

A friend asked me about SB5395 recently. Someone they know is having a difficult time believing that the legislature would pass a bill that requires material to be taught in schools that isn't age-appropriate. Below is some information I gathered in an effort to address her specific questions.

Since I took the time to write this out, I thought I'd share it here as well. Maybe it will help you or someone you know gain a clearer understanding of why so many of us oppose the bill.

First, here is a link to view the bill:

<https://app.leg.wa.gov/billsummary?BillNumber=5395&Initiative=false&Year=2019>

Scroll down to "Available Documents" and select "Bill as Passed Legislature."

Here are a few important points to know:

1. SB5395 was passed without a vote from Washington residents.
2. A record number of signatures (over 266,000) were collected this spring in order to bring this issue to a vote on Washington ballots under this measure. This exceeds the highest recorded number of verified signatures gathered for any Washington referendum, well over the minimum amount required to place the measure on the ballot. (Also note, this was all done while under stricter guidelines, with limited access to collection sites, and a ban on large gatherings.)
3. SB5395 did not pass a curriculum, but it passed the requirement for all Washington schools to begin Comprehensive Sexual Health Education (CSHE) in kindergarten and teach it through 12th grade.
4. This bill places all decisions regarding what is age-appropriate into the hands of the Office of the Superintendent of Public Instruction (OSPI). Individual school districts are free to choose or even develop their own curriculum, *as long as OSPI approves it*.
5. It is specifically stated in the law that schools must inform parents at the beginning of the school year and that parents do have a choice to opt their student out.

Here are some considerations in regard to the opt-out option:

Would it be reasonable to assume that introduction of sexual content at younger ages and in more explicit ways might be something kids will discuss among themselves - so a student will likely be exposed in one way or another?

Additionally, no one can opt out of a culture. Whatever culture we create in schools is going to impact every student. The way we teach CSHE is one factor that will contribute to a school's culture. Is the content factual and based on physiology? Does the content emphasize sensuality and pleasure? Are topics presented in a way that protects a student's right to privacy and respects their own personal boundaries or beliefs? How might a culture be shaped by the content and presentation of CSHE lessons?

Another consideration is that students may not opt-out. This means that if a High School Junior or Senior is in a class and feels uncomfortable with the role-play the teacher has instructed him or her to participate in, that student cannot be excused without prior parental request to opt-out. (Students will be taught that they have the right to seek health services and procedures without parental notification - see materials and lesson plans below - but they have no legal ability to independently object to CSHE lessons. The inconsistency is certainly worth noting.)

As for the age-appropriate content, the reality is, we might disagree about what is age-appropriate, right? As an example, there are PG-13 movies that I don't allow my 13-year-old to watch, regardless of my being present to "guide" her. But clearly, someone felt it was appropriate for a young teen to watch - thus the rating.

We don't know for certain what materials OSPI will approve (or refuse to approve). One of my concerns with this bill is that we've mandated curriculum without actually being able to review it and say, "Yes, we agree that THIS content should be taught in ALL schools."

It's up to OSPI now. They have the only final say in exactly what will be required. Prior to SB5395, each local school board had a voice in the decision-making process. Is handing power over to one voice the best approach?

All of that said, we DO actually have a pretty decent idea of what OSPI thinks is age appropriate. We can visit their site. We can review material they have already approved. So, let's look at that.

Here is the link to the OSPI site: <https://www.k12.wa.us>

If you scroll all the way down to the yellow bar across the bottom of the page, you will see "Information for... Educators". Select this link. Under "Teaching Resources" select "Resources for Continuous Learning During School Closures".

Note what OSPI states on this page: "These resources were carefully chosen for their alignment to Washington State Learning Standards (or a recognized equivalent) and/or direct experience with effective implementation with students. Particular attention has been given to identifying best practices and guidance in supporting ALL students..."

Let's continue...

Scroll down to "Resources by Content Area" and select "Health and Physical Education." First, let's scroll down to look at the Amaze Video Series. Click that link.

