

National Teacher Preparation Standards for Sex Education

SECOND EDITION

Acknowledgements

The National Teacher Preparations Standards for Sex Education (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 develops and promotes equitable access to sexual health information through youth-centered sex education resources and professional development for youth-serving adults. Answer envisions a world where sexuality is recognized as a healthy part of development and every young person has access to sex education that is comprehensive, inclusive, medically accurate and empowering, enabling them to make decisions that allow them to thrive. For over 40 years, Answer has 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.

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.

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Introduction

Vision and Purpose of the National Teacher Preparation Standards for Sex Education

The goal of sex education is to help young people navigate sexual development and grow into sexually healthy adults. To be effective, sex educators must provide 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. Implementing quality sex education goes beyond delivering information. Educators must have the knowledge and skills to provide young people with opportunities to explore their own identities and values, along with the values and beliefs of their families and communities, in culturally responsive and trauma-informed ways. They should feel prepared to allow 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.

Teaching young people sex education is different than teaching about other school-based topics. Educators must navigate the diversity of views and lived experiences of their students while being careful not to perpetuate bias and shame. And, more often than not, they must do so with limited time and resources and facing barriers such as restrictive policies or concerns about parent or administrator push back.¹ Research indicates that a consequence of little to no pre-service training is that educators typically avoid teaching subjects that they consider controversial, despite their belief that it is important for sex education curricula to cover a variety of topics.² Many educators who are assigned to teach this subject report they did not receive adequate pre-service training to feel confident implementing sex education effectively in their classrooms.³

The purpose of standards for teacher preparation, in general, is to establish a shared vision for the knowledge, skills, and disposition that entry-level teachers should master. *The National Teacher Preparation Standards for Sex Education* (NTPSSE) reflect the ideal preparation for a novice teacher to enact high-quality instruction in sex education; address the needs of their students; use relevant, research-based criteria

to establish a supportive, engaging environment that fosters learning; and use pedagogical practices that meet individual students' needs. Other equally important components that contribute to the quality of the student learning experience include pre-service teacher training; professional development and ongoing support and mentoring for teachers; clear state and local 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 these elements.

Teacher training is the most significant indicator in determining confidence and comfort with teaching sex education as well as the quality of instruction.⁴⁻⁷ Professional preparation—as outlined in the NTPSSE—has a direct impact on sex education and is essential for student achievement. Like any other academic subject, qualified and trained educators result in high-quality and more effective sex education instruction.

While other teacher preparation standards may generally address the core competencies expected of health educators, they often fail to reflect the unique preparation required of those providing K–12 sex education in schools. The NTPSSE aim to address what is unique about teaching sex education and provide necessary guidance for faculty and administrators in institutions of higher education to create more robust and effective course content, so pre-service teachers are well-prepared for the teaching careers ahead of them.

Background for the National Teacher Preparation Standards for Sex Education

The NTPSSE were first published in 2014. They were created with the hope that institutions of higher education would have the guidance they need to better prepare undergraduate pre-service teachers to deliver sex education in the context of health education. The development of the NTPSSE, and this update, have been part of the ongoing Future of Sex Education (FoSE) initiative, which has as its goal that every young person in K–12 public school receives high-quality sex education that is trauma-informed, culturally responsive, and age- and developmentally appropriate. While the overall FoSE initiative is focused on instruction in grades K–12, *the National Teacher Preparation Standards for Sex Education*

focus specifically on teacher preparation programs for those who will teach at either the elementary or secondary level.

For the first edition of these Standards, a group of 10 experts were invited to serve on the Teacher Preparation Standards for Sexuality Education Advisory Committee, in support of the implementation of the *National Sexuality Education Standards* (2012) and to advance the consistency and quality of teacher preparation, specifically as it relates to sex education. These individuals were leaders in the fields of health education, teacher preparation, and sex education representing higher education institutions, state departments of education, and national organizations and associations, as well as governmental agencies. As noted in “Improving Sexuality Education: The Development of Teacher-Preparation Standards,” published in the *Journal of School Health* in 2014, this advisory committee and the FoSE partners recognized the need for core competencies among practicing sex education teachers. However, the goal of this group was to write standards specifically for faculty of teacher-preparation programs, focusing on the pre-service teacher for each standard and indicator.^{2,8}

In this updated edition, the FoSE partners first conducted an internal review of the NTPSSE, considering feedback received through seven years of implementation. In addition, experts in a number of different topic areas conducted external reviews, suggesting additional revisions and additions for this Second Edition.

Alignment with Existing Education Standards

The updated NTPSSE builds on the literature review and analysis conducted for the original Standards. Documents reflected include, but are not limited to, the following:

- American Association for Health Education (AAHE)/ National Council for Accreditation in Teacher Education (NCATE) [Professional Standards for Health Education Teacher Preparation](#);⁹
- Interstate Teacher Assessment and Support Consortium (InTASC) [Core Teaching Standards and Learning Progressions for Teachers 1.0](#);¹⁰
- [National Board for Professional Teaching Standards](#);¹¹
- [The Core Competencies for Adolescent Sexual and Reproductive Health](#);¹²
- [National Standards for Initial Health Education Teacher Education](#) from SHAPE America and the Society of Health and Physical Educators (SOPHE);¹³
- [2019 Health Education Teacher Preparation Standards](#) from SOPHE;¹⁴ and
- state professional standards.

