
NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

National Sex Education Standards

CORE CONTENT AND SKILLS, K-12

SECOND EDITION



Table of Contents

Acknowledgements	2
Contributors and Reviewers	3
Endorsements	4
Testimonials	5
Background and Vision	6
Purpose of the National Sex Education Standards	7
What’s New in this Edition of the National Sex Education Standards	8
Guiding Principles and Values for the National Sex Education Standards	10
High Expectations	10
Functional Knowledge and Skills	10
Trauma-Informed	10
Social, Racial, and Reproductive Justice and Equity	11
Intersectionality	11
Language Inclusivity	11
Theoretical Framework	12
Characteristics of Effective Comprehensive Sex Education	12
Alignment with Existing Education Standards	13
Organization and Design of the Revised NSES	15
References	17
Standards by Grade Level Strand	18
K–2	18
3–5	20
6–8	23
9–10	28
11–12	31
Standards by Topic Strand	34
Consent and Healthy Relationships (CHR)	34
Anatomy and Physiology (AP)	35
Puberty and Adolescent Sexual Development (PD)	37
Gender Identity and Expression (GI)	39
Sexual Orientation and Identity (SO)	41
Sexual Health (SH)	47
Interpersonal Violence (IV)	51

Acknowledgements

The *National Sex Education Standards: Core Content and Skills, K–12 (Second Edition)* were developed by the Future of Sex Education (FoSE) Initiative, a partnership between **Advocates for Youth**, **Answer**, and **SIECUS: Sex Ed for Social Change** that seeks to create a national dialogue about the future of sex education and to promote the institutionalization of quality sex education in public schools. To learn more, please visit www.futureofsexed.org.

Advocates for Youth partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people's rights to honest sexual health information; accessible, confidential, and affordable sexual health services; and the resources and opportunities necessary to create sexual health equity for all youth. Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people with respect. Advocates' vision is informed by its core values of Rights. Respect. Responsibility.

Answer provides and promotes unfettered access to comprehensive sexuality education for young people and the adults who teach them. Answer envisions a nation in which sexuality is recognized as a normal, healthy part of development and every young person's right to high-quality sex education is fulfilled. For nearly 40 years, they have helped adults be the best sexuality educators they can be by providing the latest resources, most current information and best practices for reaching and teaching the young people in their lives. Answer is also dedicated to ensuring young people have access to the information they need to be happy, healthy, and safe well into the future.

SIECUS: Sex Ed for Social Change has served as one of the national voices for sex education for 55 years, asserting that sexuality is a fundamental part of being human, one worthy of dignity and respect. SIECUS works to create a world that ensures social justice is inclusive of sexual and reproductive rights. Through policy, advocacy, education, and strategic communications efforts, SIECUS advances sex education as a vehicle for social change—working toward a world where all people can access and enjoy their own sexual and reproductive freedom.

©2020 Future of Sex Education Initiative

Suggested citation: Future of Sex Education Initiative. (2020). *National Sex Education Standards: Core Content and Skills, K-12 (Second Edition)*.

This publication was generously supported by a grant from the Grove Foundation.

The FoSE partners wish to thank Jennifer Heitel, consultant to the FoSE Initiative, for her hard work and dedication.

Contributors and Reviewers

A diverse group of professionals with expertise in sexuality, public education, public health, child and adolescent medicine, social justice, and psychology provided valuable contributions to and feedback on drafts of the revised National Sex Education Standards. FoSE is grateful to these individuals:

Brittany Batell, MPH, MSW, Program and Engagement Manager, Michigan Organization on Adolescent Sexual Health

Laurie Bechhofer, MPH, HIV/STD Education Consultant, Michigan Department of Education

Jacqueline Bible, MA, Consultant, Future of Sex Education Initiative ♦

Diana K. Bruce, MPA, Director of Health and Wellness, District of Columbia Public Schools ♦

Nicole Cushman, MPH, Executive Director, Answer ♦

Jennifer Driver, Vice President of Policy & Strategic Partnerships, SIECUS

Bonnie J. Edmondson, EdD, Associate Professor, School Health Education Graduate Program Coordinator, Southern Connecticut State University

Jey Ehrenhalt, MEd, School Programs Coordinator, Teaching Tolerance (A Project of the Southern Poverty Law Center)

Mariotta Gary-Smith, MPH, CSE, Founding Member, Women of Color Sexual Health Network

Andrea Gleaves, Strategic Partnerships Manager, DC Coalition Against Domestic Violence

Nora Gelperin, MEd, Director of Sexuality Education and Training, Advocates for Youth

Eva S. Goldfarb, PhD, LHD (hon), Professor, Public Health/Human Sexuality, Montclair State University

Christine Soyong Harley, MPP, President and Chief Executive Officer, SIECUS

Debra Hauser, MPH, President, Advocates for Youth

Jennifer Heitel, MPH, Consultant, Future of Sex Education Initiative

Elis Herman, Health Education Specialist—Sonoma County, Planned Parenthood Northern California

Lisa James, Director of Health, Futures Without Violence

Tonya Katcher, MPH, MD, Program Director for Clinical Services and Contraceptive Access, Advocates for Youth

Niki Khanna, MA, AMFT, Consultant

Joseph Kosciw, PhD, Director, GLSEN Research Institute

Maureen Kenny Winick, PhD, Professor, School of Education and Human Development, Florida International University

Lisa D. Lieberman, PhD, CHES, Professor, Public Health, Montclair State University

Stephanie Morris, MBA, Chief Executive Officer, SHAPE America

Linda Morse, RN, NJ-CSN, MA, RCHES, Retired, NJ Department of Education

Sonya M. Norsworthy, MAOM, National Director of Education, Planned Parenthood Federation of America

Chitra Panjabi, MA, President and Chief Executive Officer, SIECUS ♦

Daniel Rice, MEd, Interim Executive Director, Answer

Deborah Roffman, MS, CSE, Sexuality Educator and Consultant

Emily Rothman, ScD, Professor, Boston University School of Public Health

Elizabeth Schroeder, EdD, MSW, Principal, Elizabeth Schroeder Consulting

Wendy L. Sellers, RN, MA, President and Sexuality Educator, Health 4 Hire

Al Vernacchio, MEd, Sexuality Educator, Friends' Central School, Wynnwood, PA

Caitlin Viccara, Program Coordinator, Supportive & Healthy Schools, Advocates for Youth

Kim Westheimer, MA, Director of Strategic Initiatives, Gender Spectrum

Sandy Wurtele, PhD, Professor of Psychology, University of Colorado at Colorado Springs

Fred Wyand, Director of Communications, American Sexual Health Association

Organizational affiliations are included for identification purposes only.

♦ Individuals represented the organization listed above during creation of the NSES but have since moved on.

Endorsing Organizations



Testimonials

“It is critical for young people to embrace the normal changes of puberty and to ultimately engage in positive and healthy sexual decision-making. The importance of clear, evidence-based guidance for sexuality education cannot be underestimated. These updated standards provide high-quality, evidence-based information with proven strategies to teach young people about sexual and reproductive development in a thoughtful and nonjudgmental manner.”

- Maria Trent, MD, MPH, FAAP, FASHM
Professor of Pediatrics, Public Health, and Nursing, Johns Hopkins University
President, Society for Adolescent Health and Medicine

“The National Sex Education Standards provide much needed content and skills to help children and adolescents grow up to be healthy adults with responsible approaches to sexuality, consent, and sexual behavior. The second edition of the Standards incorporate emerging evidence about how to address unconscious biases, trauma informed care, and gender identity, among others. They provide a clear approach, recognizing that comprehensive school health programs should provide both age-appropriate information about human development and support for the critical role of families in setting values.”

- Jonathan D. Klein, MD, MPH
North American Vice President, International Association for Adolescent Health
Samuel and Savithri Raj, Endowed Professor and Executive Vice Head,
Department of Pediatrics, University of Illinois at Chicago

“Today, about one in five young women and gender non-confirming people report experiencing some kind of sexual assault while in college. It is essential that students learn about consent, bodily autonomy and mutual respect from an early age. The National Sex Education Standards provide guidance to schools on what to teach in each grade level to help reduce sexual harrassment and assault and instead raise a generation of young people committed to a culture of consent.”

- Sage Carson, Manager, Know Your IX

“When followed, these updated standards will help to ensure that youth of all orientations, gender identities and expressions have access to information needed to make informed decisions to support happy and healthy futures for themselves and their peers.”

- Dr. Eli R. Green, Founder & CEO, The Transgender Training Institute, Inc

“SHAPE America envisions a nation where all children are prepared to lead healthy, physically active lives. Providing access to sexual health information is an important part of ensuring young people have the knowledge and skills needed to make informed decisions about their health. These standards are a road map for K-12 administrators and educators who are committed to providing their students with the imperative content they deserve to grow into healthy adults.”

- Stephanie Morris, Executive Director, SHAPE America

“Over the past decade we have seen a reawakening on a number of sexual health issues, including a new dialogue about sexual consent, the emergence of digital technologies shaping sexual health, greater awareness of intersectionality, and fundamental connections among sexual orientation and gender identity and the long-term consequences of stigma and discrimination. We have also seen the emergence of new language about social, racial, and reproductive justice and equity that reflect this reawakening. All of these are reflected in the 2020 National Sex Education Standards.”

- John Santelli, MD, MPH
Professor, Population and Family Health and Pediatrics, Columbia University
Past-President, Society for Adolescent Health and Medicine

Background and Vision

The *National Sexuality Education Standards: Core Content and Skills, K–12* (NSES) were first published in 2012. The development of these standards, and this update, have been the result of an ongoing initiative, the Future of Sex Education (FoSE). For the first edition of these standards, forty individuals from the fields of health education, sex education, public health, public policy, philanthropy, and advocacy convened for a two-day meeting in December 2008 to create a strategic plan for sex education policy and implementation. A key strategic priority that emerged from this work was the creation of national sex education standards to advance the implementation of sex education in United States (US) public schools. In this updated edition, the FoSE partners first conducted an internal review of the NSES, taking into account feedback received through seven years of implementation. In addition, a number of experts in different topic areas conducted external reviews, and FoSE held a daylong in-person expert consultation meeting in January 2018.

Research shows that quality sex education programs can help young people delay the onset of sexual activity, reduce the frequency of sexual activity, reduce their number of sexual partners, and increase condom and contraceptive use.¹ And, by helping young people avoid unintended pregnancy and sexually transmitted diseases/infections (STDs/STIs), these programs can yield additional benefits. During the younger years, education that includes identifying body parts and safe versus unsafe touching, and discusses reporting child sexual abuse increases self-protective knowledge and skills, awareness that child sexual abuse is not the fault of the child, and makes it more likely for a child to say they would tell someone about the abuse.² And for older youth, students who receive sex education, including sexual negotiations skills, before college matriculation are at lower risk of experiencing sexual assault during college.³

These programs have also been found to help young people succeed academically by helping them to stay in school and achieve higher grades.⁴ They also increase acceptance of students who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ), many of whom are at disproportionate risk for school absenteeism, dropping out, bullying, and detrimental sexual health outcomes such as the human immunodeficiency virus (HIV), other STDs/STIs, and unintended pregnancy.^{5–6} Academic achievement and the health status of students are interrelated and should be recognized as such. Physical and emotional health-related problems may inhibit young people from learning by reducing their motivation to learn; diminishing their feelings of connectedness to school; and contributing to absenteeism and drop out.^{7–8}

The goal of sex education is to help young people navigate sexual development and grow into sexually healthy adults. To be effective, sex education must include medically accurate information about a broad range of topics such as consent and healthy relationships; puberty and adolescent development; sexual and reproductive anatomy and physiology; gender identity and expression; sexual identity and orientation; interpersonal and sexual violence; contraception, pregnancy, and reproduction; and HIV and other STDs/STIs. Quality sex education goes beyond delivering information. It provides young people with opportunities to explore their own identities and values along with the values and beliefs of their families and communities. It also allows young people to practice the communication, negotiation, decision-making, and assertiveness skills they need to create healthy relationships—both sexual and nonsexual—throughout their lives.

Purpose of the National Sex Education Standards

The goal of the *National Sex Education Standards: Core Content and Skills, K–12* (Second Edition) is:

To provide clear, consistent, and straightforward guidance on the essential, minimum, core content and skills needed for sex education that is age-appropriate for students in grades K–12 to be effective.

The NSES were originally developed to address the inconsistent implementation of sex education nationwide and the limited time allocated to teaching the topic—and this mission still stands. According to the Centers for Disease Control and Prevention's (CDC's) School Health Policies and Practices Study (SHPPS), 41.3% of districts in the US have adopted the NSES.) with: According to the Centers for Disease Control and Prevention's (CDC's) School Health Policies and Practices Study (SHPPS), 41.3% of districts in the US follow standards based on the NSES. According to SHPPS, teachers provided an average of 6.2 hours of instruction on human sexuality in high school courses, with an average of less than four hours on HIV, other STDs, and pregnancy prevention. In middle school courses, teachers provided an average of 5.4 total hours of instruction on human sexuality, with just over two hours on HIV, other STDs, and pregnancy prevention. And in elementary schools, teachers provided only 1.9 hours on human sexuality.¹⁰ In addition, a median of only 17.6% of schools taught all 20 specific sexual health topics included in the SHPPS questionnaire in grades 6, 7, or 8, and a median of only 42.8% taught all of these topics in grades 9, 10, 11, or 12. Notably, the median percentages were higher across large urban school districts (41% and 75%, respectively). Of note, HIV prevention topics are losing ground in school health education. Since 2008, the percentage of schools across states that taught HIV prevention topics fell from 93% to 87% in 2018.¹¹

Given these realities, the *National Sex Education Standards* aim to:

- Outline, based on research and extensive professional expertise, the **minimum, essential, core content and skills** for sex education K–12 given student needs.
- Provide guidance for schools when designing and delivering sex education K–12 that is **planned, sequential, and part of a comprehensive school health education approach**.
- Provide a clear rationale for teaching sex education content and skills at different grade levels that is **evidence-informed, age-appropriate, and theory-driven**.
- Support schools in **improving academic performance** by addressing a content area that is both **highly relevant to students and directly related to academic success and high school graduation rates**.
- Present sexual development as a **normal, natural, healthy part of human development** that every school district should address.
- Offer clear, concise **recommendations for school personnel** on what is age-appropriate to teach students at different grade levels.
- Translate an emerging body of **research related to school-based sex education** so that it can be put into practice in the classroom.
- Address the **ever-evolving learning needs of students**, including as it related to emerging topics of sex and sexuality.
- Ground the educational experience in **social justice and equity, honoring the diversity of students** (racial, ethnic, gender, orientation, ability, socio-economic, as well as academic) and promote awareness, understanding, and appreciation of diversity and inclusion.

The NSES outline what all students are expected to know and be able to do at a specific stage of their education, not how teachers should teach or the curricula they should use. The NSES describe education indicators, focusing on what is most essential for students to learn by the end of a grade level or grade span, rather than describe all that can or should be taught. **The NSES are written to identify the key concepts and skills that students broadly need to be sexually healthy during their school-age years and throughout the lifespan.** The NSES can be used to create lessons and/or curricula with learning objectives that will achieve the standards. The NSES are voluntary guidance and do not ascribe or mandate any particular teaching practice, curriculum, or assessment method by an authorizing body. A great deal is left to the discretion of educators, administrators, and curriculum developers.

