

Let's Talk About Sex – Maybe?

A New Bill Seeks to Expand Sexuality
Education in Colorado

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When Colorado's teen birth rate dropped by more than 50 percent between 2009 and 2017, it made national news.¹

But other important aspects of the sexual health of Colorado's youth have received less attention. Trends around sexual assault and dating violence are stagnant, rates of sexually transmitted infections (STIs) are increasing, and there are wide disparities between lesbian, gay, or bisexual (LGB) youth and their heterosexual peers.²

A bill passed during Colorado's 2019 legislative session seeks to address these issues. House Bill 1032 strengthens state standards for comprehensive sexual health education, referred to in this brief as "sex ed," and provides funding to help school districts update sexual health programs (see Figure 1).

The bill does not require school districts to offer sex ed classes. If they do, however, the classes must be comprehensive — meaning that they include information on consent, the health needs of lesbian, gay, bisexual, transgender, or intersex Coloradans, and other issues that might not be covered in abstinence-only curricula.

Three Takeaways

- Comprehensive sexual health education reduces risky behavior, disease, and teen pregnancy.
- Colorado does well in some measures of youth sexual health, but it has work to do on dating violence and sexual assault, disease prevention, and the treatment of LGBTQ+ youth.
- A law passed in 2019 and other future policies could help address these troubling trends.

HB 1032 updates a 2013 law that some policymakers felt left gaps in the curriculum and resources for sex education. It was one of the most divisive bills of the 2019 session, with more than 20 hours of committee testimony and only two Republican votes across both chambers.



FIGURE 1: HB 1032 clarifies Colorado's definition of comprehensive sex ed and provides funding for such programs, but maintains local district control over whether to offer sex ed and keeps a requirement for parental notification.

RETAINS

- **Local school district control** over whether sex ed is provided at all
- **Requirement that sex ed** be medically accurate and include education about contraception
- **Rule that schools cannot** receive funding from the federal government for abstinence-only education
- **Requirement that parents** receive notification before their children receive sex ed
- **The ability of parents to opt out** of having their children participate in sex ed

PROHIBITS

- ✗ **Schools from contracting** with organizations receiving federal funds for abstinence-only or sexual risk avoidance education
- ✗ **The use of stigmatizing** or shame-based language and gender stereotypes

CLARIFIES

- ? **Inclusion of** LGBTI health needs
- ? **Inclusion of** all FDA-approved contraceptive methods

ADDS

- + **Consent education** to sex ed curricula
- + **\$1 million in funding** for the Comprehensive Human Sexuality Education Grant Program
- + **Requirement that members** of the grant program's oversight committee include representation from people who have traditionally been left out of comprehensive sex ed programs (LGBT youth, intersex individuals, survivors of sexual assault, members of rural communities, etc.)
- + **Intersex individuals** to the list of people who cannot have their health needs excluded in sex ed curriculum
- + **Requirements that instruction** be cohesive, integrated, and objective
- + **Requirement to discuss** all pregnancy outcomes, if talking about any pregnancy outcomes, including parenting, adoption, abortion, and Safe Haven Laws that allow a newborn infant to be left at a fire station with no questions asked within the first 72 hours of their life.
- + **Requirement that rural public schools** or schools not currently offering comprehensive sex ed receive priority in the grant program
- + **Requirement that all schools offering sex ed** comply with these standards, regardless of whether they receive grant funding

Sex Ed in Colorado

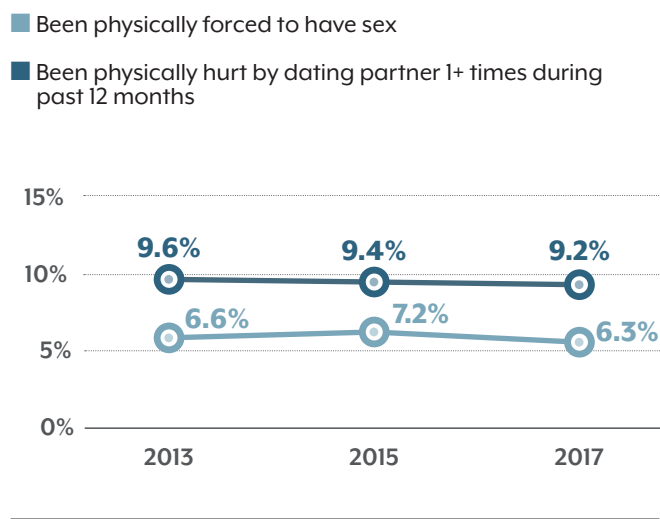
Before HB 1032, health education in Colorado did not meet standards for comprehensive sex ed.