(<https://amaze.org/educators/>) Notice as you scroll down that the first image shows text that asks, "Ready to use Amaze videos in your classroom?" These materials are being developed to be included in classroom presentations and OSPI approves of and promotes them for this purpose.

Let's start at the Age Guide. (<https://amaze.org/age-guide/>) Scroll down (to the purple bar across the screen) and select "AGES 7+". Now scroll down to view the videos that Amaze has selected for this specific age group.

The video (<https://amaze.org/video/personal-safety-sexual-healthcare-minors/>) “Accessing Sexual Health Care for Minors” is recommended here. Is this really appropriate material to teach 7-year-old children in a classroom setting? The essence of the video is to educate children about their options to seek and receive healthcare without the knowledge or consent of their parents – including “access to birth control or emergency contraception, STD and HIV testing and treatment, accessing the HPV vaccine, a gynecological exam, or just regular check-ups.” The video suggests that “school may be a good starting place” when a child is looking for help accessing sexual healthcare. Children are instructed to call and ask about confidentiality, and told that they have a right to ask the following questions:

“Can I get services here without my parent’s permission?”

“Will my parent be told about my visit?”

“Will my parent be allowed to see my records?”

“How will you contact me if you need to?”

“Will my parents see the bill if there is one?”

If you select “All” in the purple age selection box, you can scroll down to find: “Does Penis Size Really Matter” (<https://amaze.org/video/puberty-does-penis-size-matter/>), which is recommended for everyone, with no age restrictions. In this video, the talking underwear points out that having a larger penis doesn’t make you a “better lover”. We can assume that educators would not show this in a classroom setting, especially to very young children, but let’s not make assumptions. Whether or not a teacher might individually determine this video content to be appropriate for use in their classroom is not the question. Does OSPI approve of its use? Should this concern us in regard to allowing OSPI to determine what material is age-appropriate for Washington students under SB5395? Let’s just look at the facts: OSPI has encouraged educators to use this resource. The resource recommends their videos to educators for classroom use. The resource provides age-appropriate guidelines. This video is recommended with no age restrictions.

Back at the purple age box, select “AGES 13+”. Scroll down a bit to find “Porn: Fact or Fiction?” (<https://amaze.org/video/porn-fact-fiction/>). I think the discussion on this topic is important, but is this the appropriate way to address it? The video states that children viewing pornography is “perfectly normal” as long as they don’t allow porn’s messages to “mislead” them. Is it necessary for throbbing cartoon breasts to be exposed and for the woman to be lassoed by the man’s elongated penis? Should this content be approved for use in a middle school classroom? Or, should we consider keeping the discussion biologically accurate and factual - addressing studied and documented realities related to pornography, such as addiction and the physical and sociological risks involved with those addictive behaviors, especially for young, developing minds?

Those are just a couple examples from the Amaze content, along with some questions they raise. Please take a few moments to browse the other videos at Amaze and decide for yourself whether these seem age-appropriate for classroom use.

While OSPI could argue that the Amaze videos are merely online video *resources*, what about actual curricula that has been approved? Let’s take a look.

From the OSPI site, again under the “Health and Physical Education” tab, you’ll see, “Advocating for Youth: Rights, Respect, Responsibility (3Rs)”. This is one of the curriculum options approved by OSPI and the only curriculum option that currently meets their Sexual Health Standards for younger students. So, this appears to be the best resource for looking at what content OSPI deems age-appropriate. Again, this isn’t specifically tied to SB5395 - it was approved and used prior to the passing of this bill.

It’s tricky to navigate the OSPI site to find out what is in the 3Rs curriculum lesson plans. But we can go directly to the 3Rs website to easily preview the lessons:

<https://3rs.org/3rs-curriculum/>

Note that the title of the curriculum is “A K-12 Sexuality Education Curriculum”. Clearly OSPI knows it is endorsing a curriculum and not just an extra resource.