What's New in this Edition of the *National Sex Education Standards*

It has been nearly 10 years since the first edition of the NSES was created and released. This new edition takes into account lessons learned from implementation by states and school districts around the U.S. and reflects recent developments, research advancements, and current thinking on a number of topics.

As detailed below, the updated NSES have been written with a trauma-informed lens; have been infused with principles of reproductive justice, racial justice, social justice, and equity; address social determinants of health and how these can lead to inequitable health outcomes; and take an intersectional approach. This edition uses less cis- and heteronormative language that reflects a broader range of relationships and identities. It also prioritizes both content and skill-based learning to acknowledge that it is essential to couple functional knowledge with skills to help support healthy decision-making. Increased attention also has been paid to strategically scaffold concepts and skills in order to introduce topics at age-appropriate grade levels, reflecting recent research that supports introducing some topics earlier while preparing students for more complex content and skills as they age.¹²⁻¹⁵

Educators and administrators who have adopted or used the NSES as guidelines for their own standards, curricula, and teaching, asked for more specificity regarding which topics should be taught at which grade level, particularly at the youngest and oldest ages. This updated version now presents core content and skills in more specific grade level bands to better reflect what is age-appropriate. **The updated NSES use the following grade bandwidths: grades K–2, grades 3–5, grades 6–8, grades 9–10, and grades 11–12.**

The updated NSES also include new topics to provide increased guidance to educators on a number of issues previously unaddressed and new indicators and topic strands to better address what is age-appropriate for students. Additions and updates to indicators and topics reflect:

- advancements in medical technologies;
- developments in communications platforms, including social media, and the increasing use and impact of technology within relationships;
- increased focus on bodily autonomy, consent, and sexual agency;
- updated laws and policies on such topics as bullying, sexting, and access to and availability of sexual and reproductive healthcare;
- continual evolution in language related to gender, gender identity, gender expression, sexual orientation, and sexual identity;
- 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;

- emphasis on prevention, recognition, and intervention related to sex trafficking and sexual exploitation; and
- impact of youth having increased availability and access to sexually explicit media.

In addition, the new NSES is updated with new topic strands as follows.

Original NSES	Revised NSES	What is reflected in this change?
Healthy Relationships (HR)	Topic strand title changed to: Consent and Healthy Relationships (CHR)	Includes all indicators related to relationships, both specific and general. Adds emphasis on the topic of consent and starts to focus on consent and bodily autonomy in early elementary in order to help keep young students safe from child predators and lay the groundwork for an understanding of sexual relationships much later on, as well as ensuring a safer classroom environment in the present.
Anatomy and Physiology (AP)	Topic strand title unchanged: Anatomy and Physiology (AP)	
Puberty and Adolescent Development (PD)	Topic strand title changed to: Puberty and Adolescent Sexual Development (PD)	Better reflects the focus on sexual development in adolescence, rather than all adolescent development.
Identity (ID)	Broken into two topic strands: 1) Gender Identity and Expression (GI) 2) Sexual Orientation and Identity (SI)	Better reflects that these are separate areas of identity that should not be conflated.
Pregnancy and Reproduction (PR) and Sexually Transmitted Diseases and HIV (SH)	Merged into one topic strand: Sexual Health (SH)	Takes a more holistic approach to what it means to be sexually healthy. Better reflects the overlap in knowledge and skills necessary for prevention, care, and treatment of pregnancy and STDs, including HIV.
Personal Safety (PS)	Topic strand title changed to: Interpersonal Violence (IV)	Better reflects all types of violence (e.g., bullying, sexual harassment, sexual abuse, sexual assault, dating violence, domestic violence) that may occur in a variety of relationships (e.g., peer-to-peer, family, romantic, sexual).

Guiding Principles and Values for the *National Sex Education Standards*

High Expectations

The *National Sex Education Standards* ascribe to the educational principle of high expectations, which is premised on the philosophical and pedagogical belief that holding all students to high expectations provides access to a high-quality education, since the educational achievement of students tends to rise or fall in direct relation to the expectations placed upon them. Although recommendations made here are based on grade level, children of the same age often develop at different rates and some content may need to be adapted based on the needs of the students. The NSES do not provide specific guidance on how a topic area should be taught. They also generally do not address varying needs of students with intellectual and/or physical disabilities or who are neuroatypical or students with any other unique attributes who may require adjustments to instruction. All students, regardless of physical or intellectual ability, deserve the opportunity to achieve personal health and wellness, including sexual health. Educators and other school professionals, including administrators, should create and/or provide the additional support materials necessary to ensure that teaching is developmentally appropriate and culturally relevant for those with unique learning needs, including English learners and students with differing abilities.

Each district, school, administrator, and educator knows best the context in which they are teaching and are in the position to best identify the needs of their students and the strategies, materials, time, and resources needed to support students in achieving the NSES. Curriculum planners should implement existing or develop new curricula based on local health needs. It is up to curriculum developers, administrators, and educators to ensure all students have the opportunity to learn and meet the same high standards. Students need multiple opportunities and a variety of assessment strategies to determine whether educators have achieved effective implementation of the sex education standards.

Functional Knowledge and Skills

In revising the NSES, the authors took into account the current evolution of understanding regarding the importance of functional knowledge and skill. Sexuality education experts maintain that skills, such as those outlined in the National Health Education Standards, are essential to the development and maintenance of sexual health throughout the lifespan. These same experts agree there is unique and nuanced content in sexual health that is critical for students to learn in order to lay a strong foundation for the effective application of skills. As such, the NSES include indicators related both to functional knowledge and skills.

Trauma-Informed

The NSES have been written with a trauma-informed lens and the understanding that the experiences of both students and teachers impact what happens in a classroom. Many people have experienced interpersonal or sexual violence or other trauma related to sexual harassment and assault, sexual orientation, gender identity or expression, race, socio-economic status, ability, immigration status, religion, and/or culture. Consequently, some teachers may need additional support when addressing these issues to ensure they approach these topics sensitively and do not inadvertently re-traumatize students. As a guiding principle, educators should always utilize trauma-informed strategies when implementing sex education. This includes, for example, giving trigger warnings before beginning to teach content on sexual violence and allowing students the right to pass as appropriate. **Indicated throughout the NSES with an asterisk (*) are places where educators may want to include a trigger warning before introducing and discussing sensitive material related to interpersonal or sexual violence or other trauma.**

Social, Racial, and Reproductive Justice and Equity

Sex education should avoid cisnormative, heteronormative approaches, aim to strengthen young people's capacity to challenge harmful stereotypes, and be inclusive of a wide range of viewpoints and populations without stigmatizing any group. It should acknowledge the role that structural and contextual factors—personal, interpersonal, social, economic, and cultural—play in shaping adolescents' sexual motivations and behaviors, with the fundamental goal of removing economic-, racial-, ethnic-, gender-, sexual orientation-, and ability-related disparities in adolescent sexual health. Health outcomes are largely influenced by biology and genetics, individual behavior, social environment, physical environment, and availability of health services.¹⁶⁻¹⁷ These factors interact and influence health outcomes for individuals.¹⁸ Given this, **the updated NSES calls attention to overt and covert discrimination, which may be based on biases, including institutional, structural, interpersonal, and internalized racism. The Standards also reflect a focus on conscious and unconscious bias to avoid possibly perpetuating stereotypes. Social determinants of health are also addressed with a focus on how characteristics such as race, ethnicity, socioeconomic status, sexual orientation, and gender identity and expression are related to inequitable health outcomes.**

All adolescents have a right to comprehensive, developmentally and culturally appropriate, confidential support and sexual health services. And, if pregnant, young people have the right to comprehensive pregnancy options counseling and all related services. **The updated NSES have thoughtfully taken into consideration that young people—including young people who are pregnant or parenting—should have decision-making power in their reproductive health and their decision to determine if, when, and under what circumstances they do or do not want to parent.** Within this, the updated NSES seek to educate users on the institutional and structural barriers that hinder or complicate sexual and reproductive health decisions.

Intersectionality

In addition, the NSES takes an intersectional approach, reflecting the theory conceptualized by Kimberlé Crenshaw, JD, LL.M. Intersectionality describes the way overlapping or intersecting social identities—and particularly minority identities—relate to systems and structures of discrimination. Intersectionality looks at the relationships between these marginalized identities and the way that multiple systems of oppression interact in the lives of those with multiple marginalized identities and how this mixture impacts both our self-perception and how we are viewed and treated by other individuals, groups, institutions, and by society.¹⁹⁻²⁰ **Educators, administrators, and curriculum developers are encouraged to take an intersectional approach as a guiding principle throughout sex education lessons and curricula that align with the NSES, regardless of whether identity or intersectionality is specifically addressed in an indicator.**

Language Inclusivity

Language is constantly evolving; new terms are introduced, while others fade from use or change their meaning over time. This remains true for the terms and definitions included in the NSES. Similarly, gender identity, gender expression, sexual orientation, and sexual identity are often evolving and changing during adolescence. The developmental process for young people often involves experimenting with many different identities, forms of expression, and behaviors, and sexual identity is not exempt from this type of exploration. As sexual development continues to progress, most youth will eventually identify themselves with a gender identity and a sexual orientation, though some may not. **No one else is qualified to label or judge another person's sexual identity, including their sexual orientation or gender identity, and it is important that the language and terms young people use to identify themselves is respected by the adults in their lives.** Adults, including educators and administrators, should respect and use the pronouns each student uses for themselves. (For additional information and definitions of terms used in the NSES, see *Appendix: Glossary: Sex Education Terms*.)

Theoretical Framework

The NSES seek to address both the functional knowledge related to sexuality and the specific skills necessary to adopt healthy behaviors, as well as students' beliefs and attitudes related to sexuality. As such, the NSES reflect the tenets of social learning theory, social cognitive theory, and the social ecological model of prevention. From *social learning theory*, which recognizes that “learning occurs not merely within the learner but also in a particular social context,”²¹ there are several key concepts addressed within the NSES, including:

- **Personalization.** The ability of students to perceive the core content and skills as relevant to their lives increases the likelihood that they will learn and retain them. Ensuring students see themselves represented in the materials and learning activities can further assist in personalization.
- **Susceptibility.** It is widely understood that many young people do not perceive they are susceptible to the risks of certain behaviors, including sexual activity. Learning activities should encourage students to assess the relative risks of various behaviors, without exaggeration, to highlight their susceptibility to the potential negative outcomes of those behaviors.
- **Self-Efficacy.** Even if students believe they are susceptible, they may not believe they can do anything to reduce their level of risk. Helping students overcome misinformation and develop confidence by practicing skills necessary to manage risk are key to a successful sex education curriculum.
- **Social Norms.** Given that middle and high school students are highly influenced by their peers, the perception of what other students are, or are not, doing influences their behavior. Debunking perceptions and highlighting positive behaviors among teens (i.e., the majority of teens are abstinent in middle school and early high school and many use condoms when they first engage in sexual intercourse) can further the adoption of health-enhancing behaviors.
- **Skills.** Mastery of functional knowledge is necessary but not sufficient to influence behaviors. Skill development is critical to a student's ability to apply core content to their lives.²¹

In addition to social learning theory, *social cognitive theory (SCT)* is reflected throughout the NSES. Like social learning theory, SCT emphasizes self-efficacy, but adds in the motivation of the learners and emphasizes the affective or emotional learning domain, an invaluable component of learning about human sexuality.²²

Finally, the *social ecological model of prevention* also informed the development of these standards. This model focuses on individual, interpersonal, community, and society influences and the role of these influences on people over time. For example, developmentally, the core content and skills for kindergarten and early elementary focus on the individual student and their immediate surroundings (e.g., family), while at the middle and high school levels, core content and skills also focus on the expanding world of students (e.g., peers, media, society, culture, and a person's intersecting identities).²³

Characteristics of Effective Comprehensive Sex Education

A growing body of research emphasizes that curricula should teach functional essential knowledge, shape personal values and beliefs that support healthy behaviors, shape group norms that support a healthy lifestyle, and develop the skills necessary to adopt, practice, and maintain health-enhancing behaviors. According to reviews of effective

programs and curricula and experts in the fields of health and sex education, effective comprehensive sex education has the following characteristics, which have been taken into account in the creation of the NSES.²³⁻²⁵

- Is research-based and theory-driven;
- Focuses on clear health goals and specific behavioral outcomes;
- Provides functional knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors;
- Provides opportunities to reinforce essential skills that are necessary to adopt, practice, and maintain positive health behaviors;
- Addresses individual values, attitudes, and beliefs and group norms that support health-enhancing behaviors;
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific unhealthy practices and behaviors, as well as reinforcing protective factors;
- Addresses social pressures and influences;
- Builds personal competence, social competence, and self-efficacy by addressing skills;
- Uses strategies designed to personalize information and engage students;
- Provides age- and developmentally appropriate information, learning strategies, teaching methods, and materials;
- Engages in cooperative and active learning strategies;
- Incorporates learning strategies, teaching methods, and materials that are trauma-informed, culturally inclusive, sex positive, and grounded in social justice and equity;
- Provides adequate time for instruction and learning and for students to practice skills relating to sex education;
- Provides opportunities to make connections with other influential persons;
- Encourages the use of technology to access multiple valid sources of information, recognizing the significant role that technology plays in young people's lives; and
- Includes teacher information and a plan for professional development and training to enhance effectiveness of instruction and student learning.

Alignment with Existing Education Standards

The purpose of standards, in general, is to provide clear expectations about what students should know and be able to do by the conclusion of certain grade levels. Other equally important components of the quality of the student learning experience include: pre-service teacher training; professional development and ongoing support and mentoring for teachers; clear school policies that support sex education implementation and the teachers who implement the lessons; and a sequential, age-appropriate curriculum that allows students to practice key skills and assessment tools for all of these elements. Teacher training is the most significant indicator in determining the quality of sex education instruction and confidence and comfort with teaching sex education.²⁶⁻²⁹ Professional preparation—such as that which is outlined in the *National Teacher Preparation Standards for Sex Education and the Professional Learning Standards*

for Sex Education—has a direct impact on sex education and is essential for student achievement. Like any other academic subject, trained and qualified educators should implement sex education.

The *National Health Education Standards* (NHES) heavily influenced the development and update of the NSES. First created in 1995 and updated in 2007, the NHES were developed by the Joint Committee on National Health Education Standards of the American Cancer Society and widely adopted by states and local school districts. The NHES focus on a student's ability to understand key concepts and learn particular skills for using that content. These standards were developed to serve as the underpinning for health education knowledge and skills students should attain by grades 2, 5, 8, and 12. The NHES do not, however, address any specific health content areas, including sex education.³⁰

The NSES were further informed by the work of the CDC's *Health Education Curriculum Analysis Tool* (HECAT),³¹ existing state and international education standards that include sexual health content, the *Social Justice Standards*,³² the *National Standards for Family Consumer Science Standards*,³³ the *American Nurses Association Standards for Excellence*,³⁴ the *Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade*,³⁵ and the *Common Core State Standards for English Language Arts and Mathematics*,³⁶ which have been adopted by most states.