In addition to the aforementioned documents, this Second Edition of the *National Teacher Preparation Standards for Sex Education* aligns with the [National Sex Education Standards \(NSES\): Core Content and Skills, K–12 \(Second Edition\)](#), which aims to provide clear, consistent, and straightforward guidance on the essential, minimum, core content and skills needed for sex education that is age-appropriate and effective for students in grades K–12.¹⁵ The NSES identifies the key concepts and skills that students broadly need to be sexually healthy during their school-

age years and throughout the lifespan. The NTPSSE aim to adequately prepare teachers to effectively implement the Second Edition of the NSES, which includes seven topics: 1) Consent and Healthy Relationships (CHR); 2) Anatomy and Physiology (AP); 3) Puberty and Adolescent Sexual Development (PD); 4) Gender Identity and Expression (GI); 5) Sexual Orientation and Identity (SO); 6) Sexual Health (SH); and 7) Interpersonal Violence (IV).

The NTPSSE are also closely aligned with the [Professional Learning Standards for Sex Education](#) (PLSSE), which were developed by the Sex Education Collaborative, a 23-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–12.¹⁶ The goal of the PLSSE is to provide guidance to school administrators and classroom educators as they design and implement curriculum, instruction, assessment, and professional development plans that align with the NSES. 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.

The NSES, NTPSSE, and PLSSE are meant to support one another and work together to support high-quality and effective teaching and implementation of sex education. The NSES are meant to provide guidance for the content and skills that are age-appropriate for students in grades K–12 while the NTPSSE guide the preparation of pre-service training for future teachers and the PLSSE guide the professional development of in-service teachers and reflect best practices but are not meant to define a curriculum or dictate instructional practices. Complementing the NSES and the PLSSE resources, the NTPSSE aim to guide coursework, instruction, and assessment decisions in teacher-preparation programs serving candidates who will be responsible for teaching sex education. Additionally, they may help guide the development of new accreditation or licensure policies or testing practices, or the revision of existing policies or testing practices, regarding sex education at the district or state level. The NTPSSE could also influence evaluations used in hiring in educational settings. Higher education institutions should assume a leadership role in stewarding the action and enabling collaboration to ensure that the NTPSSE become an integral component of the professional preparation of health educators. Such collaborative action has the potential to change sex education for the improvement of our nation’s students and schools.^{2,17,18}

Rational for the National Teacher Preparation Standards for Sex Education

Well-prepared educators are the key to effective sex education. 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.² And, by helping young people delay sex and avoid unintended pregnancy and sexually transmitted diseases/infections (STDs/STIs), these programs can yield additional benefits, such as better academic and physical and mental health outcomes.^{19–25} 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.²⁶ 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.²⁷

More comprehensive approaches to sex education have also been found to help young people succeed academically by helping them to stay in school and achieve higher grades.²⁸ 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.^{29,30} 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.^{29,30}

Sufficient and current knowledge of sexual development and the biological, emotional, and social aspects of sexuality is essential for the successful teaching of sex education, as is the ability to teach the subject matter in a culturally responsible and trauma-informed manner. Moreover, teachers need to be able to create a safe learning environment and foster student comfort in discussing sensitive topics, while also being able to assess the relevant needs of students, designing activities that meet these needs, and deliver content consistent with community values and reflecting ethical standards.² Research suggests that teacher preparation can influence educators' knowledge and perceptions about the importance of teaching health as well as their comfort level, intentions for teaching in the discipline, and implementation of sex education.^{4,6,30, 32–36} Teacher training is the most significant indicator of whether sex education will be taught, the comprehensiveness and effectiveness of that instruction, and the number of sex education topics taught within any curriculum.⁶

In the United States (U.S.), sex education is most commonly taught within health curricula at the elementary, middle, or high school levels. In the elementary grades, classroom teachers or school nurses are often the ones teaching health education. In middle and high school, it is often health and PE teachers who will most likely teach sex education, in addition to science teachers or school counselors who may touch on these topics. While state and local requirements may vary, these preparation standards can benefit teacher candidates regardless of the approach to teaching sex education in the district in which they might eventually teach.

What's New and How to Use This Edition

It has been eight years since the first edition of the NTPSSE was created and released. This new edition considers lessons learned from implementation by institutions of higher education around the U.S. and reflects recent developments, research advancements, and current thinking on a number of topics. The updated NTPSSE includes new topics and expanded focus in some areas to provide increased guidance to teacher preparation programs and teacher candidates on issues previously unaddressed and new indicators and re-focused topic strands to better address what is necessary to be an effective and high-quality sex educator. This edition includes also more detailed rationale for each Standard, in addition to new indicators and new examples in each section.

The updated *National Teacher Preparation Standards for Sex Education* are divided into seven standards:

Standard 1: Professional Disposition

Teacher candidates demonstrate comfort and proficiency with, commitment to, and self-efficacy in teaching sex education.

Standard 2: Racial, Reproductive, and Social Justice and Equity

Teacher candidates demonstrate respect for individual, family, and cultural characteristics and experiences that may influence student learning about sexuality and demonstrate a commitment to racial, reproductive, and social justice and equity, and the intentional inclusion of all genders, racial/ethnic identities, and sexual orientations.

Standard 3: Content Knowledge

Teacher candidates have accurate and current knowledge of the biological, emotional, social, and legal aspects of human sexuality.

Standard 4: Legal and Professional Ethics

Teacher candidates make pedagogical decisions based on current federal and state laws and policies, school district rules regulations, as well as professional ethics.