You can explore this page to learn more about all aspects of the curriculum. Let’s start here: from the main menu, select “Curriculum”. In the top paragraph, select the link “Downloads Page”. (<https://3rs.org/3rs-curriculum/download-3rs/>) From here you can view Teacher Guides, Lesson Selection Guidance, Lesson Plan Summaries, All of the Lesson Plans, and further down you can view the Assessment Questions.

Note: there are other areas of this site that require you to enter personal information to view and download the lessons etc. If you use the downloads page, you can bypass that requirement.

In the second lesson for kindergarten students, teachers are instructed to explain to their students: “Being a boy or a girl doesn’t have to mean you have those parts, but for most people this is how their bodies are.” And, “Most people have a vulva and a vagina or a penis and testicles but some people’s bodies can be different.”

Teachers are later instructed to tell students about specific anatomy of the genitals using an image on a slide to point out these areas to students: “Point out and explain the following. ‘Most girls have a vulva, which is the name for the area between the legs. The vulva describes the whole area including the small hole where urine or pee comes out called the opening to the urethra, the hole below that, which is a little bigger and is called the vagina that is used when a female has a baby, and the hole below that where a bowel movement, or poop, comes out called the anus. So a person with a vulva has three holes between their legs and a very sensitive little area at the top called the clitoris. Often girls wear a bathing suit that also covers their nipples on their chest. Their chest will develop into breasts when they get older and go through puberty. Breasts and nipples can be how some people feed their babies.’”

Is this amount of anatomical detail necessary, beneficial, or appropriate in a kindergarten classroom? Do kindergarten students benefit from instruction on the sensitivity of a female’s clitoris?

This lesson also includes “Teacher’s Notes”. While these notes are not explicitly part of the lesson, the curriculum gives teachers the freedom to determine how much of this information they choose to share with their students. Again, we might assume that no kindergarten teacher would share ALL of this information, but let’s not make an assumption. Let’s just review facts. OSPI approves the content of this curriculum. This curriculum extends to the teacher the

following information and instructs them to determine how much to share with the children in their class. The teacher can choose to share the whole of the lesson content as presented by the curriculum and approved by OSPI. The curriculum states:

“It is up to each teacher to determine the amount and detail of information to share with their students in ways that are age appropriate.

“The vagina is the canal leading from the vulva to the uterus. The average vaginal canal is three to five inches long, and resembles a flattened tube with its walls touching each other. The vagina has great elasticity, and can adjust to the size of a penis or allow a fully developed fetus pass from the uterus out of the body.

“The penis is made up of nerves, blood vessels, fibrous tissue, and three parallel cylinders of spongy tissue. It does NOT have any bones in it, but when people talk about an erection as a ‘boner,’ they’re mistaken. It is normal for a penis to curve slightly to one side or another, especially when it is erect.”

Is it concerning that OSPI includes this material as “age-appropriate” content?

It is worth noting here, that according to the bill, “Comprehensive sexual health education for students in kindergarten through grade three must be instruction in social-emotional learning that is consistent with learning standards and benchmarks adopted by the office of the superintendent of public instruction under RCW 28A.300.478.”

The 3Rs curriculum gives us insight into what OSPI is willing to adopt as appropriate, but it’s important to clarify that SB5395 does not require “sexual” education in grades K-3. Schools may still choose to adopt a curriculum, like 3Rs, that incorporates sexual health education, in addition to the social-emotional requirements, but SB5395 does not mandate it. Here is a link to find the Sexual Health Standards adopted by OSPI in 2016:

<https://www.k12.wa.us/student-success/resources-subject-area/health-and-physical-education/k%E2%80%93learning-standards>.

Scroll down to the bottom of the first paragraph and select “Health & Physical Education Standards (PDF).” The Sexual Health Standards begin on page 35 of this document.

Some concern isn’t as much about the content as the specific WAY the teacher is instructed to present that content. For example, in the first lesson for 4th grade, the teacher will address changes that happen during puberty. The teacher is instructed in the lesson plan to: “Divide the group into pairs.” The teacher will then hand students papers containing descriptions of changes that happen during puberty and ask the student pairs to sort them into categories. This changes the dynamic of the classroom setting for this lesson.