The NSES also align with the ***National Teacher Preparation Standards for Sex Education (NTPSSE)***, which were also developed and released by the FoSE Initiative. The NTPSSE are designed to **provide guidance to institutions of higher education tasked with preparing undergraduate students to deliver sex education in K–12 classrooms**. These standards focus on seven basic areas within which teacher-candidates must show competence to effectively teach sex education after graduation. The areas are professional disposition, diversity and equity, content knowledge, legal and professional ethics, planning, implementation, and assessment. The NTPSSE can be used to improve the content of courses related to sex education, and to guide curriculum, instruction, and assessment decisions for undergraduate students on their way to becoming educators who cover sex education.³⁷

The *National Sex Education Standards* are also closely aligned with the ***Professional Learning Standards for Sex Education (PLSSE)***, which were developed and released by the Sex Education Collaborative, a 19-member collaborative whose mission is to ensure that all young people receive quality sex education that is evidence-informed and rights-based, and that schools and communities are fully supported and equipped to deliver quality sex education in grades K–12. The goal of the PLSSE is to **provide guidance to school administrators and classroom educators around the ongoing professional development necessary to developing and maintaining the content, skills, and professional disposition needed to implement sex education effectively**. The PLSSE are divided into four domains: 1) context for sex education; 2) professional disposition; 3) best practices; and 4) key content areas. Together, the domains help educators to: recognize the positive impact quality sex education can have on young people; examine their personal values and biases, and the impact these may have on their ability to teach the subject effectively; identify strategies to foster a safe and engaging learning environment for all students; and demonstrate proficient knowledge and skills related to the subject matter.³⁸

These additional resources are meant to provide guidance for administrators and educators as they design and implement curriculum, instruction, assessment, and professional development plans that align with the NSES. These resources are meant to reflect best practices as they are known now, but are not meant to define a curriculum or dictate instructional practices.

Organization and Design of the Revised NSES

Seven topics were chosen as the minimum, essential content and skills for K–12 sex education.

- ***Consent and Healthy Relationships (CHR)***. Outlines the functional knowledge and essential skills students need to successfully navigate changing relationships among family, peers, and partners.

Special emphasis is given to personal boundaries, bodily autonomy, sexual agency and consent, and the increasing use and impact of technology within relationships.

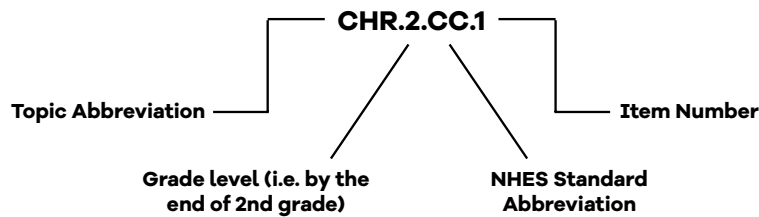
- **Anatomy and Physiology (AP).** Outlines the functional knowledge students need to understand basic human functioning.
- **Puberty and Adolescent Sexual Development (PD).** Outlines the functional knowledge and essentials skills students need to understand pivotal milestones for every person that impact physical, social, and emotional development, and that sexual development is normal and healthy.
- **Gender Identity and Expression (GI).** Outlines the functional knowledge and essentials skills students need to address fundamental aspects of people's understanding of who they are as it relates to gender, gender identity, gender roles, and gender expression as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations, and the importance of advocating for safety and equity.
- **Sexual Orientation and Identity (SO).** Outlines the functional knowledge and essentials skills students need to address fundamental aspects of people's understanding of who they are as it relates to sexual orientation and identity as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations and the importance of advocating for safety and equity.
- **Sexual Health (SH).** Outlines the functional knowledge and essentials skills students need to understand STDs and HIV, including how they are prevented and transmitted, their signs and symptoms, and testing and treatment; how pregnancy happens, decision-making to avoid a pregnancy, and pregnancy prevention and options; and the personal and societal factors that influence sexual health decision-making and outcomes.
- **Interpersonal Violence (IV).** Outlines the functional knowledge and essentials skills students need to understand interpersonal and sexual violence, including prevention, intervention, resources, and local services; emphasizes the need for a growing awareness, creation, and maintenance of safe school and community environments for all students.

These seven strands are organized following the eight *National Health Education Standards*. There are notations within each indicator in the NSES showing the indicator's alignment with the NHES.

- **Core Concept (CC).** Students will comprehend concepts related to health promotion and disease prevention to enhance health.
- **Analyzing Influences (INF).** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- **Accessing Information (AI).** Students will demonstrate the ability to access valid information, products, and services to enhance health.
- **Interpersonal Communication (IC).** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- **Decision-Making (DM).** Students will demonstrate the ability to use decision-making skills to enhance health.
- **Goal-Setting (GS).** Students will demonstrate the ability to use goal-setting skills to enhance health.
- **Self-Management (SM).** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
- **Advocacy (ADV).** Students will demonstrate the ability to advocate for personal, family, and community health.

The standards are first presented by grade span as follows: grades K–2, grades 3–5, grades 6–8, grades 9–10, and grades 11–12. The standards should be considered learning goals that can and should be achieved by the end of each grade span. Within each grade span, the standards are grouped first by topic and then by NHES type.

Key to Indicators



From early elementary grades through high school, the standards build over time so that students have the foundations necessary for successful engagement with standards in later grades. As such, indicators are not repeated across grade spans. This progression has been attended to across grade spans for each topic. It is important to note that curriculum and instruction is not limited to the standard as written; e.g., lists included in indicators should be treated as such and not be seen as exhaustive; and curriculum developers and educators should know that within each grade, the order in which the standards are presented build upon one another. The standards are the content and skills students should be able to demonstrate as a result of that instruction.

The standards are also presented by topic strand as follows:

- Consent and Healthy Relationships (CHR);
- Anatomy and Physiology (AP);
- Puberty and Adolescent Sexual Development (PD);
- Gender Identity and Expression (GI);
- Sexual Orientation and Identity (SO);
- Sexual Health (SH); and
- Interpersonal Violence (IV).

In this format, the standards should be considered learning goals that can and should be achieved within each topic strand by the end of each grade span. Within each topic strand, the standards are grouped first by grade and then by NHES type. Each standard has a unique identifying code. Each code indicates the topic, grade span, NHES type, and standard number, as indicated in the examples shown below.

GRADES K–2	
Consent and Healthy Relationships	
CHR.2.CC.1	Describe characteristics of a friend

The following pages detail the Standards by **grade level** strand and by **topic** strand.

Standards by Grade Level Strand

- K–2
- 3–5
- 6–8
- 9–10
- 11–12

Standards by Topic Strand

- Consent and Healthy Relationships (CHR)
- Anatomy and Physiology (AP)
- Puberty and Adolescent Sexual Development (PD)
- Gender Identity and Expression (GI)
- Sexual Orientation and Identity (SO)
- Sexual Health (SH)
- Interpersonal Violence (IV)

REFERENCES

- 1 Advocates for Youth. (2009). Comprehensive Sex Education: Research and Results. Washington, DC: Advocates for Youth. <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/fscse.pdf>
- 2 Currier, L. L., & Wurtele, S. K. (1996). A Pilot Study of Previously Abused and Non-Sexually Abused Children's Responses to a Personal Safety Program. *Journal of Child Sexual Abuse*, 5(1), 71–87. doi: 10.1300/J070v05n01_04
- 3 Santelli, J. S., Grilo, S. A., Choo, T.-H., Diaz, G., Walsh, K., Wall, M., ... Mellins, C. A. (2018). Does sex education before college protect students from sexual assault in college? *Plos One*, 13(11). doi: 10.1371/journal.pone.0205951
- 4 Bridges, E. & Alford, S. (2010). Comprehensive Sex Education and Academic Success: Effective Programs Foster Student Achievement. Washington, DC: Advocates for Youth. https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/comprehensive_sex_education_and_academic_success.pdf
- 5 Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN. <https://www.glsen.org/sites/default/files/2019-10/GLSEN-2017-National-School-Climate-Survey-NSCS-Full-Report.pdf>
- 6 Lindley, L. L., & Walsemann, K. M. (2015). Sexual Orientation and Risk of Pregnancy Among New York City High-School Students. *American Journal of Public Health*, 105(7), 1379–1386. doi: 10.2105/ajph.2015.302553
- 7 Basch, C. E. (2011). Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. *Journal of School Health*, 81(10), 593–598. doi: 10.1111/j.1746-1561.2011.00632.x
- 8 Townsend, L., Flisher, A. J., & King, G. (2007). A systematic review of the relationship between high school dropout and substance abuse. *Clinical Child and Family Psychology*, 10(4), 295–317. doi: 10.1007/s10567-007-0023-7
- 9 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health. (2017). Results from the School Health Policies and Practices Study, 2016. https://www.cdc.gov/healthyyouth/data/shpps/pdf/shpps-results_2016.pdf
- 10 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health (2015). School Health Policies and Practices Study: Health Education. http://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/health_education_shpps2014.pdf
- 11 Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health. (2019). School Health Profiles 2018: Characteristics of Health Programs Among Secondary Schools. <https://www.cdc.gov/healthyyouth/data/profiles/pdf/2018/CDC-Profiles-2018.pdf>
- 12 Goldman, J. D. G. (2011). An exploration in Health Education of an integrated theoretical basis for Sexuality Education pedagogies for young people. *Health Education Research*, 26(3), 526–541. doi: 10.1093/her/cyq084
- 13 Dinaj-Koci V, et al. Adolescent Age at Time of Receipt of One or More Sexual Risk Reduction Interventions. *Journal of Adolescent Health*, 55 (2014) 228-234. doi: 10.1016/j.jadohealth.2014.01.016
- 14 Ryan, C. L., Patraw, J. M., & Bednar, M. (2013). Discussing Princess Boys and Pregnant Men: Teaching About Gender Diversity and Transgender Experiences Within an Elementary School Curriculum. *Journal of LGBT Youth*, 10(1-2), 83–105. doi: 10.1080/19361653.2012.718540
- 15 Buote, D. & Berglund, P. Promoting social justice through building healthy relationships: Evaluation of SWOVA's 'Respectful Relationships' program. *Education, Citizenship and Social Justice*, 5(3), 207–220. doi: 10.1177/1746197910382255
- 16 Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, N.Y., 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- 17 U.S. Department of Health and Human Services. (2009). Healthy People 2020 Draft. Washington, D.C.: U.S. Government Printing Office.
- 18 Commission on Social Determinants of Health. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization.
- 19 Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241. doi: 10.2307/1229039
- 20 Collins, P., & Bilge, S. (2016). What is intersectionality? In *Intersectionality* (pp. 1–30). Cambridge, MA: Polity Press.
- 21 Hedgepeth, E., & Helmick, J. S. (1997). Teaching about sexuality and HIV: principles and methods for effective education. New York: New York University Press.
- 22 Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist*, 44(9), 1175–1184. doi: 10.1037/0003-066x.44.9.1175
- 23 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2019). The Social Ecological Model: A Framework for Prevention. <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>.
- 24 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2019). Characteristics of an Effective Health Education Curriculum. <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>
- 25 Kirby, D., Rollieri, L. & Wilson, M.M. (2007). Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs. Washington, DC: Healthy Teen Network. <https://www.healthyyteenetwork.org/wp-content/uploads/2014/10/TAC.pdf>
- 26 Rhodes, D. L., Kirchofer, G., Hammig, B. J., & Ogletree, R. J. (2013). Influence of Professional Preparation and Class Structure on Sexuality Topics Taught in Middle and High Schools. *Journal of School Health*, 83(5), 343–349. doi: 10.1111/josh.12037
- 27 Price, J. H., Dake, J. A., Kirchofer, G., & Telljohann, S. K. (2003). Elementary School Teachers Techniques of Responding to Student Questions Regarding Sexuality Issues. *Journal of School Health*, 73(1), 9–14. doi: 10.1111/j.1746-1561.2003.tb06552.x
- 28 Hammig, B., Ogletree, R., & Wyckoff-Horn, M. R. (2011). The Relationship Between Professional Preparation and Class Structure on Health Instruction in the Secondary Classroom. *Journal of School Health*, 81(9), 513–519. doi: 10.1111/j.1746-1561.2011.00621.x
- 29 Lindau, S. T., Tetteh, A. S., Kasza, K., & Gilliam, M. (2008). What Schools Teach Our Patients About Sex. *Obstetrics & Gynecology*, 111(2, Part 1), 256–266. doi: 10.1097/01.aog.0000296660.67293.bf
- 30 U.S. Department of Health and Human Services, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion. (2019). National Health Education Standards. <https://www.cdc.gov/healthyschools/sher/standards/index.htm>
- 31 U.S. Department of Health and Human Services, Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2019). Health Education Curriculum Analysis Tool (HECAT). <https://www.cdc.gov/healthyyouth/hecat/>
- 32 Teaching Tolerance. (2016). Social Justice Standards: The Teaching Tolerance Anti-Bias Framework. https://www.tolerance.org/sites/default/files/2017-06/TT_Social_Justice_Standards_0.pdf
- 33 National Association of State Administrators of Family and Consumer Sciences. (2018). National Standards for Family and Consumer Sciences Education: Area of Study 14.0, Nutrition and Wellness. http://www.nasafacs.org/uploads/1/8/3/9/18396981/fcs-area_14-nutwell_final_draft_4-4.pdf
- 34 American Nurses Association. ANA Standards for Excellence. <https://www.nursingworld.org/ana/about-ana/standards/>
- 35 Sexuality Information and Education Council of the United States, National Guidelines Task Force. (2014). Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade, Third Edition. <https://siecus.org/wp-content/uploads/2018/07/Guidelines-CSE.pdf>
- 36 Common Core State Standards Initiative. (2010). Common Core State Standards for English Language Arts & Literacy in History/Social Studies, Science, and Technical Subjects. http://www.corestandards.org/wp-content/uploads/ELA_Standards1.pdf
- 37 Future of Sex Education Initiative. (2014). National Teacher Preparation Standards for Sexuality Education. <http://answer.rutgers.edu/file/national-teacher-preparation-standards.pdf>
- 38 Sex Education Collaborative. (2019). Professional Learning Standards for Sex Education. <https://siecus.org/wp-content/uploads/2019/04/PLSSE-FINAL.pdf>

Standards by Grade Level

GRADES K–2							
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
CONSENT & HEALTHY RELATIONSHIPS							
By the end of the 2nd grade, students should be able to:	Describe characteristics of a friend CHR.2.CC.1		Demonstrate how to communicate personal boundaries and show respect for someone else’s personal boundaries CHR.2.IC.1			Identify healthy ways for friends to express feelings, both physically and verbally CHR.2.SM.1	
	Define bodily autonomy and personal boundaries CHR.2.CC.2		Explain why it is important to show respect for different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) CHR.2.IC.2				
	Define consent CHR.2.CC.3						
Identify different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) CHR.2.CC.4							
ANATOMY & PHYSIOLOGY							
By the end of the 2nd grade, students should be able to:	List medically accurate names for body parts, including the genitals AP.2.CC.1						
PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT							