Standard 5: Planning

Teacher candidates plan age- and developmentally appropriate sex education that is aligned with best practices, standards, and laws and policies; emphasizes skill development; and reflects the diversity and needs of the school community.

Standard 6: Implementation

Teacher candidates use a variety of effective instructional strategies to teach sex education based on current research, evidence, and pedagogical theory.

Standard 7: Assessment

Teacher candidates implement effective and culturally responsive strategies to assess student attitudes, knowledge, and skills to improve sex education instruction.

Of note, in this new edition, *Standard 2* has expanded from a focus on Diversity and Equity to one that centers Social, Racial, and Reproductive Justice and Equity and includes the intentional inclusion of all sexual orientations, genders, and racial/ethnic identities. In addition, content and skills addressing these populations are woven throughout these updated Standards to reflect the importance of intentionally affirming and addressing the needs of students with a range of sexual orientations, genders, and racial/ethnic identities. *Standard 3: Content Knowledge* now reflects the updated NSES topics, and *Standard 6: Implementation* now also includes the encouragement that instructional strategies should be based on research and available evidence as well as current pedagogical theory. Finally, *Standard 7: Assessment* now includes taking an eye toward culturally responsive assessment strategies in addition to using effective ones.

In addition, the updated NTPSSE reflect an increased emphasis on the need for using culturally responsive and trauma-informed approaches. Teaching must embrace and actively engage and adjust to students and their various cultural identities and lived experiences. Activities, curricula, language, and other practices in the educational environment should ensure that every student is entitled to, has access to, and can participate in learning that anticipates, acknowledges, and takes into account their learning styles and needs. This includes all students, regardless of ability, age, gender, gender expression, gender identity, race/ethnicity, religion, sexual orientation, size, and/or socio-economic status. Teaching should also reflect that 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 topics to ensure they approach these subjects sensitively and do not inadvertently (re)traumatize students or themselves. As a guiding principle, educators should always utilize trauma-informed strategies when implementing sex education and use the Substance Abuse and Mental Health Services Administration (SAMHSA) [*Concept of Trauma and Guidance for a Trauma-Informed Approach*](#) as a way to approach trauma-informed teaching.³⁷

Together the standards, indicators, and examples can help faculty and administrators in institutions of higher education to support pre-service teachers in being able to understand the importance of teaching sex education and to do so in culturally responsive, trauma-informed, and inclusive ways; demonstrate proficient knowledge and skills, as well as comfort level, related to the subject matter; make pedagogical decisions based on laws, policies, and professional ethics; and plan, implement, and assess sex education based on best practices, research, and utilizing effective and culturally responsive strategies. The NTPSSE can be used to assess specific courses, curricula, or syllabi within institutions of higher education to determine if pre-service teachers are receiving the preparation they need to address the skills and content outlined in the indicators and whether sufficient opportunity to practice these skills is being provided. Individual novice educators can also use these standards as a personal guide for their own professional learning as they work to hone their skills, remain current on standards and new content, and learn best practices in the pedagogy of sex education.

Finally, FoSE has created a robust glossary to accompany both the NSES and the NTPSSE. For additional information and definitions of terms used in these *Teacher Preparation Standards*, see Appendix: Glossary: Sex Education Terms.

Each of the Teacher Preparation Standards is presented below along with a rationale, set of indicators of what successful teacher candidates will be able to do, and examples.

Teacher Preparation Standards for Sexuality Education

Standard 1: Professional Disposition

Teacher candidates demonstrate comfort and proficiency with, commitment to, and self-efficacy in teaching sex education.

Research shows that comfort with and commitment to sex education has a direct positive impact on the quality of instruction in the topic area.³⁸ Well-prepared teachers need to first and foremost have an appreciation for the value of and commitment to sex education as well as young people's right to access the information and skills they need to make healthy decisions. Educators must also understand the inequitable and oppressive systems that have an impact on delivery of sex education and sexual health outcomes. Teachers lacking these qualities should refrain from teaching sex education until they have either engaged in professional learning that meets the indicators outlined in the [Professional Learning Standards for Sex Education](#)¹⁶ or sought guidance from their supervisor and/or leaders in the field of sex education about how to best achieve these qualifications. Teachers who become aware of their own bias in a particular area should seek additional support to implement that content free from bias and refrain from potentially causing harm to students. Teachers who have a strong bias against any group of students (e.g., students who are LGBTQ+, students of color, students with differing cognitive and physical abilities, students with other marginalized identities) should not teach sex education.

INDICATORS

- 1.1 Demonstrate the ability to teach in ways that communicate that sexual development is an inherent part of child and adolescent development.
- 1.2 Describe the importance of sex education as an integral part of K–12 education for all students, including for students with differing cognitive and physical abilities.
- 1.3 Demonstrate how to advocate to stakeholders and decision-makers that sex education is vital for student health and well-being.
- 1.4 Explain how personal beliefs, values, conscious and unconscious biases, lack of comfort, trauma, and other lived experiences influence the teaching of sex education and interpersonal interactions with students.
- 1.5 Describe the impact passive and/or active personal disclosure could have on the teaching of sex education.