Colorado is a local-control state, which means that the Colorado Department of Education creates comprehensive health education standards and supports school districts in aligning their curriculum with these standards. But the department does not require sex ed to be taught or monitor the extent to which the standards are implemented. In fact, Colorado is the only state that does not require a health education course to graduate.⁴

That will not change under HB 1032. Districts will still determine whether to offer sex ed. Still, supporters of comprehensive sex ed hope that the stronger language will allow parents and students to hold their districts accountable for the quality and contents of the programs they do offer.

Comprehensive sex ed and the standards included in HB 1032 are about much more than sex. An effective sexual health curriculum encourages students to maintain healthy relationships, be sexually abstinent, prevent or reduce sexually transmitted infections (STIs) and unintended pregnancies, and use appropriate health services

FIGURE 2: RATES OF DATING AND SEXUAL VIOLENCE AMONG HIGH SCHOOL STUDENTS REMAINED STAGNANT FROM 2013 THROUGH 2017



TERMINOLOGY AND DEFINITIONS

This report uses several acronyms when discussing lesbian, gay, bisexual, transgender, queer or questioning, and intersex Coloradans. The variation is due to an effort to accurately reflect the groups discussed in recent legislation and research.

LGB: The Healthy Kids Colorado Survey includes data about lesbian, gay, and bisexual (LGB) young people. It does not look specifically at trans or intersex youth.

LGBTQ+: This report uses this acronym to refer to the lesbian, gay, bisexual, transgender, queer or questioning community more broadly, as this is an umbrella term commonly used to include people with a wide range of identities. The plus (+) refers to identities such as intersex, asexual, or pansexual that are not necessarily captured in the acronym LGBTQ alone.

LGBTI: HB 1032 focuses on lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals.

The following definitions, adapted from GLAAD³, can help illuminate the identities included in these definitions.

Gay: An adjective used to describe people whose enduring physical, romantic, and/or emotional attractions are to people of the same sex.

Lesbian: A woman whose enduring physical, romantic, and/or emotional attraction is to other women.

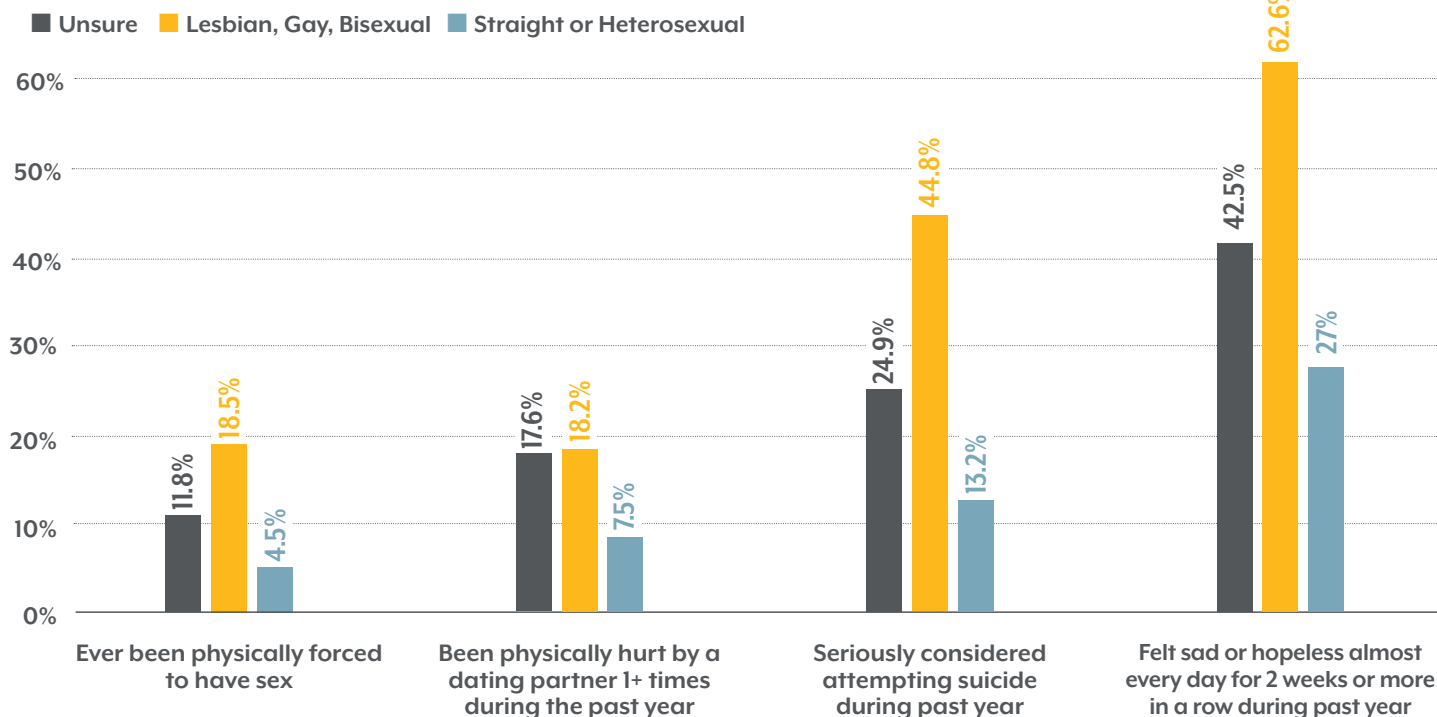
Bisexual: A person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender.

