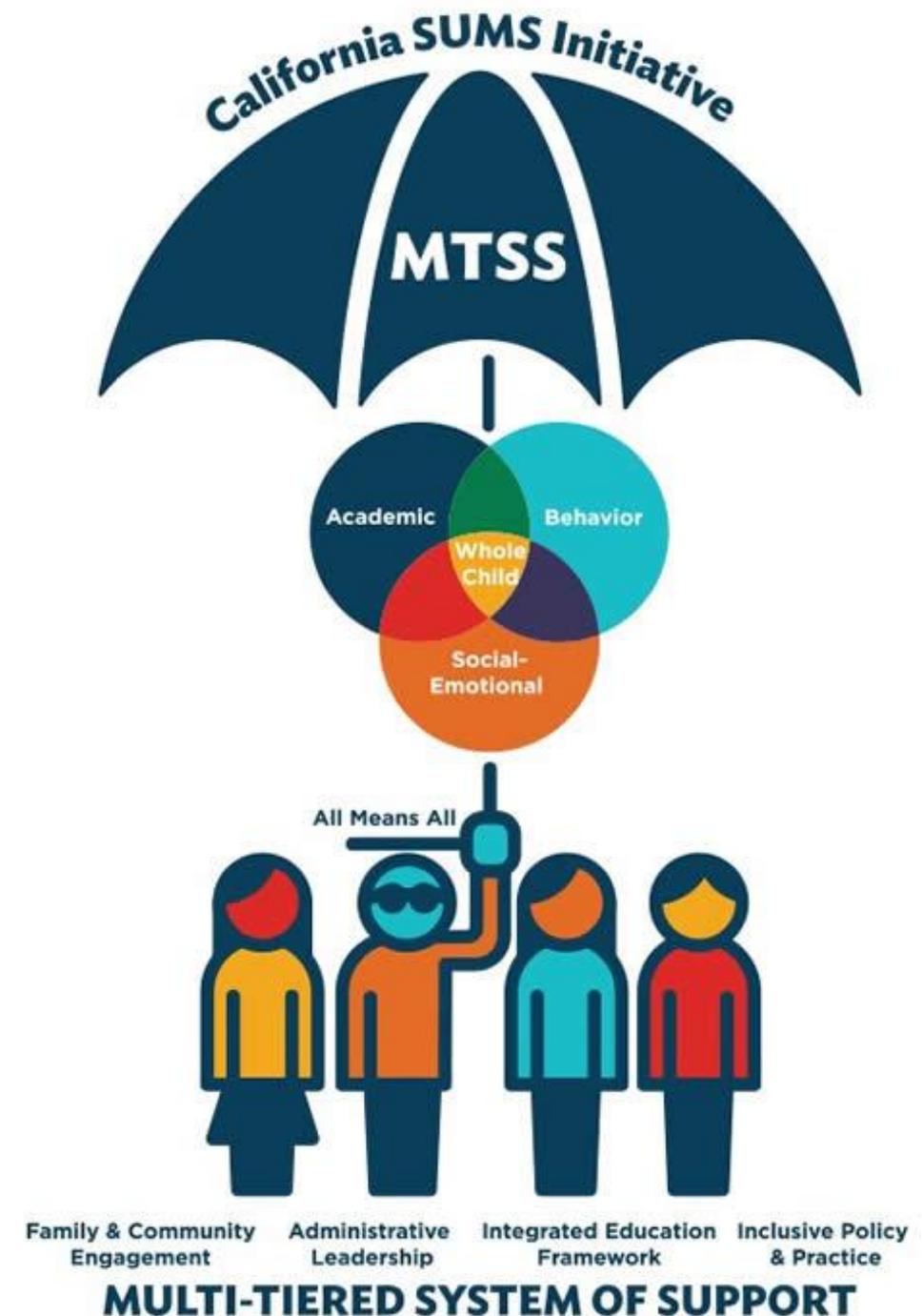
- Self-Awareness
- Self-Management
- Social Awareness
- Relationship Skills
- Responsible Decision-Making