EXAMPLES

A teacher attends a board of education meeting where an updated sex education curriculum is being discussed. The teacher speaks at the meeting in favor of the new curriculum, referencing youth sexual health data from the local health department and sexual health questions they have received from their students. (Indicator 1.3)

In a secondary health education class, a teacher is required to cover condoms and contraception as part of the sexual health unit. They believe that students at this age should not be having sex but refrain from expressing their personal views to ensure that their opinions do not have an impact on their instruction about this district-required content. (Indicator 1.4)

Standard 2: Racial, Reproductive, and Social Justice and Equity

Teacher candidates demonstrate respect for individual, family, and cultural characteristics and experiences that may influence student learning about sexuality and demonstrate a commitment to racial, reproductive, and social justice; equity; and the intentional inclusion of all genders, racial/ethnic identities, and sexual orientations.

Tremendous diversity is represented in every classroom across the U.S. Often the term “diversity” refers to a person’s real or perceived identities related to race, culture, and ethnicity. However, within sex education, there are additional forms of diversity to consider. Examples include, but are not limited to, people with differing family structures (e.g., nuclear, single-parent, blended, and intergenerational families; cohabiting, adoptive, foster, same-gender, and young parents); religious affiliations; social, emotional, cognitive, and physical developmental levels; sexual orientations and identities; gender identities and expressions; physical and cognitive abilities; sexual histories; parenting statuses (e.g., students who are pregnant or parenting), and immigration statuses. These and other visible and invisible identities are present in every classroom and affect how students learn.

Effective teachers are respectful of the multiple dimensions and intersectionality of diverse identities and tailor instruction appropriately. They also convey their commitment to social, racial, and reproductive justice and equity, including health equity. Given the importance of intentionally affirming and addressing the needs of students with differing sexual orientations, genders, and racial/ethnic identities, content and skills addressing these populations are woven throughout these Standards in addition to standing alone as its own Standard strand dedicated to these topics.

INDICATORS

- 2.1 Define racism (including individual, interpersonal, institutional, ideological, structural, and systemic), racial microaggressions, and reproductive justice.
- 2.2 Describe how an awareness of students' diverse backgrounds, lived experiences, and relationship status may affect their personal beliefs, values, knowledge, and decision-making about sexuality.
- 2.3 Explain how power, privilege, prejudice, discrimination, and stereotypes related to age, race, ethnicity, sexual orientation, gender, gender identity, socioeconomic status, immigration status, and/or physical or intellectual ability can affect sexual health and reproductive justice.
- 2.4 Demonstrate an understanding of the historical, intersectional, and structural barriers that inhibit and/or complicate sexual and reproductive health access and/or decision-making.
- 2.5 Explain how the availability of supportive school staff, presence of gender and sexuality alliances (GSAs), LGBTQ+-inclusive curricula, positive portrayals of LGBTQ+ people, and the presence of comprehensive enumerated anti-bullying and -harassment school policies are related to improved school climate and health outcomes for students of all gender identities and sexual orientations.
- 2.6 Identify continuing professional learning related to school-based sex education, including learning opportunities that focus on social, racial, and reproductive justice and equity, language inclusivity, trauma-informed, and intersectional approaches.

EXAMPLES

For an upcoming lesson on HIV, a teacher announces that a person who works at a local HIV testing and treatment clinic will be a guest speaker in their class. Prior to the guest speaker's session, the teacher facilitates a discussion about the stigma and shame that can be experienced by a person living with HIV, how HIV is and is not transmitted, medications that can prevent HIV (i.e., pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)), and how the lack of availability and access to medications in many marginalized communities can prevent people from getting tested or treated for HIV and/or disclosing their HIV status. (Indicator 2.3)

A teacher is assigned to cover health for the first time in their career. They recognize that some of their students identify as LGBTQ+ or have LGBTQ+ family members. The teacher realizes they have never learned how to use inclusive and affirming language, so they seek out professional learning prior to starting this unit. (Indicator 2.6)

Standard 3: Content Knowledge

Teacher candidates have accurate and current knowledge of the biological, emotional, social, and legal aspects of human sexuality.

Effective sex education teachers, at a minimum, have knowledge about all the topic areas described in the [National Sex Education Standards, Core Content and Skills, K–12 \(Second Edition\)](#) (i.e., Consent and Healthy Relationships; Anatomy and Physiology; Puberty and Adolescent Sexual Development; Gender Identity and Expression; Sexual Orientation and Identity; Sexual Health; and Interpersonal Violence), as well as the fundamentals of child and adolescent sexual development and how sex education relates to each stage.¹⁵ In addition, effective sex education teachers understand relevant federal and state laws and policies, and district and local rules and regulations specific to sexuality and youth in their community (e.g., age of consent, child pornography, confidentiality in health care settings, minors' ability to consent to health care, safe haven, sex trafficking, sexting). Teachers also need to know the sexual health resources available to students in their school, district, and community, including sexual health services (e.g., emergency contraception, prenatal care, adoption, abortion, pregnancy, testing, treatment, other forms of care).

INDICATORS

- 3.1 Describe accurate and current content, as reflected in the *National Sex Education Standards (Second Edition)*.
- 3.2 Explain the stages of child and adolescent sexual development including cognitive, physical, social, and emotional changes and how sex education content relates to each stage.
- 3.3 Describe current federal, state, and local laws relating to sexuality that have an impact on youth, including laws and guidelines addressing sexual health services for minors (e.g., [Centers for Disease Control and Prevention \(CDC\)](#), [American Academy of Pediatrics](#)) and school-based health education.
- 3.4 Demonstrate the ability to determine if information, sexual health services, and community supports are medically accurate and credible.
- 3.5 Demonstrate knowledge about social determinants of health and how systemic causes and characteristics (e.g., gender identity and expression, immigration status, physical and cognitive ability, race/ethnicity, religious affiliation, sexual orientation and identity, socio-economic status) may contribute to sexual health

inequities and relate to health outcomes, including who may be at disproportionate risk for negative health outcomes.