GRADES K-2 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
GENDER IDENTITY & EXPRESSION							
By the end of the 2nd grade, students should be able to:	Define gender, gender identity, and gender-role stereotypes GI.2.CC.1						
	Discuss the range of ways people express their gender and how gender-role stereotypes may limit behavior GI.2.CC.2						
SEXUAL ORIENTATION & IDENTITY							
SEXUAL HEALTH							
No items							
SEXUAL HEALTH							
By the end of the 2nd grade, students should be able to:	Define reproduction and explain that all living things may have the capacity to reproduce SH.2.CC.1						
INTERPERSONAL VIOLENCE							
By the end of the 2nd grade, students should be able to:	Define child sexual abuse and identify behaviors that would be considered child sexual abuse* IV.2.CC.1	Identify situations that may be uncomfortable or dangerous (e.g., race, bullying, teasing, child sexual abuse)* IV.2.AI.1	Demonstrate ways to treat all people with dignity and respect (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.2.IC.1	Demonstrate ways to start a conversation when seeking help from a trusted adult about an uncomfortable or dangerous situation (e.g., bullying, teasing, child sexual abuse)* IV.2.DM.1			
		Identify trusted adults, including parents and caregivers, that you can talk to about situations which may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)* IV.2.AI.2					

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 3–5

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
CONSENT & HEALTHY RELATIONSHIPS							
By the end of the 5th grade, students should be able to:	Describe the characteristics of healthy versus unhealthy relationships among friends and with family CHR.5.CC.1	Identify trusted adults, including parents and caregivers, that students can talk to about relationships CHR.5.AI.1	Communicate personal boundaries and demonstrate ways to respect other people's personal boundaries CHR.5.IC.1				
	Explain the relationship between consent, personal boundaries, and bodily autonomy CHR.5.CC.2						
ANATOMY & PHYSIOLOGY							
By the end of the 5th grade, students should be able to:	Recall the human reproductive systems, including the external and internal body parts and their functions, and that there are natural variations in human bodies AP.5.CC.1						
PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT							
By the end of the 5th grade, students should be able to:	Explain the physical, social, and emotional changes that occur during puberty and adolescence and how the onset and progression of puberty can vary PD.5.CC.1	Identify credible sources of information about puberty and personal hygiene PD.5.AI.1			Make a plan for maintaining personal hygiene during puberty PD.5.GS.1		
	Describe how puberty prepares human bodies for the potential to reproduce and that some healthy people have conditions that impact the ability to reproduce PD.5.CC.2	Identify trusted adults, including parents, caregivers, and health care professionals, whom students can ask questions about puberty and adolescent health PD.5.AI.2					
	Explain common human sexual development and the role of hormones (e.g., romantic and sexual feelings, masturbation, mood swings, timing of pubertal onset) PD.5.CC.3						

GRADES 3–5 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
---------------------	-----------------------------	-----------------------------	-----------------------------------	-----------------------	--------------------	-----------------------	--------------

PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT (CONTINUED)

By the end of the 5th grade, students should be able to:

Describe the role hormones play in the physical, social, cognitive, and emotional changes during adolescence and the potential role of hormone blockers on young people who identify as transgender
PD.5.CC.4

GENDER IDENTITY & EXPRESSION

By the end of the 5th grade, students should be able to:

Distinguish between sex assigned at birth and gender identity and explain how they may or may not differ
GI.5.CC.1

Identify trusted adults, including parents and caregivers, whom students can ask questions about gender, gender-role stereotypes, gender identity, and gender expression
GI.5.AI.1

Demonstrate ways to promote dignity and respect for people of all genders, gender expressions, and gender identities, including other students, their family members, and members of the school community
GI.5.ADV.1

Define and explain differences between cisgender, transgender, gender nonbinary, gender expansive, and gender identity
GI.5.CC.2

Explain that gender expression and gender identity exist along a spectrum
GI.5.CC.3

Describe gender-role stereotypes and their potential impact on self and others
GI.5.CC.4

GRADES 3–5 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	------------------------------	---------------------

SEXUAL ORIENTATION & IDENTITY

By the end of the 5th grade, students should be able to:	Define sexual orientation SO.5.CC.1	Identify trusted adults, including parents and caregivers, whom students can ask questions about sexual orientation SO.5.AI.1					Demonstrate ways to promote dignity and respect for people of all sexual orientations, including other students, their family members, and members of the school community SO.5.ADV.1
	Differentiate between sexual orientation and gender identity SO.5.CC.2						

SEXUAL HEALTH

By the end of the 5th grade, students should be able to:	Explain the relationship between sexual intercourse and human reproduction SH.5.CC.1						
	Explain the range of ways pregnancy can occur (e.g., IVF, surrogacy) SH.5.CC.2						
	Define STDs, including HIV, and clarify common myths about transmission SH.5.CC.3						

INTERPERSONAL VIOLENCE

By the end of the 5th grade, students should be able to:	Define child sexual abuse, sexual harassment, and domestic violence and explain why they are harmful and their potential impacts* IV.5.CC.1	Identify strategies a person could use to call attention to or leave an uncomfortable or dangerous situation, including sexual harassment IV.5.IC.1	Describe steps a person can take when they are being sexually abused IV.5.SM.1	Demonstrate ways to promote dignity and respect for all people (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.5.ADV.1
--	---	---	--	---

GRADES 3–5 (CONTINUED)							
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
INTERPERSONAL VIOLENCE (CONTINUED)							
By the end of the 5th grade, students should be able to:			Explain that some survivors are not believed when they disclose sexual abuse or harassment and that it is important to keep telling trusted adults until one of the adults takes action IV.5.IC.2				

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 6–8

Core Concepts CC

Analyzing Influences INF

Accessing Information AI

Interpersonal Communication IC

Decision-Making DM

Goal Setting GS

Self-Management SM

Advocacy ADV

CONSENT & HEALTHY RELATIONSHIPS

By the end of the 8th grade, students should be able to:

Compare and contrast the characteristics of healthy and unhealthy relationships*
CHR.8.CC.1

Analyze how peers, family, media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about relationships
CHR.8.INF.1

Demonstrate communication skills that will support healthy relationships
CHR.8.IC.1

Describe strategies a student might use to end an unhealthy relationship, including involving a trusted adult who can help*
CHR.8.SM.1

Describe how power differences, such as age, gender, socioeconomic status, immigration status, race, or unequal position (e.g., student/teacher, supervisor/employee) may impact relationships
CHR.8.CC.2

Evaluate the impact of technology (e.g., phones, GPS tracking) and social media on relationships (e.g., consent, communication)
CHR.8.INF.2

Demonstrate strategies to communicate personal boundaries and how to show respect for the boundaries of others
CHR.8.IC.2

Demonstrate strategies to use social media safely, legally, and respectfully
CHR.8.SM.2

Analyze the similarities and differences between friendships, romantic relationships and sexual relationships
CHR.8.CC.3

Identify factors (e.g., body image, self-esteem, alcohol and other substances) that can affect the ability to give or perceive consent to sexual activity*
CHR.8.INF.3

Define sexual consent and sexual agency
CHR.8.CC.4

GRADES 6–8 (CONTINUED)

ANATOMY & PHYSIOLOGY

By the end of the 8th grade, students should be able to:

Describe human reproductive systems, including the external and internal body parts and their functions, and that there are naturally occurring variations in human bodies (e.g., intersex, vulvas, circumcised and intact penises)

AP.8.CC.1

PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT

By the end of the 8th grade, students should be able to:

Define medical accuracy and analyze medically accurate sources of information about puberty, adolescent development, and sexual health

PD.8.AI.1

GENDER IDENTITY & EXPRESSION

By the end of the 8th grade, students should be able to:

Analyze how peers, family, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression

GI.8.INF.1

Access medically accurate sources of information about gender, gender identity, and gender expression

GI.8.AI.1

Demonstrate ways to communicate respectfully with and about people of all gender identities

GI.8.IC.1

Develop a plan for the school to promote dignity and respect for people of all genders, gender identities, and gender expressions in the school community

GI.8.ADV.1

SEXUAL ORIENTATION & IDENTITY

By the end of the 8th grade, students should be able to:

Recall the definition of sexual orientation and explain that most people have a sexual orientation

SO.8.CC.1

Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation

SO.8.INF.1

Demonstrate ways to communicate respectfully with and about people of all sexual orientations

SO.8.IC.1

Develop a plan for the school to promote dignity and respect for people of all sexual orientations in the school community

SO.8.ADV.1

GRADES 6–8 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
SEXUAL ORIENTATION & IDENTITY (CONTINUED)							
By the end of the 8th grade, students should be able to: Define sexual identity and explain a range of identities related to sexual orientation (e.g., heterosexual, bisexual, lesbian, gay, queer, two-spirit, asexual, pansexual) SO.8.CC.2							
SEXUAL HEALTH							
By the end of the 8th grade, students should be able to: Define vaginal, oral, and anal sex SH.8.CC.1	Analyze how alcohol and other substances can influence sexual decision-making SH.8.INF.1	Identify medically accurate sources of information about STDs, including HIV, such as local STD/HIV prevention, testing, and treatment resources SH.8.AI.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors and how to reduce or eliminate risk for pregnancy and/or STDs (including HIV)* SH.8.IC.1	Identify factors that are important in deciding whether and when to engage in sexual behaviors SH.8.DM.1	Develop a plan to eliminate or reduce risk of unintended pregnancy and STDs (including HIV) SH.8.GS.1	Describe the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams) SH.8.SM.1	
Explain there are many methods of short- and long-term contraception that are safe and effective and describe how to access them SH.8.CC.2	Describe the state and federal laws related to age of consent, minors' ability to consent to health care, confidentiality in a healthcare setting, child pornography, sexting, safe haven, and sex trafficking SH.8.INF.2	Define prenatal care and identify medically accurate sources of information about prenatal care SH.8.AI.2					
List at least four methods of contraception that are available without a prescription (e.g., abstinence, condoms, emergency contraception, withdrawal) SH.8.CC.3							

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 6–8 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
-------------------------	---------------------------------	---------------------------------	---------------------------------------	---------------------------	------------------------	---------------------------	---------------------

SEXUAL HEALTH (CONTINUED)

By the end of the 8th grade, students should be able to:

Describe pregnancy testing, the signs of pregnancy, and pregnancy options, including parenting, abortion, and adoption
SH.8.CC.4

Explain STDs (including HIV), how common STDs are, and how they are and are not transmitted
SH.8.CC.5

Describe the signs, symptoms, or lack thereof, and potential impacts of STDs (including HIV)
SH.8.CC.6

Compare and contrast behaviors, including abstinence, to determine the potential risk of pregnancy and/or STD (including HIV) transmission
SH.8.CC.7

Discuss current biomedical approaches to prevent STDs (e.g., hepatitis B vaccine, HPV vaccine) and HIV (e.g., PrEP, PEP)
SH.8.CC.8

GRADES 6–8 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
-------------------------	---------------------------------	---------------------------------	---------------------------------------	---------------------------	------------------------	---------------------------	---------------------

SEXUAL HEALTH (CONTINUED)

By the end of the 8th grade, students should be able to: Explain medical breakthroughs in HIV prevention and treatment and why HIV can now be considered a chronic condition SH.8.CC.9							
Describe the state and federal laws related to minors' access to sexual healthcare services, including pregnancy and STD/HIV prevention, testing, care, and treatment SH.8.CC.10							
Define racism and intersectionality and describe their impacts on sexual health SH.8.CC.11							
Explain the impact that media, including sexually explicit media, can have on one's body image and self-esteem SH.8.CC.12							

INTERPERSONAL VIOLENCE

By the end of the 8th grade, students should be able to: Define interpersonal and sexual violence (e.g., sexual harassment, sexual assault, incest, rape, domestic violence, coercion, and dating violence) and describe their impacts on sexual health* IV.8.CC.1	Describe strategies that sex traffickers/exploiters employ to recruit youth IV.8.INF.1	Identify community resources and/or other sources of support, such as trusted adults, including parents and caregivers, that students can go to if they are or someone they know is being sexually harassed, abused, assaulted, exploited, or trafficked IV.8.AI.1	Describe strategies a person could use, when it is safe to do so, to intervene when someone is being sexually harassed or someone they know is perpetuating unhealthy or coercive behaviors IV.8.SM.1	Develop a plan for the school to promote dignity and respect for everyone (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.8.ADV.1			
---	--	--	---	--	--	--	--

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 6–8 (CONTINUED)							
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
INTERPERSONAL VIOLENCE (CONTINUED)							
Explain why a person who has been sexually harassed, abused, or assaulted, or has been a victim of incest, rape, domestic violence, or dating violence is never to blame for the actions of the perpetrator* IV.8.CC.2							
Define sex trafficking, sexual exploitation, and gender-based violence* IV.8.CC.3							

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 9–10

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	------------------------------	---------------------

CONSENT & HEALTHY RELATIONSHIPS

By the end of the 10th grade, students should be able to:	Compare and contrast characteristics of healthy and unhealthy romantic and/or sexual relationships* CHR.10.CC.1	Evaluate strategies to end an unhealthy relationship, including when situations may require adult and/or professional support CHR.10.INF.1	Describe effective ways to communicate consent, personal boundaries, and desires as they relate to intimacy, pleasure, and sexual behavior* CHR.10.IC.1	Evaluate a variety of characteristics of romantic and/or sexual relationships and determine which ones are personally most important CHR.10.DM.1	Develop a plan to get out of an unsafe or unhealthy relationship* CHR.10.GS.1	Demonstrate ways to show respect for the boundaries of others as they relate to intimacy and sexual behavior CHR.10.SM.1	
	Describe what constitutes sexual consent, its importance, and legal consequences of sexual behavior without consent* CHR.10.CC.2	Analyze the potentially positive and negative roles of technology and social media on one's sense of self and within relationships CHR.10.INF.2					
	Explain the impact media, including sexually explicit media, can have on one's perceptions of, and expectations for, a healthy relationship CHR.10.CC.3	Analyze factors (e.g., body image, self-esteem, alcohol and other substances) that can affect the ability to give and receive sexual consent* CHR.10.INF.3					

ANATOMY & PHYSIOLOGY

By the end of the 10th grade, students should be able to:	Explain the human reproductive and sexual response systems, including differentiating between internal and external body parts and their functions, and that there are naturally occurring variations in human bodies (e.g., intersex) AP.10.CC.1						
---	---	--	--	--	--	--	--

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 9–10 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT							
By the end of the 10th grade, students should be able to:	Describe the cognitive, social, and emotional changes of adolescence and early adulthood PD.10.CC.1	Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence self-concept, body image, and self-esteem PD.10.INF.1					
GENDER IDENTITY & EXPRESSION							
By the end of the 10th grade, students should be able to:	Differentiate between sex assigned at birth, gender identity, and gender expression GI.10.CC.1	Analyze how media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression GI.10.INF.1					
SEXUAL ORIENTATION & IDENTITY							
By the end of the 10th grade, students should be able to:	Differentiate between sexual orientation, sexual behavior, and sexual identity SO.10.CC.1	Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation and sexual identity SO.10.INF.1	Access credible sources of information about sexual orientation SO.10.AI.1				
SEXUAL HEALTH							
By the end of the 10th grade, students should be able to:	Compare and contrast the advantages and disadvantages of contraceptive and disease prevention methods (e.g., abstinence, condoms, emergency contraception) SH.10.CC.1	Describe the impact of racism and inequity on sexual health SH.10.INF.1	Demonstrate the ability to communicate with a partner about abstaining from sexual behavior, using condoms and/or contraception, and preventing, getting tested, and seeking treatment for STDs (including HIV)* SH.10.IC.1	Apply a decision-making model to choices about contraceptive use, including abstinence and condoms SH.10.DM.1	Develop a plan to eliminate or reduce risk for unintended pregnancy and/or STDs (including HIV) and identify ways to overcome potential barriers to prevention SH.10.GS.1	Demonstrate the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams) SH.10.SM.1	

*Please see best practices on trigger warnings on page 10 of the NSES.