# MTSS

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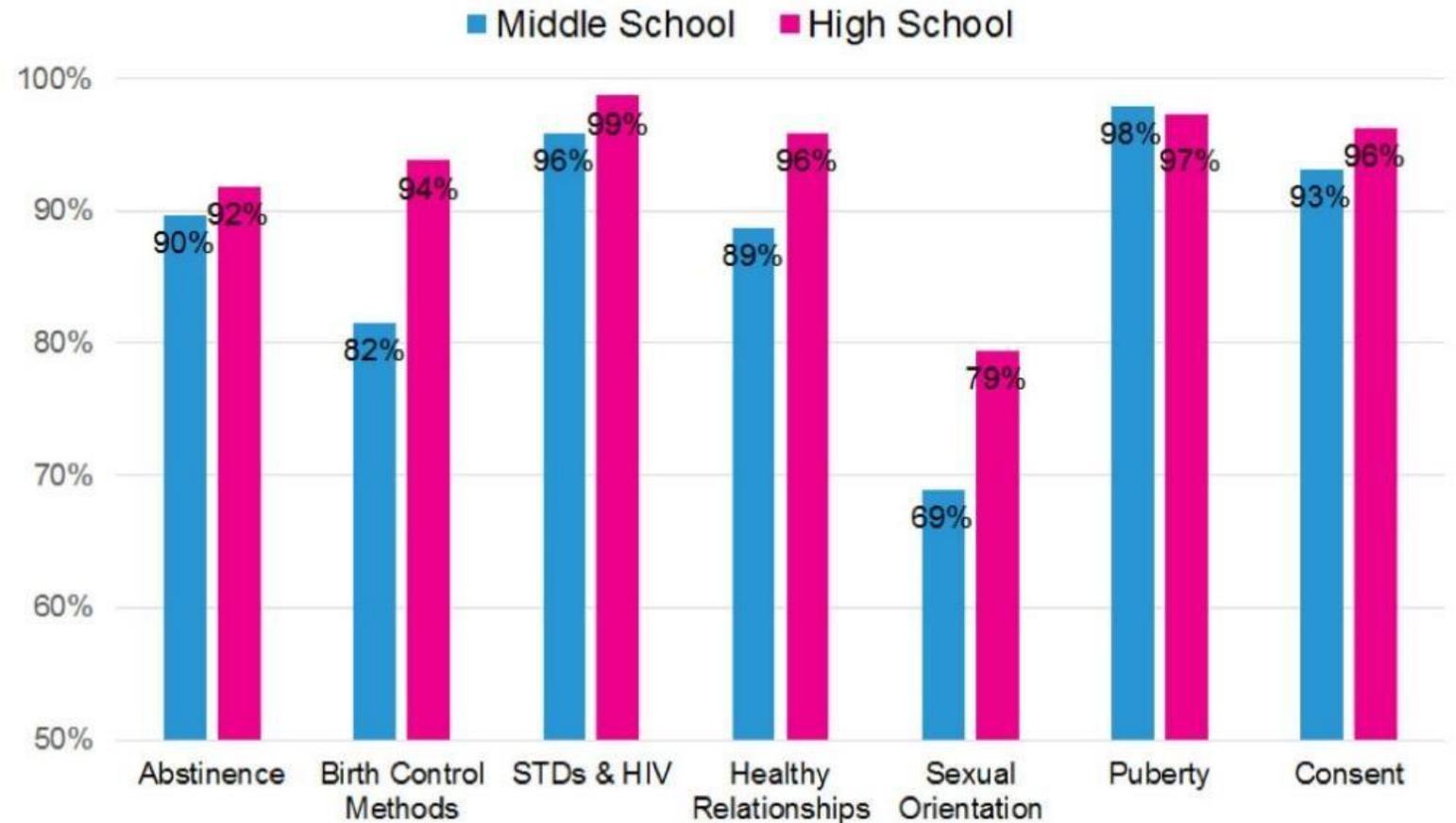
- Academic = Standards Based
- Behavioral = Title IX, SSE
- SEL = Social and Emotional Skills
  
- Data Driven = YRBS, CHKS, DPH, ETC



# Parent Support

- Year after year
- State and National
- Overwhelming Support

Should sex education in middle and high school include the following topics...