What is on these papers? Here’s the list:

“SOCIAL CHANGES OF PUBERTY
May want to try more and riskier things
More interested in being with friends
May have more conflict with parents

EMOTIONAL CHANGES OF PUBERTY

Mood swings – you feel great one minute, and then really sad or angry the next

Anxiety and stress

Intense feelings

Feel self-conscious about how your body looks

PHYSICAL CHANGES OF PUBERTY

Get taller

Grow breasts

Weight gain

Grow hair under arms, on legs, around genitals

Get acne

Voice deepens

Spontaneous erections

Menstruation

Wet dreams

Hips widen

Voice cracks

Muscle growth

Sweat starts to smell

Hair texture may change

Hormones are raging”

Can you imagine being 9 years old and paired with a random classmate, maybe even of the opposite gender and being made to discuss the specifics of why “wet dreams” or “spontaneous erections” should be placed in the “Physical Changes” category? (Students ARE instructed to discuss this together so all agree which category it belongs in.) Is this an appropriate exercise for 9-year-olds in a co-ed public class setting?

Is there ever a time to suggest that risky behavior is normal and healthy - especially in the context of sexual education and safety? Is it appropriate to suggest to young adolescents that as they mature, they probably won't get along with their parents as well and they'll prefer friends? These aspects of maturation could be discussed in a far more appropriate, positive, and factual way. For example, we could say, “begin to identify yourself more independently.” Isn't this what the reference to not getting along with parents is really about - a social/mental change in identity? Couldn't we instead provide kids with tools to promote a healthy relationship with their parents throughout these changes, instead of introducing them to an idea that once they start “growing up”, they might not get along with their parents anymore? Beyond the question, “Is this age-appropriate?” maybe we should be asking the question, “Is it ever appropriate for another adult to teach this to our children?” The parent-child relationship should be encouraged, not discouraged. We can teach the same content accurately while promoting healthy family relationships.

At the end of this lesson there is a handout. This handout contains additional recommended materials for students to learn more about this topic at home.

One of the resources the curriculum recommends (and OSPI approves for children in 4th grade) is a book that has received plenty of national criticism for years. The book has repeatedly been challenged and earned a position on the American Library Association's (ALA) most challenged books list. The title is, *It's Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health*, by Robie H. Harris.

If you do a simple Google image search using the title and author as key words, you'll see some of the challenged explicit content. While this book isn't expressly part of the classroom lesson, it IS part of the material recommended for further instruction in the handout and gives some insight into what OSPI considers age-appropriate material.

Another example of the group activities these lessons require is in 8th grade (13-year-olds). Students are separated into groups of 4 to discuss various scenarios.

Here's one example from that lesson: "Malik has been with Leah for almost a year. Leah has been bringing up whether they should start having sex, and Malik's trying to figure out whether the time is right. He's never had sex before, and he's nervous about getting Leah pregnant or getting an STD. Leah's had sex once before, but things didn't work out with them. Malik's curious, but he's not sure whether the time's right – he's got a lot of plans for the future, and if he ends up getting Leah pregnant or if either of them get a really serious STD, that could impact his hopes for college and getting a scholarship. Malik's best friend has had sex, and regularly asks Malik what he's waiting for. He's even asked Malik a few times whether he's hesitating because maybe he likes guys, not girls. Malik watches porn sometimes when he's home alone, and is nervous about whether he'll know what to do. Malik's parents are very devout Catholics, and they don't talk about sex or sexuality except to talk about abstinence and waiting for marriage. Malik is the youngest of four children, but his brothers and sisters are all older and don't live at home anymore. He only sees them at holidays and doesn't consider himself close to any of them. Sometimes, when Malik gets stressed out or nervous, he drinks. That's when he feels most comfortable talking about sex with Leah – and when he feels like they're really close."