SEXUAL HEALTH

By the end of the 10th grade, students should be able to:

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
Identify factors that impact the risk of unintended pregnancy and potential transmission of STDs, including HIV, from a variety of sexual behaviors, including vaginal, oral, and anal sex SH.10.CC.2	Analyze state and federal laws and guidelines (e.g., CDC) that address sexual healthcare services for minors (e.g., emergency contraception, prenatal care, adoption, STD, including HIV, prevention, testing, and treatment)* SH.10.INF.2	Identify medically accurate sources of information about and local services that provide contraceptive methods (including emergency contraception and condoms) and pregnancy options (including parenting, abortion, adoption, and prenatal care) SH.10.AI.2			Describe the steps for how a person living with HIV can remain healthy SH.10.GS.2		
Describe common symptoms, or lack thereof, and treatments for STDs, including HIV SH.10.CC.3	Explain the federal and states laws that prohibit the creation, sharing, and viewing of sexually explicit media by minors (e.g., sexting) SH.10.INF.3	Identify medically accurate sources of information about and local services that provide prevention, testing, care, and treatment of STDs, including HIV, including the steps to obtain PrEP and PEP SH.10.AI.3					
List the major milestones of each trimester of fetal development utilizing medically accurate information * SH.10.CC.4							
Explain the state and federal laws related to safe haven, parenting, and sterilization, including their impacts on oppressed communities SH.10.CC.5							
Define reproductive justice and explain its history and how it relates to sexual health SH.10.CC.6							

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 9–10 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
INTERPERSONAL VIOLENCE							
By the end of the 10th grade, students should be able to:							
Identify the state and federal laws related to intimate partner and sexual violence (e.g., sexual harassment, sexual abuse, sexual assault, domestic violence) IV.10.CC.1	Demonstrate how to access credible sources of information and resources for survivors of interpersonal violence, including sexual violence IV.10.AI.1	Demonstrate ways to support a fellow student who is being sexually harassed or abused, or is perpetuating unhealthy or coercive behaviors IV.10.IC.1					
Describe the types of abuse (e.g., physical, emotional, psychological, financial, and sexual) and the cycle of violence as it relates to sexual abuse, domestic violence, dating violence, and gender-based violence* IV.10.CC.2	Identify credible resources related to sex trafficking and sexual violence prevention and intervention IV.10.AI.2	Identify ways to reduce risk in physical and digital settings related to sex trafficking and other potentially harmful situations IV.10.IC.2					
Explain why a victim/survivor of interpersonal violence, including sexual violence, is never to blame for the actions of the perpetrator IV.10.CC.3							
Explain sex trafficking, including recruitment tactics that sex traffickers/exploiters use to exploit vulnerabilities and recruit youth IV.10.CC.4							

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 11–12

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self- Management SM	Advocacy ADV
CONSENT & HEALTHY RELATIONSHIPS							
By the end of the 12th grade, students should be able to: Describe the characteristics of unhealthy relationships that media, including sexually explicit media, may perpetuate (e.g., inequality between partners, lack of communication and consent, strict gender stereotypes) CHR.12.CC.1	Analyze how media portrayals of healthy and unhealthy relationships impact societal norms about romantic and/or sexual relationships and pleasure* CHR.12.INF.1			Apply a decision-making model to maintaining a healthy relationship and/or ending an unhealthy relationship CHR.12.DM.1		Evaluate strategies to use social media safely, legally, and respectfully CHR.12.SM.1	
	Analyze cultural and social factors (e.g., sexism, homophobia, transphobia, racism, ableism, classism) that can influence decisions regarding sexual behaviors CHR.12.INF.2						
	Describe the potential impacts of power and privilege within romantic or sexual relationships (e.g., age, race, ethnicity, sexual orientation, gender, gender identity, socio-economic status, immigration status, ability)* CHR.12.INF.3						
	Analyze the personal and societal factors that could keep someone from leaving an unhealthy relationship* CHR.12.INF.4						

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 11–12 (CONTINUED)

ANATOMY & PHYSIOLOGY

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self- Management SM	Advocacy ADV
By the end of the 12th grade, students should be able to: Describe the human sexual response cycle, including the role of hormones and pleasure AP.12.CC.1							

PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT

No items							
----------	--	--	--	--	--	--	--

GENDER IDENTITY & EXPRESSION

By the end of the 12th grade, students should be able to: Explain how support from peers, families, schools, and communities can improve a person's health and wellbeing as it relates to gender identity and gender expression* GI.12.INF.1							Advocate for school and community policies and programs that promote dignity and respect for people of all genders, gender expressions, and gender identities* GI.12.ADV.1
--	--	--	--	--	--	--	---

SEXUAL ORIENTATION & IDENTITY

By the end of the 12th grade, students should be able to: Explain how support from peers, families, schools, and communities can improve a person's health and wellbeing as it relates to sexual orientation and sexual identity* SO.12.INF.1							Advocate for school and community policies and programs that promote dignity and respect for people of all sexual orientations* SO.12.ADV.1
---	--	--	--	--	--	--	--

SEXUAL HEALTH

By the end of the 12th grade, students should be able to: Evaluate the benefits of biomedical approaches to prevent STDs (e.g., hepatitis B vaccine, HPV vaccine) and HIV (e.g., PrEP, PEP) SH.12.CC.1	Analyze personal and societal factors that can influence decisions about pregnancy options, including parenting, abortion, and adoption* SH.12.INF.1	Access medically accurate and credible information about pregnancy options, including parenting, abortion, and adoption* SH.12.AI.1	Analyze societal factors that might inhibit honest discussion between sexual and/or romantic partners about their sexual histories, including STDs and HIV status, and identify ways to begin such conversations SH.12.IC.1	Assess the skills needed to be an effective parent SH.12.DM.1	Develop a plan to access local resources and services related to reducing the risk of pregnancy and/or STDs (including HIV) transmission, including ways to overcome potential barriers to access SH.12.GS.1	Assess individuals' responsibility to test for and inform partners about STDs (including HIV) status* SH.12.SM.1	
--	---	--	--	--	---	---	--

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 11–12 (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self- Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	-------------------------------	---------------------

SEXUAL HEALTH (CONTINUED)

By the end of the 12th grade, students should be able to: Explain the importance of lowering the viral load of a person living with HIV to undetectable and maintaining viral suppression SH.12.CC.2	Analyze factors that can influence condom use and other safer sex decisions (e.g., availability, affordability, perception of risk, pleasure) SH.12.INF.2						
	Analyze the impact of stigma and conscious and unconscious biases on pregnancy and STD, including HIV, prevention, testing, and treatment SH.12.INF.3						
	Analyze the state and federal laws related to minors' ability to give and receive sexual consent and their association with sexually explicit media SH.12.INF.4						
	Analyze ways systemic oppression and intersectionality impact the sexual agency of communities of color and other marginalized communities SH.12.INF.5						

*Please see best practices on trigger warnings on page 10 of the NSES.

GRADES 11–12 (CONTINUED)

Core Concepts
CC

Analyzing Influences INF

Accessing Information AI

Interpersonal Communication IC

Decision-Making DM

Goal Setting GS

Self-Management SM

Advocacy ADV

INTERPERSONAL VIOLENCE

By the end of the 12th grade, students should be able to:	Analyze how peers, family, media, society, culture, and a person's intersecting identities can influence attitudes and beliefs about interpersonal and sexual violence* IV.12.INF.1						Advocate for school and community policies that promote safety, respect, and equity for all people (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.12.ADV.1
---	---	--	--	--	--	--	--

*Please see best practices on trigger warnings on page 10 of the NSES.

Standards by Topic Area

CONSENT & HEALTHY RELATIONSHIPS

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
---------------------	-----------------------------	-----------------------------	-----------------------------------	-----------------------	--------------------	-----------------------	--------------

BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:

Describe characteristics of a friend CHR.2.CC.1			Demonstrate how to communicate personal boundaries and show respect for someone else's personal boundaries CHR.2.IC.1			Identify healthy ways for friends to express feelings, both physically and verbally CHR.2.SM.1	
Define bodily autonomy and personal boundaries CHR.2.CC.2			Explain why it is important to show respect for different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) CHR.2.IC.2				
Define consent CHR.2.CC.3							
Identify different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) CHR.2.CC.4							

BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:

Describe the characteristics of healthy versus unhealthy relationships among friends and with family members CHR.5.CC.1	Identify trusted adults, including parents and caregivers, that students can talk to about relationships CHR.5.AI.1	Communicate personal boundaries and demonstrate ways to respect other people's personal boundaries CHR.5.IC.1					
Explain the relationship between consent, personal boundaries, and bodily autonomy CHR.5.CC.2							

CONSENT & HEALTHY RELATIONSHIPS (CONTINUED)							
Core Concepts CC	Analyzing Influences INF	Assessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):							
	Describe the potential impacts of power and privilege within romantic or sexual relationships (e.g., age, race, ethnicity, sexual orientation, gender, gender identity, socio-economic status, immigration status, ability)* CHR.12.INF.3						
	Analyze the personal and societal factors that could keep someone from leaving an unhealthy relationship* CHR.12.INF.4						

*Please see best practices on trigger warnings on page 10 of the NSES.

ANATOMY & PHYSIOLOGY						
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:						
List medically accurate names for body parts, including the genitals AP.2.CC.1						
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Recall the human reproductive systems, including the external and internal body parts and their functions, and that there are natural variations in human bodies AP.5.CC.1						
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Describe human reproductive systems, including the external and internal body parts and their functions, and that there are naturally occurring variations in human bodies (e.g., intersex, vulvas, circumcised and intact penises) AP.8.CC.1						
BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Explain the human reproductive and sexual response systems, including differentiating between internal and external body parts and their functions, and that there are naturally occurring variations in human bodies (e.g., intersex) AP.10.CC.1						
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Describe the human sexual response cycle, including the role of hormones and pleasure AP.12.CC.1						

PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
-------------------------	---------------------------------	---------------------------------	---------------------------------------	---------------------------	------------------------	---------------------------	---------------------

BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:

No items							
----------	--	--	--	--	--	--	--

BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:

Explain the physical, social, and emotional changes that occur during puberty and adolescence and how the onset and progression of puberty can vary PD.5.CC.1	Identify credible sources of information about puberty and personal hygiene PD.5.AI.1				Make a plan for maintaining personal hygiene during puberty PD.5.GS.1		
Describe how puberty prepares human bodies for the potential to reproduce and that some healthy people have conditions that impact the ability to reproduce PD.5.CC.2	Identify trusted adults, including parents, caregivers, and health care professionals, whom students can ask questions about puberty and adolescent health PD.5.AI.2						
Explain common human sexual development and the role of hormones (e.g., romantic and sexual feelings, masturbation, mood swings, timing of pubertal onset) PD.5.CC.3							
Describe the role hormones play in the physical, social, cognitive, and emotional changes during adolescence and the potential role of hormone blockers on young people who identify as transgender PD.5.CC.4							

PUBERTY & ADOLESCENT SEXUAL DEVELOPMENT (CONTINUED)						
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:						
		Define medical accuracy and analyze medically accurate sources of information about puberty, adolescent development, and sexual health PD.8.AI.1				
BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO:						
Describe the cognitive, social, and emotional changes of adolescence and early adulthood PD.10.CC.1	Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence self-concept, body image, and self-esteem PD.10.INF.1					
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:						
No items						

GENDER IDENTITY & EXPRESSION

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
-------------------------	---------------------------------	---------------------------------	---------------------------------------	---------------------------	------------------------	---------------------------	---------------------

BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:

Define gender, gender identity, and gender-role stereotypes GI.2.CC.1							
Discuss the range of ways people express their gender and how gender-role stereotypes may limit behavior GI.2.CC.2			Demonstrate ways to treat people of all genders, gender expressions, and gender identities with dignity and respect GI.2.IC.1				

BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:

Distinguish between sex assigned at birth and gender identity and explain how they may or may not differ GI.5.CC.1	Identify trusted adults, including parents and caregivers, whom students can ask questions about gender, gender-role stereotypes, gender identity, and gender expression GI.5.AI.1						Demonstrate ways to promote dignity and respect for people of all genders, gender expressions, and gender identities, including other students, their family members, and members of the school community GI.5.ADV.1
Define and explain differences between cisgender, transgender, gender nonbinary, gender expansive, and gender identity GI.5.CC.2							
Explain that gender expression and gender identity exist along a spectrum GI.5.CC.3							
Describe gender-role stereotypes and their potential impact on self and others GI.5.CC.4							

GENDER IDENTITY & EXPRESSION (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
-------------------------	---------------------------------	---------------------------------	---------------------------------------	---------------------------	------------------------	---------------------------	---------------------

BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:

Analyze how peers, family, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression GI.8.INF.1	Access medically accurate sources of information about gender, gender identity, and gender expression GI.8.AI.1	Demonstrate ways to communicate respectfully with and about people of all gender identities GI.8.IC.1					Develop a plan for the school to promote dignity and respect for people of all genders, gender identities, and gender expressions in the school community GI.8.ADV.1
--	---	---	--	--	--	--	--

BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO:

Differentiate between sex assigned at birth, gender identity, and gender expression GI.10.CC.1	Analyze how media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression GI.10.INF.1						
--	---	--	--	--	--	--	--

BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:

Explain how support from peers, families, schools, and communities can improve a person's health and wellbeing as it relates to gender identity and gender expression* GI.12.INF.1							Advocate for school and community policies and programs that promote dignity and respect for people of all genders, gender expressions, and gender identities* GI.12.ADV.1
--	--	--	--	--	--	--	--

*Please see best practices on trigger warnings on page 10 of the NSES.