[On Our Side: Public Support for Sex Education](#)  
[Parents' Views on Sex Education in Schools](#)

Understanding  
the California  
Healthy Youth  
Act

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# NOTE:

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The California Healthy Youth Act (CHYA), mandates that schools **MUST** provide sexual health education, at least once in middle school (grades 7 or 8) and once in high school (grades 9-12) and **MAY** offer instruction K-6.

Parents will decide whether or not their children will participate in that instruction.



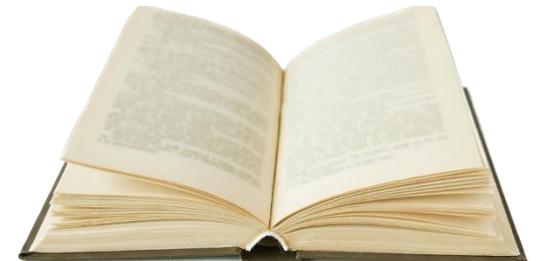
# History

- CHYA passed through the legislature and was signed into law, taking effect January 2016 (Additional legislation that extended CHYA to charter schools became law January 2019)
- CHYA replaces previous legislation-2004 that mandated HIV Instruction and allowed districts to choose comprehensive sexual health education – if/then.
- Much of the content required in 2004 was similar to the requirements of CHYA

# Sections



- **51930 – Purposes of the law.**
- 51931 – Definitions, inclusion of charter schools
- 51932 – What the law does NOT apply to
- **51933 – Criteria for ANY grade level**
- **51934 – Content required in MS/HS**
- 51935 – Teacher Training
- 51936 – Using outside consultants
- **51937-9 – Parent notification and excuse**



# Purposes

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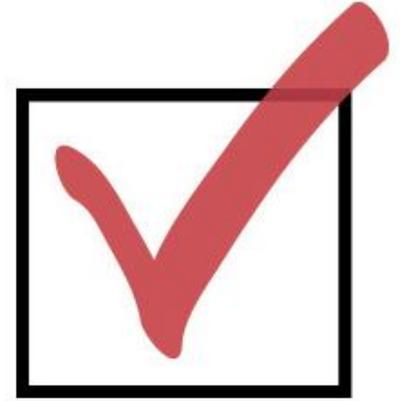
- Knowledge and skills to protect sexual and reproductive health
- Knowledge and skills needed to develop HEALTHY attitudes
- Understanding of sexuality as a normal part of human development
- Integrated, comprehensive, accurate, and unbiased sexual health instruction
- Knowledge and skills to have healthy, positive, and safe relationships and behaviors



# Criteria

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- Age appropriate
- Medically accurate and objective
- Must align to purposes
- Appropriate for and available to ALL students
  - Affirmatively recognize that people have different sexual orientations (examples)
  - Not reflect or promote bias
  - Teach about gender, gender expression and gender identity – harm of stereotypes
- Teach communication with parents
- Support healthy relationships
- Teach skills for making/implementing healthy decisions
- No religious doctrine



# Content (7-12)

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- HIV and STD – nature, risk of specific behaviors, transmission, effects, stigma, treatment, abstinence, prevention, local resources
- Students’ legal rights to access sensitive services, confidentially
- Pregnancy – contraception, options, importance of prenatal care
- Sexual harassment, assault, abuse and human trafficking
- Optional –
  - Risks and consequences of sharing sexually suggestive/explicit material, sexting
- May cover any of these topics in an age appropriate way at any grade

# Parents' Rights



- Parents must be notified of instruction (beginning of year and or 14 days prior)
- Parents have the right to review instructional material to assist in determining participation
- Parents may opt their child out of instruction (all or a portion of the lessons –except LGBT specific lessons to prevent bias/discrimination)
- Parents should notify the district in writing if they are opting their student out of instruction
- Parents must be notified of and may opt out of anonymous surveys and tools that measure student's health behaviors and risks
- Students may not be penalized for being removed from instruction.

# Important Note for Parents

- Public Schools
- Sexual health education is intended to prepare students for adulthood, as well as prevent unintended consequences while in school.
- Some parents may decide they do not want their students to receive sexual health education.
- It is important that ALL parents have the right to make choices about sexual health education for their student(s).