3.6 Demonstrate knowledge of technology and communication platforms, including social media, and how their use may have a positive and negative impact on relationships.

EXAMPLES

In a high school health class, some students raise questions about emergency contraception (EC). A few insist that only girls can buy EC and only if they are at least 18 years old. The teacher corrects the misinformation by explaining that EC pills are available over the counter, without a prescription, and for anyone of any gender or age. The teacher also provides students with a resource that lists where youth can access EC locally in addition to medically and legally accurate information. (Indicator 3.1)

A middle school teacher is trying to find a new video to use in their class about pregnancy. They find a dynamic speaker that does a short segment about the importance of making healthy choices on YouTube but have never heard of this speaker or the organization they are from. The teacher asks their colleagues about them and researches the organization further. They determine that the organization is a crisis pregnancy center that does not provide medically accurate or shame-free information, so they decide not to use that video or work with that organization. (Indicator 3.4)

Standard 4: Legal and Professional Ethics

Teacher candidates make pedagogical decisions based on current federal and state laws and policies, school district rules regulations, as well as professional ethics.

Teaching sex education can pose unique ethical and legal challenges for a teacher. These include, but are not limited to, responding appropriately to student disclosure of sexual activity, sexual orientation and identity, gender identity, pregnancy, or STD/HIV status, potential physical and/or emotional harm that threatens students' well-being, or teacher suspicion of the latter. In all instances, it is important for teachers to understand their professional and ethical obligations and their responsibility to adhere to federal and state laws and policies and school district rules and regulations that pertain to confidentiality and mandated reporting, including if a student has shared that they are being harmed or are thinking about harming themselves or others.

Teachers also may be presented with situations in which the laws, policies, and/or regulations are unclear, contradictory, or lacking. In this case, teachers need to have an ethical framework and a professional responsibility/obligation to identify parties within a school district (e.g., Title IX coordinator, guidance counselor, school social worker, or supervisor) who could provide guidance to ensure their decision-making is grounded in policy and prioritizes the

health and well-being of students. This includes decision-making about when to keep information confidential; when to make a referral; when to seek guidance within their school system or wider professional network; when they should report a situation to the appropriate agency or individual; or when to notify a student's parent or guardian. In every instance, the safety and well-being of students should be a priority. Teachers should be knowledgeable about their school district policies and procedures, their professional ethical obligations, and the resources that are available to them. These resources may include, but are not limited to, community partnerships, connections with local or school-based health-care providers, and school counselors and/or social workers.

Ethical guidelines of instruction should not be misconstrued with a teacher's personal values or beliefs. The [National Education Association](#) (NEA)³⁹ and the [National Commission for Health Education Credentialing](#) (NCHEC)⁴⁰ have codes of ethics for education professionals and health education professionals, respectively, which describe how teachers should conduct themselves professionally in and out of the classroom. Teachers should familiarize themselves with and follow these codes of ethics, as well as any codes of ethics adopted by state and local agencies where they are teaching or educational or professional associations to which they may belong to ensure they are meeting the needs of all their students. For example, depending on the state in which a teacher resides, one may believe that the topic of LGBTQ+ inclusion is ethical while another may believe it is unethical to be inclusive of these students. However, as outlined in the NCHEC Health Education Code of Ethics, educators have a responsibility to the public and when a conflict of issue arises, educators "must consider all issues and give priority to those that promote the health and well-being of individuals and the public, while respecting both the principles of individual autonomy, human rights, and equity as long as such decisions pose no risk to the health of others."⁴⁰ Ultimately, educators should base their teaching first and foremost on the safety and well-being of the students, as well as on district and state policies and procedures, and the codes of ethics adopted by professional organizations (e.g., NCHEC, NEA).

INDICATORS

4.1 Explain where to find relevant state and school district mandated reporting laws and procedures related to student disclosure of self-harm or sexual abuse, incest, dating violence, sex trafficking, and other forms of interpersonal violence.

4.2 Analyze policies and ethics associated with personal disclosure and student confidentiality (relating to gender identity, sexual orientation, pregnancy and STI/STD status, and access to and availability of sexual health services) from the perspective of student safety and well-being and professional and organizational codes of ethics (e.g., NCHEC, NEA).

4.3 Identify possible parties within a school district (e.g., guidance counselor, school social worker, supervisor, or Title IX coordinator) who could provide guidance on sexuality-related ethical and legal matters when there is no policy in place or the policy is unclear, ideally prior to instruction.

4.4 Demonstrate the ability to maintain professional boundaries with students, both inside and outside the school environment.

EXAMPLES

When an elementary teacher starts a lesson about sexual abuse prevention, they revisit their classroom rules and tell students that if someone tells them that they have been abused, as a teacher, they must share that information with the school counselor in order to get the student necessary support. The teacher explains that they are something called a mandated reporter and they need to make sure all students are safe inside and outside of school. (Indicator 4.1)

On the first day of class, a teacher asks students to introduce themselves, including any nickname they prefer to be called and their pronouns. The teacher notices that one student asks to be called a name that is different than what is on the class roster and shares that their pronouns are they/them. The teacher makes a note of their correct name and pronouns on the roster and commits to addressing the student correctly going forward. The teacher mentions the situation to some co-workers who confirm that they've done the same thing when in that situation, and they decide to discuss the need for a district-wide policy supporting student determined names and pronouns with their supervisor. (Indicator 4.2)

Standard 5: Planning

Teacher candidates plan age- and developmentally appropriate sex education that is aligned with best practices, standards, and laws and policies; emphasizes skill development; and reflects the diversity and needs of the school community.