SEXUAL ORIENTATION & IDENTITY

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	------------------------------	---------------------

BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:

No items

BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:

Define sexual orientation SO.5.CC.1		Identify trusted adults, including parents and caregivers, whom students can ask questions about sexual orientation SO.5.AI.1					Demonstrate ways to promote dignity and respect for people of all sexual orientations, including other students, their family members, and members of the school community SO.5.ADV.1
---	--	---	--	--	--	--	---

Differentiate between sexual orientation and gender identity SO.5.CC.2							
--	--	--	--	--	--	--	--

BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:

Recall the definition of sexual orientation and explain that most people have a sexual orientation SO.8.CC.1	Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation SO.8.INF.1	Access credible sources of information about sexual orientation SO.8.AI.1	Demonstrate ways to communicate respectfully with and about people of all sexual orientations SO.8.IC.1				Develop a plan for the school to promote dignity and respect for people of all sexual orientations in the school community SO.8.ADV.1
Define sexual identity and explain a range of identities related to sexual orientation (e.g., heterosexual, bisexual, lesbian, gay, queer, two-spirit, asexual, pansexual) SO.8.CC.2							

SEXUAL ORIENTATION & IDENTITY (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
---------------------	-----------------------------	-----------------------------	-----------------------------------	-----------------------	--------------------	-----------------------	-----------------

BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO:

Differentiate between sexual orientation, sexual behavior, and sexual identity SO.10.CC.1	Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation and sexual identity SO.10.INF.1	Access credible sources of information about sexual orientation SO.10.AI.1					
--	---	---	--	--	--	--	--

BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:

Explain how support from peers, families, schools, and communities can improve a person's health and wellbeing as it relates to sexual orientation and sexual identity* SO.12.INF.1							Advocate for school and community policies and programs that promote dignity and respect for people of all sexual orientations* SO.12.ADV.1
--	--	--	--	--	--	--	--

*Please see best practices on trigger warnings on page 10 of the NSES.

SEXUAL HEALTH

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	------------------------------	---------------------

BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:

Define reproduction and explain that all living things may have the capacity to reproduce SH.2.CC.1							
---	--	--	--	--	--	--	--

BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:

Explain the relationship between sexual intercourse and human reproduction SH.5.CC.1							
Explain the range of ways pregnancy can occur (e.g., IVF, surrogacy) SH.5.CC.2							

Define STDs, including HIV, and clarify common myths about transmission SH.5.CC.3							
---	--	--	--	--	--	--	--

BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:

Define vaginal, oral, and anal sex SH.8.CC.1	Analyze how alcohol and other substances can influence sexual decision-making SH.8.INF.1	Identify medically accurate sources of information about STDs, including HIV, such as local STD/HIV prevention, testing, and treatment resources SH.8.AI.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors and how to reduce or eliminate risk for pregnancy and/or STDs (including HIV)* SH.8.IC.1	Identify factors that are important in deciding whether and when to engage in sexual behaviors SH.8.DM.1	Develop a plan to eliminate or reduce risk of unintended pregnancy and STDs (including HIV) SH.8.GS.1	Describe the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams) SH.8.SM.1	
Explain there are many methods of short- and long-term contraception that are safe and effective and describe how to access them SH.8.CC.2	Describe the state and federal laws related to age of consent, minors' ability to consent to health care, confidentiality in a healthcare setting, child pornography, sexting, safe haven, and sex trafficking SH.8.INF.2	Define prenatal care and identify medically accurate sources of information about prenatal care SH.8.AI.2					

*Please see best practices on trigger warnings on page 10 of the NSES.

SEXUAL HEALTH (CONTINUED)							
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):							
List at least four methods of contraception that are available without a prescription (e.g., abstinence, condoms, emergency contraception, withdrawal) SH.8.CC.3							
Describe pregnancy testing, the signs of pregnancy, and pregnancy options, including parenting, abortion, and adoption SH.8.CC.4							
Explain STDs (including HIV), how common STDs are, and how they are and are not transmitted SH.8.CC.5							
Describe the signs, symptoms, or lack thereof, and potential impacts of STDs (including HIV) SH.8.CC.6							
Compare and contrast behaviors, including abstinence, to determine the potential risk of pregnancy and/or STD (including HIV) transmission SH.8.CC.7							

SEXUAL HEALTH (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
---------------------	-----------------------------	-----------------------------	-----------------------------------	-----------------------	--------------------	-----------------------	--------------

BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):

Discuss current biomedical approaches to prevent STDs (e.g., hepatitis B vaccine, HPV vaccine) and HIV (e.g., PrEP, PEP) SH.8.CC.8							
Explain medical breakthroughs in HIV prevention and treatment and why HIV can now be considered a chronic condition SH.8.CC.9							
Describe the state and federal laws related to minors' access to sexual healthcare services, including pregnancy and STD/HIV prevention, testing, care, and treatment SH.8.CC.10							
Define racism and intersectionality and describe their impacts on sexual health SH.8.CC.11							
Explain the impact that media, including sexually explicit media, can have on one's body image and self-esteem SH.8.CC.12							

SEXUAL HEALTH (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	------------------------------	---------------------

BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO:

Compare and contrast the advantages and disadvantages of contraceptive and disease prevention methods (e.g., abstinence, condoms, emergency contraception) SH.10.CC.1	Compare and contrast the advantages and disadvantages of contraceptive and disease prevention methods (e.g., abstinence, condoms, emergency contraception) SH.10.INF.1	Demonstrate the ability to determine whether a resource or service is medically accurate or credible SH.10.AI.1	Demonstrate the ability to effectively communicate with a partner about abstaining from sexual behavior, using condoms and/or contraception, and preventing, getting testing, and seeking treatment for STDs (including HIV)* SH.10.IC.1	Apply a decision-making model to choices about contraceptive use, including abstinence and condoms SH.10.DM.1	Develop a plan to eliminate or reduce risk for unintended pregnancy and/or STDs (including HIV) and identify ways to overcome potential barriers to prevention SH.10.GS.1	Demonstrate the steps to using barrier methods correctly (e.g., external and internal condoms, dental dams) SH.10.SM.1	
Identify factors that impact the risk of unintended pregnancy and potential transmission of STDs, including HIV, from a variety of sexual behaviors, including vaginal, oral, and anal sex SH.10.CC.2	Analyze state and federal laws and guidelines (e.g., CDC) that address sexual healthcare services for minors (e.g., emergency contraception, prenatal care, abortion, STD, including HIV, prevention, testing, and treatment)* SH.10.INF.2	Identify medically accurate sources of information about and local services that provide contraceptive methods (including emergency contraception and condoms) and pregnancy options (including parenting, adoption, abortion, and prenatal care) SH.10.AI.2			Describe the steps for how a person living with HIV can remain healthy SH.10.GS.2		
Describe common symptoms, or lack thereof, and treatments for STDs, including HIV SH.10.CC.3	Explain the federal and states laws that prohibit the creation, sharing, and viewing of sexually explicit media by minors (e.g., sexting) SH.10.INF.3	Identify medically accurate sources of information about and local services that provide prevention, testing, care, and treatment of STDs, including HIV, including the steps to obtain PrEP and PEP SH.10.AI.3					
List the major milestones of each trimester of fetal development utilizing medically accurate information* SH.10.CC.4							

SEXUAL HEALTH (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	------------------------------	---------------------

BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):

Explain the state and federal laws related to safe haven, parenting, and sterilization, including their impacts on oppressed communities SH.10.CC.5							
Define reproductive justice and explain its history and how it relates to sexual health SH.10.CC.6							

BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:

Define reproductive justice and explain its history and how it relates to sexual health SH.12.CC.1	Analyze personal and societal factors that can influence decisions about pregnancy options, including parenting, abortion, and adoption* SH.12.INF.1	Access medically accurate and credible information about pregnancy options, including parenting, abortion, and adoption* SH.12.AI.1	Analyze societal factors that might inhibit honest discussion between sexual and/or romantic partners about their sexual histories, including STDs and HIV status, and identify ways to begin such conversations SH.12.IC.1	Assess the skills needed to be an effective parent SH.12.DM.1	Develop a plan to access local resources and services related to reducing the risk of pregnancy and/or STDs (including HIV) transmission, including ways to overcome potential barriers to access SH.12.GS.1	Assess individuals' responsibility to test for and inform partners about STDs (including HIV) status* SH.12.SM.1	
Explain the importance of lowering the viral load of a person living with HIV to undetectable and maintaining viral suppression SH.12.CC.2	Analyze factors that can influence condom use and other safer sex decisions (e.g., availability, affordability, perception of risk, pleasure) SH.12.INF.2						
Analyze the impact of stigma and conscious and unconscious biases on pregnancy and STD, including HIV, prevention, testing, and treatment SH.12.INF.3							

*Please see best practices on trigger warnings on page 10 of the NSES.

SEXUAL HEALTH (CONTINUED)							
Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):							
	Analyze the state and federal laws related to minors' ability to give and receive sexual consent and their association with sexually explicit media SH.12.INF.4						
	Analyze factors that can influence condom use and other safer sex decisions (e.g., availability, affordability, perception of risk, pleasure) SH.12.INF.5						

INTERPERSONAL VIOLENCE

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
---------------------	-----------------------------	-----------------------------	-----------------------------------	-----------------------	--------------------	-----------------------	--------------

BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):

Define child sexual abuse and identify behaviors that would be considered child sexual abuse* IV.2.CC.1	Identify situations that may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)* IV.2.AI.1	Demonstrate ways to treat all people with dignity and respect (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.2.IC.1	Demonstrate ways to start a conversation when seeking help from a trusted adult about an uncomfortable or dangerous situation (e.g., bullying, teasing, child sexual abuse)* IV.2.DM.1				
	Identify trusted adults, including parents and caregivers, that you can talk to about situations which may be uncomfortable or dangerous (e.g., bullying, teasing, child sexual abuse)* IV.2.AI.2						

BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):

Define child sexual abuse, sexual harassment, and domestic violence and explain why they are harmful and their potential impacts* IV.5.CC.1	Identify strategies a person could use to call attention to or leave an uncomfortable or dangerous situation, including sexual harassment IV.5.IC.1	Describe steps a person can take when they are being sexually abused IV.5.SM.1	Demonstrate ways to promote dignity and respect for all people (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.5.ADV.1				
	Explain that some survivors are not believed when they disclose sexual abuse or harassment and that it is important to keep telling trusted adults until one of the adults takes action IV.5.IC.2						

*Please see best practices on trigger warnings on page 10 of the NSES.

INTERPERSONAL VIOLENCE (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
----------------------------	------------------------------------	------------------------------------	--	------------------------------	---------------------------	------------------------------	---------------------

BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:

Define interpersonal and sexual violence (e.g., sexual harassment, sexual assault, incest, rape, domestic violence, coercion, and dating violence) and describe their impacts on sexual health* IV.8.CC.1	Describe strategies that sex traffickers/exploiters employ to recruit youth IV.8.INF.1	Identify community resources and/or other sources of support, such as trusted adults, including parents and caregivers, that students can go to if they are or someone they know is being sexually harassed, abused, assaulted, exploited, or trafficked IV.8.AI.1				Describe strategies a person could use, when it is safe to do so, to intervene when someone is being sexually harassed or someone they know is perpetuating unhealthy or coercive behaviors IV.8.SM.1	Develop a plan for the school to promote dignity and respect for everyone (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV.8.ADV.1
Explain why a person who has been sexually harassed, abused, or assaulted, or has been a victim of incest, rape, domestic violence, or dating violence is never to blame for the actions of the perpetrator* IV.8.CC.2							
Define sex trafficking, sexual exploitation, and gender-based violence* IV.8.CC.3							

BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO:

Identify the state and federal laws related to intimate partner and sexual violence (e.g., sexual harassment, sexual abuse, sexual assault, domestic violence) IV.10.CC.1	Demonstrate how to access credible sources of information and resources for survivors of interpersonal violence, including sexual violence IV.10.AI.1	Demonstrate ways to support a fellow student who is being sexually harassed or abused, or is perpetuating unhealthy or coercive behaviors IV.10.IC.1					
---	---	--	--	--	--	--	--

*Please see best practices on trigger warnings on page 10 in the NSES

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 10TH GRADE, STUDENTS SHOULD BE ABLE TO (CONTINUED):							
Describe the types of abuse (e.g., physical, emotional, psychological, financial, and sexual) and the cycle of violence as it relates to sexual abuse, domestic violence, dating violence, and gender-based violence* IV:10.CC.2		Identify credible resources related to sex trafficking and sexual violence prevention and intervention IV:10.AI.2	Identify ways to reduce risk in physical and digital settings related to sex trafficking and other potentially harmful situations IV:10.IC.2				
Explain why a victim/survivor of interpersonal violence, including sexual violence, is never to blame for the actions of the perpetrator IV:10.CC.3							
Explain sex trafficking, including recruitment tactics that sex traffickers/exploiters use to exploit vulnerabilities and recruit youth IV:10.CC.4							
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Analyze how peers, family, media, society, culture, and a person's intersecting identities can influence attitudes and beliefs about interpersonal and sexual violence* IV:12.INF.1							Advocate for school and community policies that promote safety, respect, and equity for all people (e.g., race, ethnicity, socio-economic status, differing abilities, immigration status, family configuration) IV:12.ADV.1

*Please see best practices on trigger warnings on page 10 in the NSES

Appendix: Glossary: Sex Education Terms

This Glossary is intended to assist those teaching sex education or those involved in designing sex education curricula and lesson plans, not necessarily young people or students of sex education in a K–12 classroom setting. All language is constantly evolving; new terms are introduced, while others fade from use or change their meaning over time. This remains true for the terms and definitions included in this Glossary.

Ableism

The intentional or unintentional individual, cultural, and/or institutional beliefs or practices that systematically devalue, discriminate against, and/or exclude people with physical, intellectual, emotional, and/or psychiatric disabilities.

Abstinence

Choosing to refrain from a behavior. Sexual abstinence refers to refraining from certain sexual behaviors for a period of time. Some people define sexual abstinence as not having penile-vaginal intercourse, while others define it as not engaging in any sexual behaviors.

Abstinence-Only-Until-Marriage Programs

Programs that present abstinence from all sexual behaviors outside of marriage as the only acceptable and morally correct standard for human behavior. They present abstinence as the only completely safe option outside the context of heterosexual marriage and, if contraception or disease-prevention methods are discussed, these programs typically emphasize the methods' failure rates.

Adolescence

A transitional phase of growth and development between childhood and adulthood that generally occurs during the period from puberty to legal adulthood (age of majority). The World Health Organization (WHO) defines an adolescent as any person ages 10 and 19. This age range falls within WHO's definition of young people, which refers to individuals ages 10 and 24.

Adoption

The process by which a legal and permanent parent-child relationship is created through a court process.

Age Appropriate

The age level at which it is suitable to teach concepts, information, and skills based on the social, cognitive, emotional, and experience level of most students in that age range.

Age of Consent

The age a person is legally able to consent to sexual behaviors. It varies from state to state, but ranges from 14 to 18 years of age in the United States.

Agender

A person who does not identify with any gender. (See also Gender.)

AIDS (Acquired Immune Deficiency Syndrome)

A collection of symptoms that results from a person's immune system being severely weakened, making them susceptible to other infections and illnesses. AIDS is caused by the human immunodeficiency virus (HIV) and may occur if HIV is untreated. People do not die from AIDS but from an infection their body acquires as a result of their weakened immune system. (See also HIV.)

All Students

Every student regardless of race/ethnicity, ability, socio-economic status, gender, gender identity, gender expression, sexual orientation, age, size, or religion.

Anal Sex

Sexual behavior involving penetration of the anus by a penis or sex toy.