# ACLU

## Resources

### California Healthy Youth Act 101

- [Fast Facts about the California Healthy Youth Act](#): One-pager for parents and community members, ideal for sharing at community or school meetings. » [Leer en español](#)
- [Know Your Rights: Sex Education](#) Short factsheet for students about your right to good, comprehensive sex ed. » [Leer en español](#)
- [Frequently Asked Questions](#) Short factsheet that answers basic questions about the law, like “what content is required?” » [Leer en español](#)
- [Elementary School: Facts about the California Healthy Youth Act](#) » [Leer en español](#)
- [Parent Fact Sheet](#) Use this primer to get familiar with the California Healthy Youth Act or share with other parents at your school. » [Leer en español](#), » [讀中文](#)

# Age Appropriate Sexual Health Education

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A guide for California Districts

# NOTE:

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- Many parents/caregivers ask about age-appropriate standards
- Teachers are often concerned about responding to questions in an age-appropriate way
- CA Health Ed Content Standards provide CLEAR guidance around what is age/developmentally appropriate
- CHYA is content specific, Standards are concept specific
- Health Framework unifies the two



# What is Age Appropriate?

- “Age appropriate” refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.  
- EDC 51931
- Simplified: *What is happening at a given age/stage, what is likely to happen in the next age/stage?*
- Development is a continuum. Public education needs to address the needs at the higher end to ensure protective factors for the greatest number of students.

# Models of Developmental Stages

- Development includes; physical, psychological, cognitive, social and sexual
- There are variety of models available
  - [Advocates for Youth – Health Information for Parents](#)
  - [HealthyChildren.org](#)
- Focus on scientific/medically accurate models as a foundation
- Encourage parents to apply their family values as a lens for their conversations with their youth

**PARENTS' SEX ED CENTER**  
Rights. Respect. Responsibility.

2000 M STREET NW, SUITE 750 WASHINGTON DC 20036 USA  
P:202.478.3420 F:202.478.1448 www.advocatesforyouth.org

**Advocates for Youth**  
National Center for Sexual Health Information

**Growth and Development, Ages Six to Eight**  
What Parents Need to Know

Human development is a lifelong process of physical, behavioral, cognitive, and emotional growth and change in the early stages of life—from babyhood to childhood, childhood to adolescence, and adolescence to adulthood—enormous changes take place. Throughout the process, each person develops attitudes and values that guide choices, relationships, and understanding.

Sexuality is also a lifelong process. Infants, children, teens, and adults are sexual beings, just as it is important to enhance a child's physical, emotional, and cognitive growth, so it is important to lay foundations for a child's sexual growth. Adults have a responsibility to help children understand and accept their evolving sexuality.

Each stage of development encompasses specific markers. The following developmental guidelines apply to most children in this age group. However, each child is an individual and may reach these stages of development earlier or later than other children the same age. When concerns arise about a specific child's development, parents or other caregivers should consult a doctor or other child development professional.

**PHYSICAL DEVELOPMENT**  
Most children ages six to eight will:

- Experience slower growth of about 2 1/2 inches and eight pounds per year.
- Grow longer legs relative to their total height and begin resembling adults in the proportion of legs to body.
- Develop less fat and grow more muscle than in earlier years.
- Increase in strength.
- Lose their baby teeth and begin to grow adult teeth which may appear too big for their face.
- Use small and large motor skills in sports and other activities.

**COGNITIVE DEVELOPMENT**  
Most children ages six to eight will:

- Develop the skills to process more abstract concepts and complex ideas (e.g., pregnancy, addition/subtraction, etc.)
- Begin elementary school.
- Spend more time with the peer group and turn to peers for information (They need information sources outside of family, and other adults become important in their lives.)
- Be able to focus on the past and future as well as the present.
- Develop an increased attention span.
- Improve in self-control, being able to conform to adult ideas of what is "proper" behavior and to recognize appropriateness in behavior.
- Understand the concepts of normality/abnormality, feel concern with being normal and curiosity about differences.
- Begin to develop as an individual.
- Think for themselves and develop individual opinions, especially as they begin to read and to acquire information through the media.