There are numerous factors to consider when planning instruction in any subject area. Sex education, however, poses additional issues to consider given that some state laws and/or school district policies specify what can and cannot be taught, what topics must be emphasized, or how instruction should be delivered. As such, it is especially important for teachers to plan lessons that meet state and local policies and standards and learn the processes and/or protocols for approval.

It is also incumbent upon teachers to know what resources are available to them and approved for use during the planning process. These include, but are not limited to, state and local laws and school district policies; the CDC's [Health Education Curriculum Analysis Tool \(HECAT\) Sexual Health Module](#); district, state, and/or national standards, including the [National Sex Education Standards \(Second Edition\)](#); and curricula, textbooks, and other materials that have already been approved or adopted by their state and/or local board of education. Additionally, the teacher must adhere to the

review processes, procedures, and approvals for instructional material selection and use in their school district.

Effective teachers plan a scope and sequence that considers available local and state health and education data and the developmental stages and physical and cognitive abilities of students. In Standard 2, it is stated that teachers should be knowledgeable and understanding of the diversity of identities of students in the classroom, and it is important to take this into account when lesson planning.

Effective sex education should 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, teachers should utilize curricula, lesson plans, and other materials that reflect the tenets of social learning theory, social cognitive theory, and the social ecological model of prevention, among others. Teachers should allot sufficient time for students to be taught and practice the skills outlined in the [National Health Education Standards](#) (i.e., comprehending concepts, analyzing influences, accessing resources, interpersonal communication, decision-making, practicing health enhancing behaviors, and advocacy).¹³ They should also use participatory methods to help students develop the skills, attitudes, and functional knowledge needed to lead health-enhancing lives.^{7, 27, 28}

INDICATORS

5.1 Apply learning and behavioral theories to sex education lesson planning, taking sociocultural context into account.

5.2 Demonstrate the ability to select, plan, analyze, and adapt sex education materials that meet the following criteria:

- a. are age- and developmentally appropriate;
- b. are culturally responsive;
- c. are trauma informed;
- d. reflect characteristics and abilities of the students and community;
- e. respect the visible and invisible identities that exist in every classroom; and
- f. are permissible for a school district according to state education standards/laws and/or school district policies.

5.3 Create a scope and sequence to guide instructional planning.

5.4 Demonstrate the ability to develop measurable learning objectives that are culturally responsive and trauma-informed.

5.5 Demonstrate the ability to plan effective strategies to teach sex education in cognitive, affective, and behavioral learning domains.

5.6 Identify effective practices to teach functional knowledge and skills.

EXAMPLES

An elementary classroom teacher wants to expand their classroom library to ensure that all of their students and their families are represented. The teacher purchases books that represent a wide range of family configurations and includes people with various racial and ethnic identities, disabilities, and body shapes and sizes. The teacher plans to use these new books in their morning meeting to make sure their students are exposed to the diversity of students and families in their class and community. (Indicator 5.2d)

A teacher is mapping out their lessons and ensures there is sufficient time for students to practice the skill of communication in subsequent classes after the skill is taught. (Indicator 5.6)

Standard 6: Implementation

Teacher candidates use a variety of effective instructional strategies to teach sex education based on current research, evidence, and pedagogical theory.

For many students, taking a health or sex education class may be the first time they have had the opportunity to discuss sexuality openly with a trusted adult. Teachers should be prepared for a range of student reactions, which may present unique classroom opportunities and challenges.

Effective teachers create a classroom environment that sets clear classroom group agreements (also commonly known as ground rules or expectations) while acknowledging there may be reactions to the content material that cannot be addressed via these group agreements. In addition, effective teachers should create a classroom culture and environment conducive to students comfortably engaging in individual conversations that enable teachers to refer them to appropriate services, if necessary.

INDICATORS

- 6.1 Demonstrate strategies to create a safe, respectful, learning environment that fosters open discussion about a wide range of sexuality-related topics and builds rapport with students.
- 6.2 Demonstrate effective classroom management skills.
- 6.3 Demonstrate the ability to implement sex education that meets the following criteria:
 - a. age- and developmentally appropriate;
 - b. culturally responsive;
 - c. [trauma-informed](#),³⁷
 - d. inclusive of realistic, relevant, and affirming situations;
 - e. grounded in the principles of social, racial, and reproductive justice and equity;
 - f. affirming of the range of sexual orientations and gender identities and expressions that is informed by evolving language; and

- g. accessible to people of differing learning styles and physical and cognitive abilities.

6.4 Refrain from sharing personal opinions and biases, past or current sexual behaviors, sexual health history, and religious beliefs when implementing sex education.

6.5 Demonstrate the ability to effectively respond to students' values-based comments and questions by acknowledging a range of beliefs and opinions.

6.6 Demonstrate strategies to mitigate the impact of their biases when teaching sex education.

6.7 Demonstrate the ability to intervene effectively in identity-related bullying comments and behaviors (e.g., ableist, ageist, ethnocentric, homophobic, misogynistic, racist, sexist, sizeist, or transphobic).

