Meera Bucklin, Physical Therapy; Maya Ortega, Occupational Therapy; Paige Prentice, Social Work; Bella Schaerf, Occupational Therapy; Aimee St.Martin, Physical Therapy

Teaching Sex Education in Schools (via the California Healthy Youth Act policy #51930-51939)

We support upholding the current California Healthy Youth Act policy as we recognize the importance of comprehensive sex education (CSE) in schools. Sex education in schools should be taught to all students, including the neurodiverse population and students receiving special education. We recognize the challenges of teaching this content to the neurodiverse population and plan to provide professional development opportunities to teachers and staff to lessen this challenge.

Comprehensive sex education is not consistently taught in all states, creating significant gaps in youth knowledge about crucial topics. Many states still maintain abstinence-only curricula, leaving students inadequately educated about essential subjects like birth control options, gender and sexual identities, sexually transmitted diseases, pregnancy prevention, and consent in relationships. California currently upholds many of these educational items, but they are up for debate with the new shift in political power.

The severity of this educational gap is alarming: more states require sex education to emphasize abstinence rather than mandate medical accuracy in their curricula. Additionally, fewer than half of high schools and only one-fifth of middle schools teach the sexual health topics that the Centers for Disease Control and Prevention (CDC) considers "essential" for youth health and development (Planned Parenthood, 2025). This represents a critical failure in providing young people with accurate, comprehensive information about their health and development.

These concerning trends highlight the importance of maintaining and protecting the California Healthy Youth Act, which has established a strong model for implementing regulated, age-appropriate sex education. This law ensures students in grades 7-12 receive comprehensive instruction on sexual and reproductive health, HIV prevention, and sexually transmitted diseases. The law promotes sexuality as a part of human development and requires qualified professionals to deliver the curriculum. The California Healthy Youth Act includes important provisions for parental involvement and choice. Parents may opt out of the curriculum by submitting a written request and can select alternative educational options. This balanced approach preserves educational equity and parental authority, ensuring all stakeholders participate in these decisions while maintaining the Act's core educational objectives. Current limitations to the California Healthy Youth Act include no formal regulation tracking if schools are following all requirements of this act and if their sexual education curricula are following this law (Michaels, 2018). Therefore, schools may lack full implementation of the California Healthy Youth Act at the local level, resulting in less comprehensive sexual education than at the state level.

Neurodivergent students face disparities in access to sexual education. This is especially problematic as individuals with disabilities are at higher risk for sexual abuse (McKenney et al., 2024; Sharp, 2022). Students with neurodevelopmental disabilities do not have equal access to learning about social-sexual relationships and these students often express that their needs are not being met in this realm of education (McKenney et al., 2024; Sharp, 2022). Given that the United Nations and World Health Organization describe CSE as a human right, neurodiverse

students are not having this need met and are at higher risk for sexual assault victimization and accidental perpetration than those who are taught about refusal skills, consent, and bodily autonomy (McKenney et al., 2024). Additionally, research demonstrates that autistic individuals and those with intellectual disabilities are underserved by CSE and dissatisfied due to inadequate lessons, cursory language, inaccessible metaphors, and large emphasis on heteronormative content (McKenney et al., 2024).

We propose to not only uphold the California Healthy Youth Act but to include an outline for guaranteeing the neurodevelopmental population, and those with special education needs, receive age-appropriate health education via the guidelines outlined in the Sexuality Information and Education Council of the United States (SIECUS) group (SIECUS, n.d.) Our policy suggests mandating that youth with disabilities (YWD) begin receiving sex education at the same time as their peers without disabilities.

There is a crucial need for increased opportunities for professional development for teachers and staff. Professional development will allow teachers to be equipped with the necessary tools and knowledge to develop appropriate sex education for youth with disabilities. It is necessary to include YWD to be included in the sexual education curriculum through the use of positive representation such as utilizing visual aids, activities, and presentations that will be affirming to their experiences. Additionally, it is important to mandate that YWD begin receiving sex education at the same time and as frequently as their peers without disabilities. Curricula adapted or specifically designed for YWD, and that align with the National Sex Education Standards should be approved and implemented in local education agencies (LEAs). We believe by incorporating these positive measures, we can ensure that YWD have access to an inclusive, comprehensive, and developmentally appropriate sex education.

Early education on consent increases safe sex practices and helps prevent future sexual abuse. Early conservation focuses on concepts like consent, personal boundaries, and anatomy, demonstrating the appropriateness of beginning this education as early as the seventh grade. Any parent is available to access SIECUS information as well as the guides for education from the Healthy Youth Act to gain an understanding of what the schools are teaching their children on this topic. While religious protest may exempt individual students, it should not dictate public school curricula, especially since abstinence-only programs are less effective in promoting responsible sexual behavior (Ott et al., 2007). Adequate teaching and training should be given to educators to best provide information to the youth of California, therefore, our proposal outlines the training for professionals to ensure they are educated appropriately to teach health to YWD and their peers.

Sexual education that is not only comprehensive but inclusive is a fundamental human right supporting the safety, health, and well-being of neurodiverse students and children everywhere. By teaching CSE, these students are more equipped to navigate healthy relationships, use consent, and remain safe from sexual trauma, leading to improved wellness. This policy proposal serves to promote the continuation of CSE for all students, without leaving out the neurodiverse community, given that they have historically faced limitations in sexual education and are at greater risk for sexual assault.

References:

Michaels. J. The California Healthy Youth Act (2016): Strengths, Weakness, and Issues of Implementation. University of Redlands.
https://inspire.redlands.edu/work/ns/9b732fc7-31f8-4ea9-915a-0c7717d437a0

Planned Parenthood Action Fund. (n.d.). Sex education laws and state attacks.
https://www.plannedparenthoodaction.org/issues/sex-education/abstinence-only-programs

McKenney, E. E., Cucchiara, C., Zapotitla, S. B., & Gotham, K. (2024). “You Don’t ‘Just Know’”: Difficulties
in Determining Desire, Recognizing Trauma, and Accessing High-Quality Sexual Education in Neurodiverse Young
Adults. American Journal of Sexuality Education, 1–36.
https://doi.org/10.1080/15546128.2024.2445171

Sharp, M.R. (2022). Social-sexual education for individuals with neurodevelopmental disabilities. UC Davis Health.
https://health.ucdavis.edu/news/headlines/social-sexual-education-for-individuals-with-neurodevelopmental-disabilities/2022/07

Sexuality Information and Education Council of the United States (SIECUS). (n.d.) Comprehensive Sex Education for Children and Youth with Disabilities.
https://siecus.org/wp-content/uploads/2021/03/SIECUS-2021-Youth-with-Disabilities-CTA-1.pdf

Open Letter to Religious Leaders About Sex Education. (2011). American Journal of Sexuality Education, 6(1), 128–131. https://doi.org/10.1080/15546128.2011.547391

Ott MA, Santelli JS. Abstinence and abstinence-only education. Curr Opin Obstet Gynecol. 2007 Oct;19(5):446-52. doi: 10.1097/GCO.0b013e3282efdc0b. PMID: 17885460; PMCID: PMC5913747.