**EMOTIONAL DEVELOPMENT**  
Most children ages six to eight will:

- Become more modest and want privacy.
- Develop relationships with and love people outside the family as their emotional needs are met by peers as well as family.
- Develop less physically demonstrative relationships and express love through sharing and talking (They may be embarrassed by physical affection.)
- Need love and support, but feel less willing to ask for it.

**Growth and Development, Ages Nine to Twelve**  
What Parents Need to Know

Development is a lifelong process of physical, behavioral, cognitive, and emotional growth and change in the early stages of life—from babyhood to childhood, childhood to adolescence, and adolescence to adulthood—enormous changes take place. Throughout the process, each person develops attitudes and values that guide choices, relationships, and understanding.

Sexuality is also a lifelong process. Infants, children, teens, and adults are sexual beings, just as it is important to enhance a child's physical, emotional, and cognitive growth, so it is important to lay foundations for a child's sexual growth. Adults have a responsibility to help children understand and accept their evolving sexuality.

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**PHYSICAL DEVELOPMENT**  
Most young people ages nine to 12 will:

- Move toward independence as they progress to middle/junior high school occupations as they become more independent.
- Be able to consider future careers and to look to peers and media for information on careers.
- Gain the ability to focus on play-centered activities and to take on more responsibility, such as babysitting.

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**Growth and Development, Ages 13 to 17**  
What Parents Need to Know

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Each stage of development encompasses specific markers. The following developmental guidelines apply to most children in this age group. However, each child is an individual and may reach these stages of development earlier or later than other children the same age. When concerns arise about a specific child's development, parents or other caregivers should consult a doctor or other child development professional.

**PHYSICAL DEVELOPMENT**  
Most young people ages 13 to 17 will:

- Continue to develop independence as they progress to senior high school occupations as they become more independent.
- Be able to consider future careers and to look to peers and media for information on careers.
- Gain the ability to focus on play-centered activities and to take on more responsibility, such as babysitting.

**COGNITIVE DEVELOPMENT**  
Most young people ages 13 to 17 will:

- Develop the ability to process more abstract concepts and complex ideas (e.g., pregnancy, addition/subtraction, etc.)
- Begin elementary school.
- Spend more time with the peer group and turn to peers for information (They need information sources outside of family, and other adults become important in their lives.)
- Be able to focus on the past and future as well as the present.
- Develop an increased attention span.
- Improve in self-control, being able to conform to adult ideas of what is "proper" behavior and to recognize appropriateness in behavior.
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# Example