EXAMPLES

During a lesson on communication, a teacher realizes that an activity uses scenarios in which couples are communicating in person or by talking on the phone. The teacher asks students what the potential impact on their communication may be if the couples were texting or posting on a social media site instead. (Indicator 6.3d)

A middle school health teacher notices the lesson they were planning to use about sexual decision-making involves a lot of discussion and small group activities. As they are teaching their fifth period class, they notice that the students are very quiet. The teacher decides to change one of the activities to journaling and tries playing music to see if that engages the class more effectively. (Indicator 6.3g)

A teacher is responding to anonymous questions their students left during last class period. They answer the question, "Is it okay to have an abortion?" by using the SOY (some, other, you) model to respond to a values-based question. They tell the class that some people feel like each pregnant person needs to decide for themselves what they believe and what's best for their lives, while other people feel abortion is ending a life and would be against their personal beliefs. The teacher also explains that each individual student needs to decide for themselves what they believe and that talking with a parent, caregiver, or trusted adult can often help them determine their own personal beliefs. (Indicator 6.5)

Standard 7: Assessment

Teacher candidates implement effective and culturally responsive strategies to assess student attitudes, knowledge, and skills to improve sex education instruction.

Effective teachers recognize the importance of assessing their students' knowledge, attitudes, and skills to improve their instruction. Effective teachers utilize assessment strategies

that are not only effective at gathering honest student input but also are equitable, inclusive, culturally responsive (e.g., allowing student choice around assessment strategies, use of equitable calling-on strategies), and trauma-informed. These techniques will enable an effective teacher to continuously receive valuable feedback from students, as well as supervisors, to ensure instruction is meeting the intended learning objectives.

INDICATORS

- 7.1 Explain what impact teacher biases and curriculum and testing biases have on the creation, implementation, and analysis of assessment tools.
- 7.2 Demonstrate the ability to create equitable strategies and tools to assess knowledge, skills, and attitudes about sexuality that are measurable, observable, and aligned with learning objectives.
- 7.3 Demonstrate the ability to create assessments for students with differing cognitive and physical abilities.
- 7.4 Analyze assessment results and determine necessary changes to improve future sex education instruction.
- 7.5 Apply assessment results and student and supervisor feedback to continually improve sex education instruction.

EXAMPLES

A teacher is reviewing the summative assessments from last quarter's health students and notices that most students are not clear about what consent means. The teacher decides to try a different lesson on consent and ensures the learning objectives are measurable so they can determine whether the new lesson is more effective at teaching this topic. (Indicators 7.2 and 7.4)

An elementary teacher plans to assess their students' understanding of how germs are transmitted using an activity that involves moving around the classroom to various stations. The teacher realizes that their students with physical disabilities will need alternative assessment plans that will better meet these students' needs. (Indicator 7.3)

Citations

1. Eisenberg, M.E., Madsen, N., Oliphant, J.A., & Sieving, R.E. (2013). Barriers to providing the sexuality education that teachers believe students need. *Journal of School Health*, 83(5), 335-342. <https://doi.org/10.1111/josh.12036>
2. Barr, E.M., Goldfarb, E.S., Russel, S., Seabert, D., Wallen, M., & Wilson, K.L. (2014). Improving sexuality education: the development of teacher preparation-standards. *Journal of School Health*, 84(6), 396-415. <https://doi.org/10.1111/josh.12156>
3. Eisenberg, M. E., Madsen, N., Oliphant, J. A., Sieving, R. E., & Resnick, M. (2010). "Am I qualified? How do I know?" A qualitative study of sexuality educators' training experiences. *American Journal of Health Education*, 41(6), 337-344. <https://doi.org/10.1080/19325037.2010.10599162>
4. 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. <https://doi.org/10.1111/josh.12037>
5. 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. <https://doi.org/10.1111/j.1746-1561.2003.tb06552.x>
6. Hammig, B., Ogletree, R., & Wycoff-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. <https://doi.org/10.1111/j.1746-1561.2011.00621.x>
7. Lindau, S.T., Tetteh, A.S., Kasza, K., & Gilliam, M. (2008). What schools teach our patients about sex. *Obstetrics & Gynecology*, 111(2 Pt 1):256-66. <https://doi.org/10.1097/01.AOG.0000296660.67293.bf>
8. Szucs, L.E., Andrzejewski, J.D., Robin, L., Telljohann, S., Pitt Barnes, S., & Hunt, P. (2021) The health education teacher instructional competency framework: a conceptual guide for quality instruction in school health. *Journal of School Health*, 91(10):774-787. <https://doi.org/10.1111/josh.13076>
9. American Association for Health Education. (2000). 2001 Guidelines for AAHE/NCATE review of initial-level programs for health education teacher preparation. American Alliance of Health, Physical Education, Recreation, and Dance.
10. Council of Chief State School Officers. (2013). *Interstate teacher assessment and support consortium (InTASC): Model core teaching standards and learning progressions for teachers 1.0: A resource for ongoing teacher development*. https://ccsso.org/sites/default/files/2017-12/2013_INTASC_Learning_Progressions_for_Teachers.pdf
11. National Board for Professional Teaching Standards. *National board standards*. (2021). <https://www.nbpts.org/certification/standards/>
12. Elfers, J., Carlton, L., Gibson, P., Puffer, M., Smith, S., & Todd, K. (2014). The core competencies for adolescent sexual and reproductive health. *American Journal for Sexuality Education*, 9(1), 81-98. <https://doi.org/10.1080/15546128.2014.883269>
13. SHAPE America. (2018) *National standards for initial health education teacher education*. https://www.shapeamerica.org/uploads/pdfs/2018/accreditation/HETE-Standards_2018d.pdf
14. Society of Health and Physical Educators. (2020). *SOPHE 2019 health education teacher preparation standards: Guidelines for initial licensure programs*. https://www.sophe.org/wp-content/uploads/2020/04/Health-Ed-Stds-for-CAEP_v3-3.pdf
15. Future of Sex Education Initiative. (2020). *National sex education standards: Core content and skills, K-12 (second edition)*. <https://www.advocatesforyouth.org/wp-content/uploads/2021/11/NSES-2020-web-updated2.pdf>
16. 1Sex Education Collaborative. (2018). *Professional learning standards for sex education*. <https://sexeducationcollaborative.org/resources/plsse>
17. Science and Mathematics Teacher Imperative (SMTI), The Leadership Collaborative (TLC), & Working Group on Common Core State Standards. (2011) *Discussion paper: The common core state standards and teacher preparation: The role of higher education*. Association of Public and Land-grant Universities. <https://silo.tips/download/the-common-core-state-standards-and-teacher-preparation>
18. American Association of Colleges of Teacher Education & Partnership for 21st Century Skills. (2010). 21st Century knowledge and skills in educator preparation. <https://files.eric.ed.gov/fulltext/ED519336.pdf>
19. Rotz, D., Goesling, B., Redel, N., Shiferaw, M., & Smither-Wulsin, C. (2020). *Assessing the benefits of delayed sexual activity: A synthesis of the literature*. OPRE Report 2020-04. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/opre/report/assessing-benefits-delayed-sexual-activity-synthesis-literature>
20. Perper, K., Peterson, K., & Manlove, J. (2010). Diploma attainment among teen mothers [Fact sheet]. *Child Trends*. <https://www.childtrends.org/publications/diploma-attainment-among-teen-mothers>
21. Luker, K. (1996). *Dubious conceptions: The politics of teenage pregnancy*. Harvard University Press.
22. Hoffman, S.D. (2006). *By the numbers: The public costs of teen childbearing*. National Campaign to Prevent Teen and Unplanned Pregnancy.