Androgynous

A person who identifies and/or presents as neither distinguishably masculine nor feminine.

Asexual

A person who does not experience sexual attraction but may experience other forms of attraction (e.g., intellectual and/or emotional).

Biological Sex

The sex of an individual is determined by chromosomes (such as XX or XY), hormones, internal anatomy (such as gonads) hormone levels, hormone receptors, genes, and external anatomy (such as genitalia). Typically, individuals are assigned as male or female at birth. Individuals are assigned as intersex if they present with variations from what is typically expected of genitalia at birth, have gonadal or hormonal variations, and/or are confirmed with genetic testing to have chromosomes different from XX or XY. (See also Intersex and Sex Assigned at Birth.)

Biomedical Approach

A manner of addressing illness that focuses on purely biological factors and excludes psychological, environmental, and/or social influences.

Bisexual

A person who is emotionally, romantically, and/or sexually attracted to more than one gender, though not necessarily simultaneously, in the same way, or to the same degree. A bisexual sexual orientation speaks to the potential for, but not requirement of, involvement with more than one gender. This is different from being attracted to only men or only women.

Bodily Autonomy

An individual's right to make decisions regarding one's own body, including deciding at any point who may or may not touch their body in any way, also referred to as bodily sovereignty.

Body Image

How people physically experience or feel in their own body, including beliefs about their appearance, which is influenced by life experiences, media representations, stereotypes, assumptions, and generalizations. This may or may not match a person's actual appearance.

Bullying

Physically, mentally, and/or emotionally intimidating and/or harming an individual or members of a group. These actions are done repeatedly in-person, through technology, and/or through social exclusion with the intent of being hurtful or threatening.

Child Sexual Abuse

A form of child abuse that includes sexual behaviors with a minor; however, child sexual abuse does not need to include physical contact between a perpetrator and a child. Some forms of child sexual abuse include: exhibitionism or exposing oneself to a minor; fondling; intercourse; masturbation in the presence of a minor or forcing the minor to masturbate; obscene phone calls, text messages, or digital interaction; producing, owning, or sharing pornographic images or movies of children; sex of any kind with a minor, including vaginal, oral, or anal; and sex trafficking.

Cisgender

A person whose gender identity is aligned with their biological sex or sex assigned at birth. (See also Biological Sex, Gender Identity, and Sex Assigned at Birth.)

Classism

The intentional or unintentional institutional, cultural, and/or individual set of beliefs and discrimination that assigns differential value of worth and ability to people according to their real or perceived socio-economic class. Classism is the systematic oppression of subordinated class groups to advantage and strengthen dominant class groups.

Climate Setting

The practice of intentionally creating a space that ensures students are physically and emotionally safe and ready for learning.

Community Violence

Exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim. Common types of community violence that affect youth include individual and group conflicts (e.g., bullying, fights among gangs and other groups, shootings in public areas such as schools and communities). Although some types of trauma are accidental, community violence can happen suddenly and without warning, and is an intentional attempt to hurt one or more people and includes homicides, sexual assaults, robberies, and weapons attacks (e.g., bats, knives, guns).

Comprehensive Sex Education/Comprehensive Sexuality Education

Programs that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention. Ideally, school-based comprehensive sex education should at least start in kindergarten and continue through 12th grade. At each developmental stage, these programs teach age-appropriate, medically accurate, and culturally responsive information that builds on the knowledge and skills that were taught in the previous stage. (See also Age Appropriate, Culturally Responsive, and Medically Accurate.)

Conscious Bias

The attitudes and beliefs we have about a person or group on a conscious level. This includes being aware of personal prejudice in favor of or against one thing, person, or group compared with another, usually in a way that is considered to be unfair. An individual, group, or institution may hold conscious biases, which are also known as explicit biases.

Consent

Informed, voluntary, and mutual agreement between people to engage in an activity. Consent cannot be given when an individual does not have the capacity or legal ability to consent (e.g., legally considered a minor, intoxicated by alcohol or other substances, other conditions that affect one's ability to understand and/or agree to engage in a behavior). An example of sexual consent is an agreement that occurs between sexual partners about the behaviors they both give permission to engage in during a sexual encounter. Consent can be given by words or actions, as long as those words or actions create clear permission regarding willingness to engage in the sexual behavior. This may also be referred to as affirmative consent.

Contraception

Any means used to reduce the risk of pregnancy, including, but not limited to, abstinence, barrier methods (e.g., external condoms and internal condoms), hormonal methods (e.g., pill, patch, injection, implant, IUD, and ring), and other nonhormonal methods (e.g., sterilization and nonhormonal IUDs). Contraceptive methods may also be known as birth control methods, though the former is the preferred term.

Cultural Competence

Teaching that relates to, recognizes, and includes aspects of students' ethnic culture, race, socio-economic status, gender, gender identity, gender expression, sexual orientation, sexual identity, sexual experience, ability, faith, educational status, physical appearance and/or youth popular culture.

Culturally Responsive

Teaching that embraces and actively engages and adjusts to students and their various cultural identities.

Cycle of Violence

A model developed to explain the complexity and coexistence of abusive behaviors with loving behaviors within relationships. There are three phases in the cycle of violence: (1) tension-building phase, (2) acute or crisis phase, and (3) calm or honeymoon phase. Children who witness or experience violence often incorrectly learn that violence is appropriate for conflict resolution in intimate interpersonal settings. These children may replicate the cycle in their own relationships.

Dating Violence

Controlling, abusive, and/or aggressive behavior within the context of a romantic and/or sexual relationship. It can include verbal, physical, sexual, emotional, economic, and/or psychological abuse, be perpetrated against someone of any gender, and happen in any relationship regardless of sexual orientation.

Disclosure

Actively or passively sharing information, generally of a personal nature, that may not have been known previously.

Disproportionate Risk

The phenomena of a person being at higher risk than generally predicted because of the systemic inequities and oppression they face as a result of certain characteristics, especially race, ethnicity, socio-economic status, gender, gender identity, gender expression, sexual orientation, sexual identity, sexual experience, ability, faith, and/or educational status.

Domestic Violence

A pattern of abusive behavior in a relationship by one individual to gain or maintain control over another individual, if those individuals live in the same domestic setting. This may include verbal, physical, sexual, emotional, economic, and/or psychological abuse as well as control, intimidation, threats and/or stalking. It can happen to individuals who are married, living together, dating, or sexual or intimate partners, as well as to children and other family members, regardless of socio-economic background, race, age, sexual orientation, religion, gender, or gender identity.

Emergency Contraception

A safe, legal, and effective way to reduce the risk of pregnancy up to five days (120 hours) after unprotected sex and/or failed contraception. Commonly referred to as “the morning-after pill,” some brands of emergency contraception can be sold over the counter in pharmacies. Emergency contraception may be less effective for individuals with a higher body mass index.

Experiential Learning Cycle

An approach to teaching developed by David A. Kolb that encourages student learning by doing, reflecting, interpreting, and exploring questions of how experiences could be different in the future.

External Condoms

A sheath of latex or polyurethane that is worn on the penis to reduce the risk of pregnancy, and/or sexually transmitted diseases (STDs) when one is engaging in sexual behavior. External condoms are also called male condoms.

Fact

A provable, accurate statement based on scientific, medical, legal, sociological, or psychological research or the opinion of most experts in a field. Hypotheses and theories can count if they are identified as such. The following is an example of a fact relevant to sex education: Youth who receive comprehensive sex education are not more likely to become sexually active or experience negative sexual health outcomes.

Family Structure

The manner in which members of a family are interrelated and linked through blood, affinity, or co-residence. Family structures are diverse and can include but are not limited to: biological parents, single parents, same-gender parents, adoptive parents, grandparent-headed households, stepparents, and foster parents. Families can be created in a number of ways, which include but are not limited to: adoption, birth (including those resulting from assisted reproductive technology), and marriage.

Gay

An umbrella term used for people who are romantically, emotionally, and/or sexually attracted to people of the same gender, although most commonly associated with a person who identifies as a man who is romantically, emotionally, and/or sexually attracted to other men.

Gender

A set of cultural identities, expressions and roles—typically attached to a person’s sex assigned at birth and codified as feminine or masculine—that are assigned to people based upon the interpretation of their bodies and, more specifically, their sexual and reproductive anatomy. Gender is socially constructed, and it is, therefore, possible to reject or modify the assignment made and develop something that feels truer to oneself. (See also Gender Identity, Gender Expression, and Gender Role.) Examples of gender include but are not limited to: male, female, transgender woman, transgender man, agender, gender expansive, genderqueer and nonbinary.” (See also Transgender, Agender, Gender Expansive, Genderqueer and Gender Nonbinary.)

Gender Binary

A socially constructed system of viewing gender as consisting solely of two categories—male and female—in which no other possibilities for gender are believed to exist. The gender binary does not take into account the diversity of gender identities and gender expressions among all people.

Gender Expansive

Refers to a person who broadens their own culture's commonly held definitions of gender, including expectations for its expression, identities, roles, and/or other perceived gender norms. Gender-expansive individuals include those with transgender and nonbinary identities, as well as those whose gender expression is in some way seen to be stretching society's notions of gender. (See also Gender, Gender Nonbinary, and Transgender.)

Gender Expression

The manner in which people outwardly express their gender through, for example, clothing, appearance, or mannerisms.

Gender Identity

How an individual identifies based on their internal understanding of their gender. Gender identities may include male, female, agender, androgynous, genderqueer, nonbinary, transgender, and many others, or a combination thereof. (See also Androgynous, Agender, Genderqueer, Gender Nonbinary, and Transgender.)

Gender Nonbinary

A person who embraces a gender identity along a continuum or spectrum of gender identities and expressions, often based on the rejection of the gender binary's assumption that gender is strictly an either/or option based on sex assigned at birth. (See also Gender Binary and Sex Assigned at Birth.)

Gender Nonconforming

A person whose gender identity and/or gender expression does not conform to the sex they were assigned at birth nor to prevailing cultural and social expectations about what is appropriate for their gender. People who identify as gender nonconforming may or may not also identify as transgender. (See also Sex Assigned at Birth and Transgender.)

Gender Pronouns

The pronoun or set of pronouns a person uses to refer to themselves when they are not being addressed by name (e.g., she/her/hers; he/him/his; and they/them/theirs).

Gender Roles

The cultural or social expectations of how people should act, think, and/or feel based on the gender they are perceived to be.

Genderqueer

A person whose gender identity is neither male nor female, is between or beyond genders, or is some combination of genders.

Gender-Based Violence

Any act that is perpetrated against a person's will and is directed at an individual based on their sex assigned at birth and/or gender identity and is based on gender norms and/or unequal power relationships. It encompasses threats of violence and coercion and can include verbal, physical, sexual, emotional, economic, and/or psychological abuse, threats, coercion, whether occurring in public or private life, and can take the form of a denial of resources or access to services. (See also Gender Identity and Sex Assigned at Birth.)

Harassment

Unwelcome or offensive behavior by one person to another that can be sexual or nonsexual in nature. Examples include making unwanted sexual comments or jokes to another person, sending unwanted sexual texts, sexual gestures, bullying, or intimidation.

Healthy Relationships

A relationship between individuals that consists of mutual respect, trust, honesty, support, fairness/equity, separate identities, physical and emotional safety, and good communication.

Heterosexual

A person who is romantically, emotionally, and/or sexually attracted to people of a gender different from their own.

HIV (Human Immunodeficiency Virus)

A virus that, if left untreated, can weaken a person's immune system so that the person cannot fight off many everyday infections. HIV can be transmitted through exposure to the blood, semen, vaginal fluid, or breast milk of a person living with HIV. HIV medicine (called antiretroviral therapy or ART) can make the viral load of the person living with HIV so low that a test cannot detect it (called an undetectable viral load). When "undetectable status" is achieved and sustained, HIV becomes untransmittable. HIV, if left untreated, may lead to AIDS. (See also AIDS and Undetectable Viral Load.)

Homophobia

Prejudice against individuals who are or are perceived to be gay, lesbian, bisexual, pansexual, or queer.

Incest

Sexual contact between persons who are so closely related that marriage between those two people would be considered illegal (e.g., a parent/stepparent and a child or siblings).

Inclusive

Activities, curricula, language, and other practices in the educational environment that ensure every student's entitlement to, access to, and participation in learning is anticipated, acknowledged, and taken into account. This includes all students, regardless of race/ethnicity, ability, socio-economic status, gender, gender identity, gender expression, sexual orientation, age, size, or religion.

Induced Abortion

A medicinal or surgical procedure that ends a pregnancy. Medicinal abortion, also called medication abortion, most often involves the use of a prescription medication called Mifepristone, which is also known as RU-486, and is used in combination with misoprostol. These medications are often called "the abortion pill." Abortion medication should not be confused with Emergency Contraception, a medication that reduces the risk of pregnancy when taken shortly after unprotected sex. Surgical and medication abortion are legal, but subject to various federal and state laws in the United States. (See also Emergency Contraception.)

Institutional Value

A value that is agreed upon and often represented in the policies of a school or organization. The following is an example of an institutional value that is relevant to sex education: All students deserve to learn in a safe and inclusive environment.

Internal Condoms

A polyurethane pouch that is inserted into the vagina when one is engaging in sexual behaviors to reduce the risk of pregnancy and/or sexually transmitted diseases (STDs). Some people also use internal condoms in the anus to protect against STDs during anal sex. Internal condoms are also called female condoms.

Interpersonal Violence

Violence between individuals that is subdivided into domestic and intimate partner violence and community violence. The former category includes child maltreatment; dating violence, intimate partner violence; and elder abuse, while the latter is broken down into acquaintance and stranger violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions. Interpersonal violence includes sexual violence. (See also Dating Violence, Domestic Violence, Intimate Partner Violence, and Sexual Violence.)

Intersectionality

A term coined by law professor Kimberlé Crenshaw, JD, LL.M. to describe the way that social categorizations, such as race, class, and gender, do not act independently of one another, but create overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise. Intersectionality looks at the relationships between multiple marginalized identities and the way that multiple systems of oppression interact in the lives of those with multiple marginalized identities.

Intersex

Umbrella term used for a variety of conditions in which a person is born with variations in reproductive and/or sexual anatomy that is different from the typically expected female or male. Intersex variations are not always discernible at birth or the awareness of internal anatomy present at birth may not be known to the person until puberty, if it is known at all. A derogatory term previously used for intersex individuals is hermaphrodite.

Intimate Partner Violence

Physical, sexual, and/or emotional abuse, violence, or aggression that occurs in a close relationship. It includes threats of violence and coercion and can include verbal, physical, sexual, emotional, economic, and/or psychological abuse, and violation of individual rights. Intimate partner violence is defined by abusive behavior and can occur in all types of intimate relationships regardless of gender identity or sexual orientation and does not require sexual intimacy. (See also Intimate Partner Violence and Sexual Violence.)

Lesbian

A person who identifies as a woman who is romantically, emotionally, and/or sexually attracted to other women.

Lived Experiences

A collection of events that have been experienced firsthand by an individual.

Long Acting Reversible Contraception (LARC)

Contraceptive methods that can remain in place for several years. They are the most effective forms of reversible contraception and include, but are not limited to, IUDs and implants.