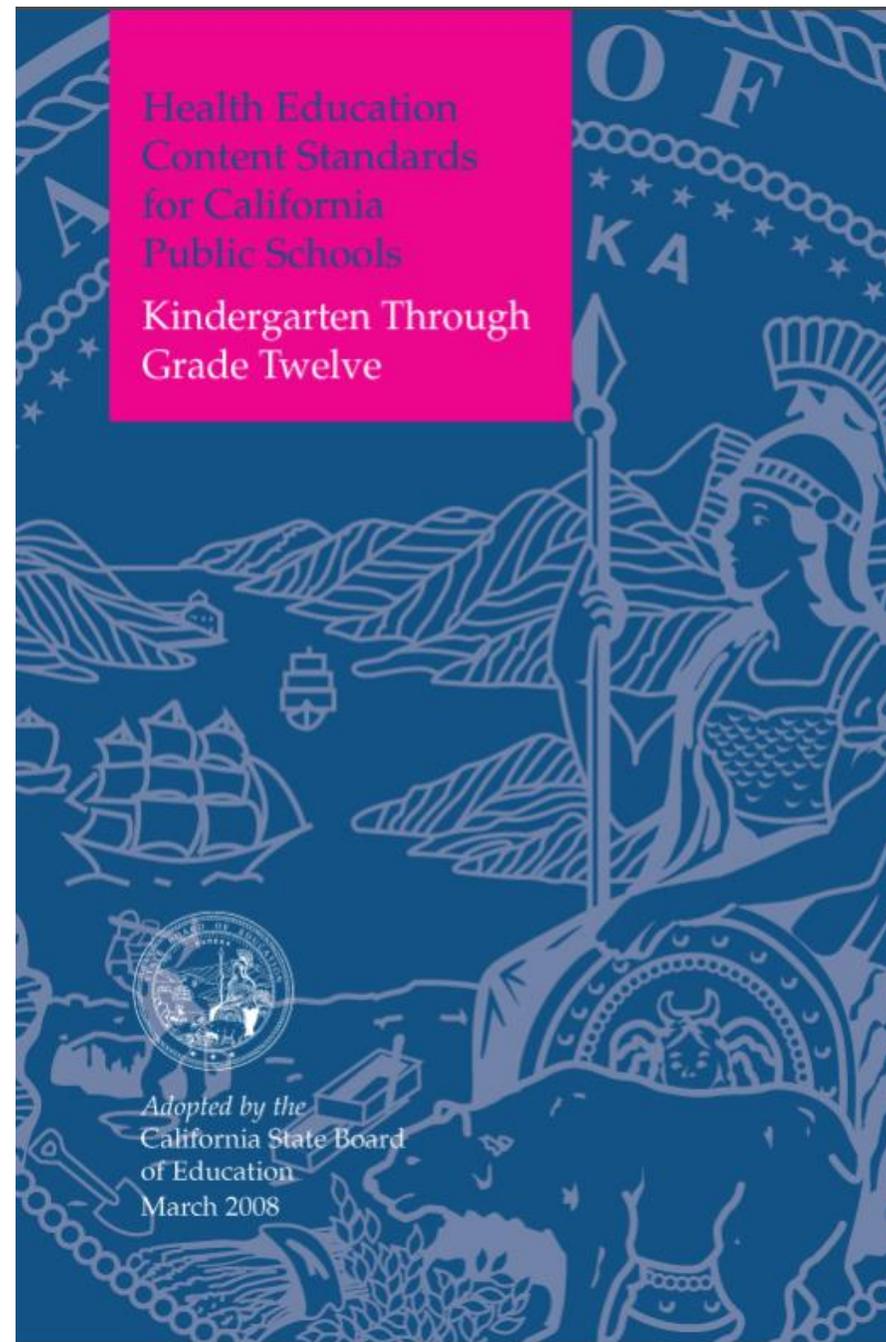
[National Sexual Violence Resource Center](https://www.nationalcacr.org/)

Healthy childhood sexual development		
Stage of development	Common behaviors	Encouraging healthy development
Late childhood (Ages 9-12)	<ul style="list-style-type: none"><li>• As puberty begins an increased need for privacy and independence is often expressed.</li><li>• Interest in relationships. May want to have a girlfriend or boyfriend.</li><li>• May express curiosity about adult bodies. This could involve the child trying to see people naked or undressing or involve looking for media (such as TV, movies, websites, and magazines) with sexual content.</li><li>• As social norms around masturbation become clearer. Masturbation will likely occur in private.</li></ul>	<ul style="list-style-type: none"><li>• Provide ongoing information about the physical aspects of puberty and changes in their body.</li><li>• Educate children on the social and emotional aspects of puberty. Help to normalize the new emotions and needs that they may be experiencing.</li><li>• Provide age-appropriate sexuality information and basic information about sexual behaviors and sexually transmitted infections, etc.</li><li>• Encourage critical thinking and build the skills to differentiate fact from fiction in media images and representations of sexuality.</li><li>• Support them in understanding they have both rights and responsibilities in their friendships and relationships. Encourage characteristics of healthy friendships and relationships.</li></ul>

# State Models of Development

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- California Health Education Content Standards
- Developed by a diverse panel in consultation with content experts
- Adopted by State Board of Education in 2008
- Addresses a range of health content including:
  - Growth and Development (K-4)
  - Growth, Development and Sexual Health (5-12)
- Content specific standards are organized by 8 national health concepts



# Health Education Framework

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The screenshot shows the homepage of the California Health Education website. At the top left is the logo for California Health Education. To the right of the logo are navigation links for 'EDUCATORS', 'ADMINISTRATORS', and 'FAMILIES & COMMUNITY', along with a search icon. The main header features a large image of a child's head with the text 'California Health Education' overlaid. Below this is a quote from the World Health Organization: 'An effective school health program can be one of the single most cost-effective investments a nation can make to simultaneously improve education and health. -World Health Organization'. At the bottom, there is a navigation bar with four colored buttons: 'About the Project' (purple), 'Framework' (orange), 'Standards' (blue), and 'Professional Learning Opportunities' (dark red). Each button is accompanied by a small thumbnail image representing its content.