23. World Health Organization. (2021). Sexually transmitted infections (STIs) [Fact sheet]. [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))
24. Centers for Disease Control and Prevention. (2018). *HIV surveillance report, 2017*; vol. 29. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>
25. Centers for Disease Control and Prevention. (2021). 2021 sexually transmitted diseases treatment guidelines. <https://www.cdc.gov/std/treatment-guidelines/toc.htm>
26. 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. https://doi.org/10.1300/J070v05n01_04
27. Santelli, J.S., Grilo, S.A., Choo, T.H., Diaz, G., Walsh, K., Wall, M., et al. (2018). Does sex education before college protect students from sexual assault in college? *Plos One, 13*(11). <https://doi.org/10.1371/journal.pone.0205951>
28. Bridges, E. & Alford, S. (2010). Comprehensive sex education and academic success: Effective programs foster student achievement. *Advocates for Youth*. https://advocatesforyouth.org/wp-content/uploads/2019/09/comprehensive_sex_education_and_academic_success.pdf
29. Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). *The 2019 national school climate survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. GLSEN. https://www.glsen.org/sites/default/files/2020-10/NSCS-2019-Full-Report_0.pdf
30. 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. <https://doi.org/10.2105/ajph.2015.302553>
31. Herr, S.W., Telljohann, S.K., Price, J.H., Drake, J.A., & Stone, G.E. (2012) High school health education teacher perceptions and practices related to HIV prevention. *Journal of School Health, 82*(11):514-521. <https://doi.org/10.1111/j.1746-1561.2012.00731.x>
32. Myers-Clack, S.A., & Christopher, S.E. (2001). Effectiveness of a health course at influencing preservice teachers' attitudes toward teaching health. *Journal of School Health, 71*(9):462-466. <https://doi.org/10.1111/j.1746-1561.2001.tb07327.x>
33. Hedrick, M.A. (1998). Attitudes regarding health education in education students. *American Journal of Health Education, 29*(3):154-157. <https://doi.org/10.1080/10556699.1998.10603327>
34. Ghaith, G., & Yaghi, H. (1997). Relationships among experience, teacher efficacy, and attitudes toward the implementation of instructional innovation. *Teaching and Teacher Education, 13*(4):451-458. [https://doi.org/10.1016/S0742-051X\(96\)00045-5](https://doi.org/10.1016/S0742-051X(96)00045-5)
35. Levenson-Gingiss, P., & Hamilton, R. (1989). Evaluation of training effects on teacher attitudes, and concerns prior to implementing a human sexuality education program. *Journal of School Health, 9*(4):156-160. <https://doi.org/10.1111/j.1746-1561.1989.tb04690.x>
36. Cantrell, R.P., Stenner, A.J., & Katzenmyer, W.G. (1977). Teacher knowledge, attitudes, and classroom teaching correlate of student achievement. *Journal of Educational Psychology, 69*(2):172-179. <https://doi.org/10.1037/0022-0663.69.2.172>
37. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
38. Goldfarb, E., & Lieberman, L. (2020) Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health, 68*(1):13-27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>
39. National Education Association. (2020). Code of ethics for educators. <https://www.nea.org/resource-library/code-ethics-educators>
40. Coalition for National Health Education Organizations. (2020). Code of ethics for the health education profession®. <https://www.nchec.org/code-of-ethics>