Queer: An adjective used by some people whose sexual is not exclusively heterosexual. Typically, for those who identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting or fraught with cultural connotations they feel don't apply to them.

Intersex: An umbrella term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

FIGURE 3: LGB STUDENTS ARE MORE LIKELY TO REPORT DATING AND SEXUAL VIOLENCE AND POOR MENTAL HEALTH



to promote their sexual health.⁵ The Centers for Disease Control and Prevention (CDC) also suggests a sex ed curricula that includes information on the effective use of contraceptives, abstinence, healthy relationships, anatomy, respecting differences in sexuality, and understanding sexual coercion.⁶ The CDC notes that effective health education, including sex ed, is research-based, provides age-appropriate information, and includes a plan for ongoing professional development of instructors.⁷

According to 2017 Colorado Department of Public Health and Environment (CDPHE) data, 92 percent of secondary schools that offered sex ed discussed abstinence and 93 percent covered HIV/STI awareness. Fewer — 83 percent — discussed contraception.⁸

Almost all secondary schools (95 percent) covered safe relationships, a range of topics that can, but does not necessarily, include consent, defined in the bill as “affirmative, unambiguous, voluntary, continuous knowing agreement between all participants in each physical act” during sex or in an interpersonal relationship. Just half (55 percent) of secondary schools reported that their curriculum included LGBTQ+ inclusive instruction. And less than a third (31 percent) of school districts in Colorado had a comprehensive

sex ed policy on record in 2016.⁹

Moreover, students in schools with more low-income students were less likely to offer a sexual health component within their health education program.¹⁰ These schools were also less likely to include LGBTQ+ inclusive instruction. (See Figure 4.)

HB 1032 addresses some of these disparities, because it provides funds that will go first to rural schools and schools without comprehensive sexual health programs. However, the initial grant is predicted to only reach 17 school districts.¹¹ More funding would be needed to provide all schools with the opportunity to update their curricula.

Sexual Health in Colorado

Colorado still has gaps in youth sexual health. HB 1032 has potential to address them.

Fewer Colorado high school students are having sex than just a few years ago. The percentage of sexually active high school students has declined to 22 percent in 2017 from 29 percent in 2013, according the Healthy

Kids Colorado Survey.^{12,13} That lines up with national trends, according to the CDC.¹⁴

This might suggest that gaps in Colorado's sex ed curricula haven't had an impact on the health of young people. An expanded view of youth sexual health, however, reveals a much more nuanced picture.