California  
**HEALTH**  
**EDUCATION**

EDUCATORS ADMINISTRATORS FAMILIES & COMMUNITY

## California Health Education

An effective school health program can be one of the single most cost-effective investments a nation can make to simultaneously improve education and health. -World Health Organization

California  
**HEALTH**  
**EDUCATION**

About the Project

Health Framework  
for California  
Public Schools  
Kindergarten Through  
Grade Twelve

Standards

Professional Learning  
Opportunities

# Health Education Content Standards

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# Grade-Level Assignments for Content Areas

This chart summarizes the minimum recommended grade-level assignments for each of the six content areas.

- What each student in California should know and be able to do at each grade level
- Districts are encouraged to add content areas for additional grade levels depending on local health priorities.

Grade-Level Emphasis	Nutrition and Physical Activity	Growth, Development, and Sexual Health		Injury Prevention and Safety	Alcohol, Tobacco, and Other Drugs	Mental, Emotional, and Social Health	Personal and Community Health
		Growth and Development	Sexual Health				
Kindergarten	✓	✓		✓	✓	✓	✓
Grade 1		✓		✓			✓
Grade 2	✓				✓	✓	
Grade 3		✓				✓	✓
Grade 4	✓			✓	✓		
Grade 5	✓	✓	✓				✓
Grade 6				✓	✓	✓	
Grades 7 and 8	✓	✓	✓	✓	✓	✓	✓
High School (Grades 9 Through 12)	✓	✓	✓	✓	✓	✓	✓

## Steps to Implementation

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Board Policy

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Implementation Strategies

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Material Selection Process

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Adoption and Adaptation

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Parent Information and Preview

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Training

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Implementation Monitoring

# Instructional Materials

State process

ASHWG Review

Internal selection process  
(supplemental vs textbook)

# Professional Learning - Teachers

Skills

Concepts

Content

SEL

Equity and Inclusion

# Professional Learning - Staff

Support Services

Minor Consent and  
Confidential Services

Parent Support



# Understanding Parent Questions and Concerns

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Strategies





# Types of Parent Responses

Supportive

Inquiring

Confused

Values  
Objections

Other  
Agenda

# Types of Questions or Concerns

Age Appropriate

Specific Content

Misinformation

LGBTQ+ Inclusion

# Age-appropriate Strategies

What is “age appropriate?”

- Current stages / experiences
- Stages & experiences likely to happen in the near future
- Medically/ psychologically classified as developmentally and age appropriate

- Framework
- Sex Education Content Standards
- Medically/Psychologically Grounded
- Social and Emotional Learning

# Specific Content/Misinformation Strategies

## Examples:

- Pornographic
  - Teaches students how to have sex
  - Encourages sexual behavior
  - Teaches values
  - All content delivered at all grade levels
- Gently correct misinformation
  - Show preview materials
  - Offer opt out

# LGBTQ+ Inclusive Strategies

## The reality:

- Families in our communities have a diverse range of identities
  - Everyone has a sexual orientation (love and attraction)
  - Everyone has a gender (connected to both anatomy and social roles)
  - Identities (how we define ourselves) are self-determined
- We teach “heterosexuality” and “cis-gender” at every age without “sexualizing students”
  - Increasing awareness of diversity reduces violence and fear for ALL students
  - ALL students and families deserve to be represented
  - Inclusion decreases risk behaviors
  - Exclusion is BIAS ([FN](#) and [FFH](#) Local)