One more example can be found in the second lesson of 9th grade. Students are separated into groups for a role-play activity and are then instructed to practice communication about sexual behaviors. The group of three consists of the two "partners" and another classmate assigned to act as a "judge" of how well the two communicated about sex. Just for reference, these are students who are typically about 14 years old. Here's one scenario students are given:

"PARTNER ONE: You really like Partner Two. You have not had sex, and you really don't feel ready. You like the making out you've done, which hasn't included oral sex yet. You have it in your mind that if you are together in three months, you'll feel like you know each other well enough and be committed enough to each other to have sex. You are 100% sure that when you do have sex you two will need to use latex barriers, like condoms – no matter what!"

"PARTNER TWO: You really like Partner One. You have not had sex, and you really think you're ready. You like the making out you've done, but really think it's time to take it to the next step. You're sure that most of your friends have started having sex and don't see any reason to wait. You think that if partner one really cares about you they'll want to have sex. The

one thing you are 100% sure about is that when you do have sex, you two will need to use latex barriers, like condoms – no matter what!”

This is what 14-year-old children are being instructed to discuss together as a couple in class. Is this age-appropriate material for children to be REQUIRED BY LAW to participate in? Again, these students cannot legally opt-out themselves. They are legally obligated to attend these classes, should their school select this approved curriculum (or any similarly designed material), per compulsory attendance laws and under SB5395, unless a parent previously opts them out.

If you or I were required to participate in something similar to this at our place of work or as part of any kind of training, we could sue for harassment and we would probably win. Yet, we are requiring this of our children in their first year of high school.

I’ve only outlined a few concerns after looking through some of this curriculum. To my knowledge, this is the ONLY OSPI-approved K-12 sex-ed material at this time and it gives us the best understanding of what content OSPI approves and what they consider age-appropriate.

If you look at the Assessment Questions for the 3Rs curriculum, some of these are troubling as well. (Interestingly, Facebook will not allow me to post this because of the linked sites, which violate their community standards – so, I’ve replaced letters with asterisks.) Follow this link: <https://3rs.org/3rs-curriculum/download-3rs/>. Scroll down to “Assessment Questions” to view the PDF. Here’s one example:

“All of the following are websites for teenagers that provide medically-accurate, age- and developmentally-appropriate information about sexuality for teens, Except:

- a. www.***etc.org
- b. www.greattoawait.com
- c. www.scarleteen.com
- d. www.itsyour***life.org”

The correct answer is “b.”

I went to that URL. Go see for yourself - it’s an evidently bogus site. (I called the Florida Department of Health to verify that this is not a site they created nor maintain.) Why does the curriculum include this web address, presented as a site promoting the choice of abstinence, and single it out as the one that isn’t accurate? The message appears to be that sites encouraging safe sex are good and sites discouraging minors from engaging in sexual activity are bad. Why are we teaching this? Again, the “great to wait” site isn’t a good site. But it isn’t intended to be. It’s another way of sending a message to our children that they should instead look to sites that promote sexual activity for teens.

One significant question that the passage of SB5395 raises is this: how does OSPI’s past decisions prove they can provide trustworthy judgment? I hope the information provided here gives us more to think about as we consider how to vote in regard to R-90. I will be voting to REJECT SB5395 when it comes time to vote on this measure.

I'm not against sex-ed. I think it is important. I believe we should educate students about sexual health and safety. I am concerned about mandating the kind of content we just reviewed together to be used in schools across Washington. I don't trust the judgment of OSPI and believe they've given plenty of reasons not to. Their standard for age-appropriate material would constitute sexual harassment among adults. Parents, educators, and school administrators should be involved and not undermined. Many schools wrote documented letters in opposition to SB5395 – and still it was signed into law. Under SB5395, OSPI ultimately determines what must and what cannot be taught. Our state laws were originally intended to hold government accountable to local voices. I think we need to ensure the laws that are passed continue to do this.

I hope my neighbors and friends, my community and residents all across our beautiful state agree and we can remove SB5395 and come up with a better plan for providing our children with accurate and age-appropriate information throughout their education in our public school system.

Thanks for reading and considering these important concerns with me.