Masturbation

Touching one's own body for sexual pleasure. This may include stimulation of one's own genitals and commonly results in orgasm.

Medically Accurate

Information relevant to informed decision-making based on the weight of scientific evidence; consistent with generally recognized scientific theory; conducted under accepted scientific methods; published in mainstream peer-reviewed journals; or recognized as accurate, objective and complete by mainstream professional organizations and scientific advisory groups.

Miscarriage

The spontaneous or natural loss of a fetus before the 20th week of pregnancy. (Spontaneous or naturally occurring pregnancy loss after the 20th week is often called a stillbirth). Miscarriage, which may also be called a spontaneous abortion, is a naturally occurring event, unlike an induced abortion, which is also known as a medicinal or surgical abortion. (See also Induced Abortion and Spontaneous Abortion.)

Oral Sex

Sexual behavior that involves a person using their mouth to sexually stimulate the genitals of another person.

Pansexual

A person who has the potential to be romantically, emotionally, and/or sexually attracted to people, regardless of their gender or gender identity though not necessarily simultaneously, in the same way, or to the same degree.

PEP (Post-Exposure Prophylaxis)

Medication prescribed to a person who has been potentially exposed to HIV that may prevent them from acquiring the virus. Treatment must be taken within 72 hours.

Power

Access to resources (social power) that enhance one's chances of living a relatively more comfortable, productive, and safe life. Wealth, whiteness, citizenship, patriarchy, heterosexism, and education are a few key social mechanisms through which power operates.

Pregnancy Options

The alternatives a person who is pregnant may select: parenting (giving birth and raising a child), abortion (taking medication or having a medical procedure that ends the pregnancy), or adoption (giving birth and placing your child with another person or family permanently). (See also Abortion and Adoption.)

PrEP (Pre-Exposure Prophylaxis)

Daily medication that people who are HIV negative and at high risk for HIV may take to prevent acquiring the virus.

Privilege

Unearned access to resources (social power) that are only readily available to some people because of their social group membership. Privilege is advantage or immunity accorded by the formal and informal institutions of society (e.g., housing, government, education, media, business, healthcare, criminal justice, religion) to all members of a dominant group above and beyond the common advantage of all other groups. Privilege is often invisible to those who have it.

Professional Boundaries

The limits placed between teaching professionals and students, given that educators are entrusted to care for students, responsible for ensuring student safety, and in a position to exert a measure of authority and control over students.

Puberty

A stage of human biological development during which adolescents become sexually mature and capable of reproduction. This occurs when the pituitary gland triggers production of testosterone, estrogen, and/or progesterone resulting in physical and emotional changes. Physical changes may include hair growth around the genitals, menstruation, sperm production, breast growth, and much more.

Queer

An umbrella term often used by people who do not conform to dominant societal norms to express fluid sexual orientation, gender identity, or sexual identity. While often used as a neutral or even a positive term among many LGBT people today, “queer” was historically used as a derogatory slur.

Questioning

Refers to people who are exploring what their sexual orientation and/or gender identity and gender expression might be.

Racial Justice

The systematic fair treatment of people of all races and the proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment, impacts, and outcomes for all.

Racism

The intentional or unintentional individual, cultural, and institutional beliefs or practices that systematically result in the negative treatment and subordination of members of racial or ethnic groups that have a history of targeted discrimination and social subordination.

Rape

A type of sexual assault that involves vaginal, anal, or oral sex using a body part or an object without consent. Rape is a form of sexual assault, but not all sexual assault is rape. (See also Consent and Sexual Assault.)

Reproductive Justice

A term coined by 12 Black women to define the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. In addition, reproductive justice demands sexual autonomy and gender freedom for every human being.

Safe and Affirming Learning Environments

A place where all students feel physically and emotionally safe, welcomed, and cared for. These environments are intentionally created through group norms, role modeling, and other strategies.

Safety Plan

A personalized and practical plan that can help a person in an unsafe relationship know the best way to respond when they are in danger including, but not limited to, how to get out of the relationship.

Self-Concept

An individual's attitudes, beliefs, opinions, and cognitions about who they are as a person.

Self-Esteem

A person's overall opinion of themselves and how they feel about their abilities and limitations. For example, high self-esteem may result in someone feeling good about themselves whereas someone with low self-esteem may place little value on their own opinions and ideas.

Sex Assigned at Birth

The sex that the medical community labels a person when they are born, which is typically based on their external genitalia. Sex Assigned at Birth is also known as natal sex. (See also Biological Sex.)

Sex Positive

Teaching that recognizes that sexuality and sexual development are natural, normal, and healthy parts of our lives and refrains from using shame and fear to motivate students to be abstinent.

Sex Trafficking

The recruitment, transportation, transfer, harboring, provision, or obtaining of an individual who under threat, force, coercion, fraud, deception, or abuse of power is sexually exploited for the financial gain of another. Considered a form of modern-day slavery, it does not have to have some form of travel, transportation, or movement across borders. For minors, consent is irrelevant, and the element of means (e.g., force) is not necessary.

Sexism

Discrimination or prejudice against people based on their sex, gender, and/or perceived characteristics thereof.

Sexual Abuse

Any sort of unwanted sexual contact, including but not limited to, force, threats, or taking advantage of an individual, often over a period of time. A single act of sexual abuse is usually referred to as a "sexual assault." (See also Sexual Assault.)

Sexual Agency

Agency is the ability to act in a way to accomplish your goals. To have agency in an area of life is to have the capability to act in a way to produce desired results. Sexual agency includes: the ability to give consent to participate in and/or decline sexual behaviors; to choose whether or not to engage in sexual behaviors in a specific way, with a specific person, and/or at a specific time and place; the ability to choose safer sex practices, including contraception; and the right to choose to define one's sexuality, sexual orientation, and gender.

Sexual Assault

Any unwanted sex act committed by a person or people against another person. Examples include, but are not limited to: nonconsensual kissing, groping or fondling; attempted rape; forcing someone to perform a sexual act; and rape.

Sexual Behavior

Acts that include, but are not limited to: vaginal sex, oral sex, anal sex, mutual masturbation, genital rubbing, or masturbation. (See also Anal Sex, Masturbation, Oral Sex, and Vaginal Sex.)

Sexual Exploitation

Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual misuse of another. Sexual exploitation is a type of sexual abuse and can happen in person or online. (See also Sexual Abuse.)

Sexual Harassment

Unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature.

Sexual Identity

A person's self-identity based on their understanding of and/or ability to outwardly express their sexual orientation and/or gender identity. Sexual identity evolves through a developmental process that varies depending on the individual. Issues such as religion, culture, one's family values, etc. may impact a person's sexual identity. No one else can determine what a person's sexual identity is; only the individual can decide what identity is right for them. (See also Sexual Orientation.)

Sexual Intercourse

Sexual intercourse may mean different things to different people, but could include behaviors such as vaginal sex, oral sex, or anal sex. (See also Anal Sex, Oral Sex, and Vaginal Sex)

Sexual Orientation

A person's romantic, emotional and/or sexual attraction to other people. Sexual orientations include, but are not limited to, asexual, bisexual, gay, heterosexual, lesbian, pansexual, and queer. (See also Asexual, Bisexual, Gay, Heterosexual, Lesbian, Pansexual, and Queer.)

Sexual Response Cycle

The sexual response cycle refers to the sequence of physical and emotional changes that occur as a person becomes sexually aroused and participates in sexually stimulating activities, including intercourse and masturbation. The Masters and Johnson sexual response cycle has four phases: desire (libido), arousal (excitement), orgasm, and resolution. (See also Masturbation, Sexual Behavior, and Sexual Intercourse.)

Sexual Risk Avoidance

A rebranding of abstinence-only-until-marriage programs that emphasize abstinence from all sexual behaviors outside of heterosexual marriage as the only acceptable standard for human behavior. (See also Abstinence-Only-Until-Marriage Programs.)

Sexual Violence

An all-encompassing, non-legal term that refers to any completed or attempted sexual act that occurs when consent is not obtained or not freely given. It includes sexual assault, rape, sexual abuse, domestic violence, dating violence, and intimate partner violence. (See also Dating Violence, Domestic Violence, Intimate Partner Violence, Sexual Abuse, Sexual Assault, and Rape.)

Sexuality

The components of a person that include their biological sex, sexual orientation, gender identity, sexual practices, sexual fantasies, attitudes and values related to sex. Sexuality describes how one experiences and expresses one's self as a sexual being. It begins to develop at birth and continues over the course of one's lifetime. (See also Biological Sex, Gender Identity, and Sexual Orientation.)

Sexually Explicit Material

Any printed, electronic, or computer-generated matter, picture, sculpture, or sound recording which presents sexual content without deliberate obscuring or censoring and can reasonably be construed as being produced for the purpose of stimulating sexual excitement, arousal, or gratification. Also sometimes referred to as pornography.

Sexually Transmitted Diseases (STDs)

Common infections caused by bacteria, viruses, or parasites that are transmitted from one person who has the infection to another during sexual contact that involves exchange of fluids or skin-to-skin contact. STDs are often referred to as sexually transmitted infections or STIs in an effort to clarify that not all sexually transmitted infections turn into a disease.

Social Justice

The view that everyone deserves to enjoy the same economic, political, and social rights and opportunities, regardless of race, sex, gender, gender identity, socio-economic status, sexual identity, ability, or other characteristics.

Socio-economic Status

Social group membership based on a combination of factors including income, educational attainment, occupation, financial security, and subjective perceptions of social status and social class in the community, such as contacts within the community, group associations, and the community's perception of the family or individual. Socio-economic status can encompass quality of life attributes as well as the opportunities and privileges afforded to people within society.

Spontaneous Abortion

A naturally occurring termination of pregnancy before the 20th week of pregnancy. (Naturally occurring pregnancy loss after the 20th week is often called a stillbirth). Spontaneous abortion, which may also be called a miscarriage, is a naturally occurring event, unlike induced abortion, which is also known as medicinal or surgical abortions. (See also Induced Abortion and Miscarriage.)

Student Centered

An approach to teaching that prioritizes the needs and learning styles of students.

Teaching Strategies

The intentional use of different modalities that enable students to learn desired content and skills.

Teasing

A social exchange that can be friendly, neutral, or negative. The perpetrator may assert they do not intend for their actions to be hurtful to the victim. Teasing does not include making fun of someone's ability, ethnicity, faith, or other characteristics that are out of the person's control. Teasing can be meant in good fun, but if repeated over and over again, continuing after a person asks that it stop, or with harmful intent, teasing can become bullying or harassment. (See also Bullying and Harassment.)

Transgender

A person whose gender identity and/or expression is not aligned with the sex they were assigned at birth. Transgender is often used as an umbrella term encompassing a large number of identities related to gender nonconformity. (See also Gender Nonconforming.)

Transphobia

Prejudice against individuals who are or are perceived to be transgender.

Trauma (Individual)

Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

Trauma (Systemic)

The contextual features of environments and institutions that give rise to trauma, maintain trauma, and impact posttraumatic responses. This conceptualization of trauma considers the influence of environments such as: schools, religious institutions, the military, workplace settings, hospitals, jails, and prisons; agencies and systems such as incarceration, foster care, immigration, federal assistance, and disaster management; conflicts involving war, torture, terrorism, and refugees; and dynamics of racism, sexism, discrimination, bullying, and homophobia.

Trauma Informed

An approach to teaching that recognizes the influence of individual and systemic trauma on students and assesses the implications on instruction and cognition to ensure a safe and supportive learning environment.

Trusted Adult

A person to whom a student can turn to in a time of need who can offer support and guidance.

Two-Spirit

A contemporary umbrella term used by Native, Indigenous, and/or First Nations people whose gender identity encompasses both male and female energies. Often recognized as a third gender since it falls outside of the two-gender binary, two-spirit people may or may not identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming. Please note that most Indigenous communities have their own unique words for describing people who defy gender norms and in many Nations, being Two-Spirit carries both great respect and additional commitments and responsibilities to one's community. (See also Bisexual, Gay, Intersex, Lesbian, Gender Nonconforming.)

Unconscious Bias

Social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organize social worlds by categorizing, often as the result of historical context. Unconscious bias is also known as implicit bias.

Undetectable Viral Load

When the amount of HIV in the blood is too low to be detected with a viral load test. A person's viral load is considered "durably undetectable" when it remains undetectable for at least six months after a first undetectable test result. Antiretroviral drugs may reduce a person's viral load to an undetectable level; however, that does not mean the person is cured. Some HIV, in the form of latent HIV reservoirs, remains inside cells and in body tissues. (See also Viral Suppression.)

Universal Values

Values that are agreed to by the consensus of people in a society. The following are examples of universal values relevant to sex education: honesty, trustworthiness, responsibility, respect for self and others, and freedom from coercion/exploitation.

Vaginal Sex

Sexual behavior involving penetration of the vagina by a penis or sex toy.

Value

A belief or opinion about the morals or ethics of an issue—right and wrong, good and bad, and/or the relative importance or what one should or should not do. The following is an example of a value relevant to sex education that a person might hold: Sexual behaviors between two people should be loving, pleasurable, and equitable.

Viral Suppression

When antiretroviral therapy (ART) reduces a person's viral load to an undetectable level. Viral suppression does not mean a person is cured; HIV still remains in the body. If ART is discontinued, the person's viral load will likely return to a detectable level.

The FoSE partners would like to thank the following organizations and individuals whose materials and writings were referred to in the creation of this Glossary.

- Advocates for Youth
- Adoption Network Law Center
- American Academy of Family Physicians
- American Psychological Association
- Answer
- Anti-Defamation League
- Center for Disability Rights
- Center for Young Women's Health, Boston Children's Hospital
- Centers for Disease Control and Prevention
- Class Action
- Cleveland Clinic
- Conference for Community and Justice
- Crime Victims' Institute
- DC Coalition Against Domestic Violence
- Diversity, Equity & Inclusion, Brandeis University
- Division of Adolescent and School Health
- Eli Green, PhD
- Gender Spectrum
- GLSEN
- Hall Health Center, University of Washington
- HIV.gov
- Human Rights Campaign
- Intergroup Resources
- Intersex Society of North America
- John Santelli, MD, MPH
- LGBTQIA Resource Center
- Mayo Clinic
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- National Conference for Community and Justice
- Mayo Clinic
- National Center for Child Traumatic Stress
- Loretta J. Ross
- Luca Maurer, MS
- National Domestic Violence Hotline
- National Eating Disorder Foundation
- Office of Diversity and Outreach,
- University of California, San Francisco
- PFLAG
- Planned Parenthood Federation of America
- Race Forward
- Racial Equity Tools
- RAINN
- Rickie Solinger
- Sexual Violence Research Initiative
- Shelter for Help in Emergency
- SIECUS: Sex Ed for Social Change
- Simply Psychology
- Sister Song
- Society for Adolescent Health and Medicine
- Substance Abuse and Mental Health Services Administration
- The Vanier Institute of the Family
- Trans Student Educational Resources
- Tribal Law and Policy Institute
- United Nations High Commissioner for Refugees
- Women for Women International
- World Health Organization