# Parent Engagement

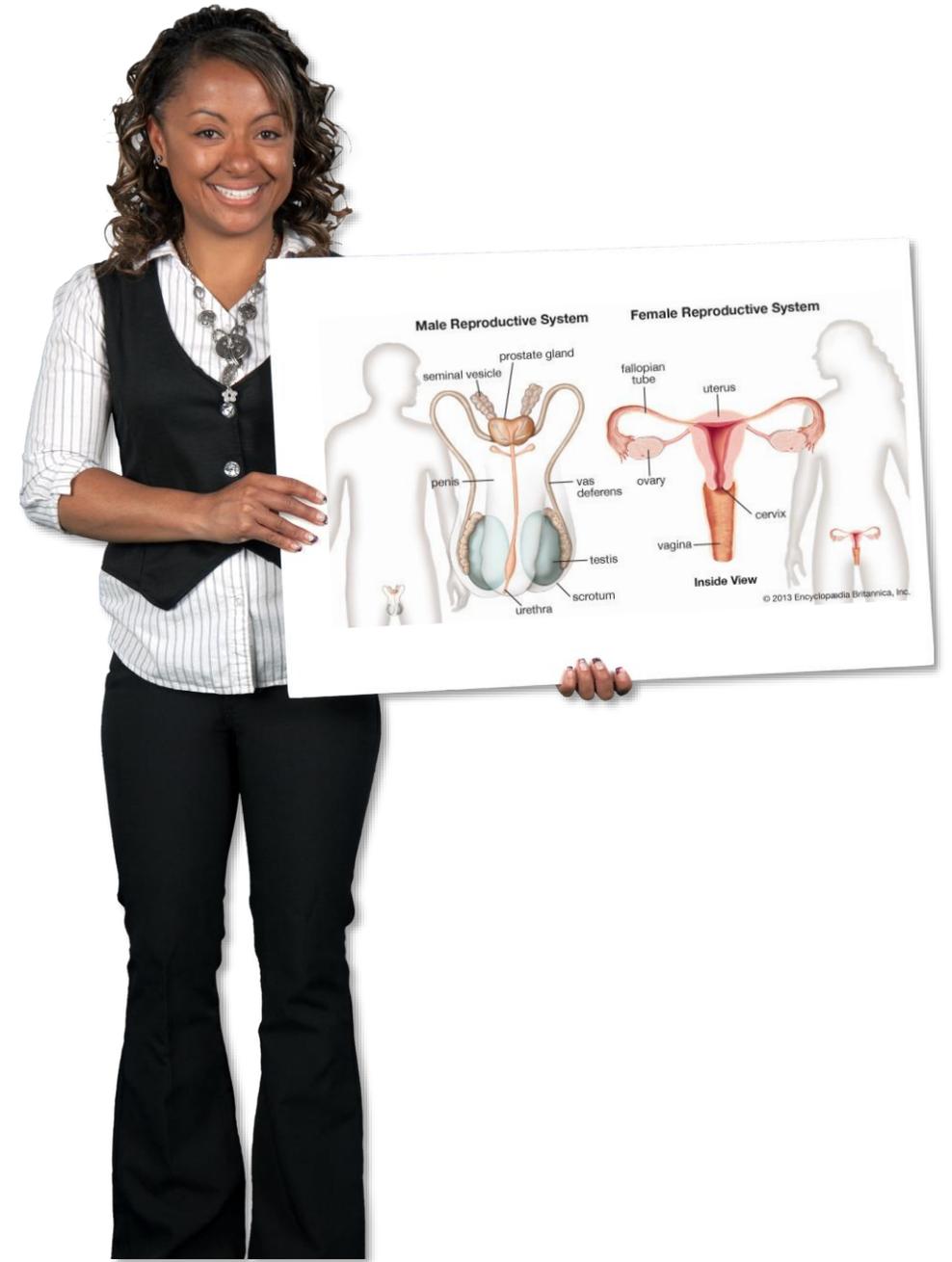
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Supporting your Community



# Material Preview

- Present overview of content
- Share student-facing materials
- Highlight those elements most often questioned
  - Anatomy
  - Contraception
  - Defining sexual behaviors
  - LGBTQ+ content



# Information Sessions

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- Why sex ed is important
- Effectiveness of sex ed
- State and local policies
- Curricula used by district
- Implementation plans
- Parent notification and opt-out



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# Skill-Building Workshops

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- Why sex ed is important and effective
- Importance of parent/care giver
- Teaching your values
- Safety of your student
- Teachable moments
- Answering questions
- Content / Sexual Orientation and Gender