While the percentage of sexually active Colorado students using some method of birth control has increased slightly, fewer students reported using a condom the last time they had sexual intercourse. At the same time, rates of STIs — which can be more effectively prevented by using condoms than by other commonly used forms of birth control — are increasing. Chlamydia rates have gone up 24 percent since 2013, and gonorrhea rates have grown 182 percent.

Risk behaviors and STIs are just one part of sexual health. Healthy relationships are another important consideration, and

Students Unsure About Their Sexual Orientation

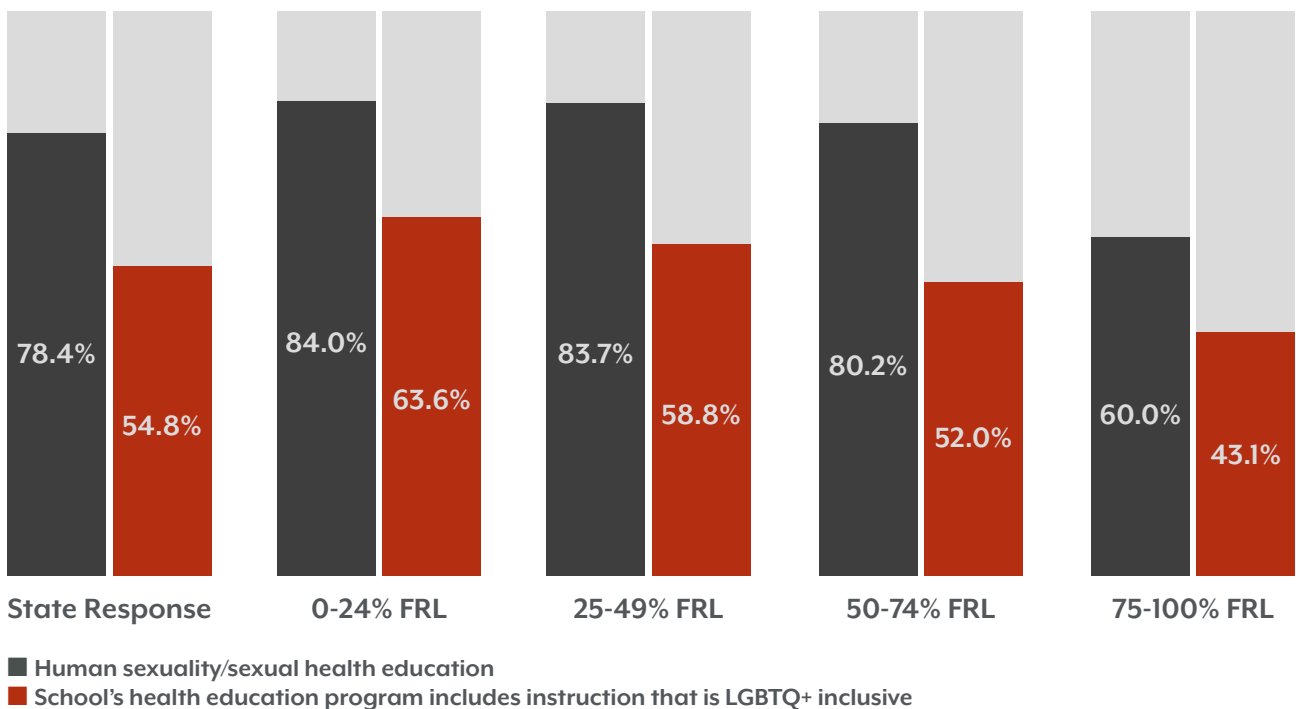


About 2,000 students, or 5 percent of respondents, identified as unsure about their sexuality in the 2017 Healthy Kids Colorado Survey.

Fewer students who were unsure about their sexual orientation reported having had sex and being currently sexually active. Like their LGB peers, however, they reported higher rates of intimate partner and sexual violence, poor mental health periods, and suicidal thoughts than their heterosexual peers.

These students cannot be grouped into either the heterosexual or LGB categories, but these disparities suggest that their needs be considered when developing curricula around healthy relationships and mental health for youth

FIGURE 4: STUDENTS IN LOW-INCOME SCHOOLS ARE LESS LIKELY TO RECEIVE COMPREHENSIVE SEX ED CURRICULUM BY PERCENT OF STUDENTS WHO ARE ELIGIBLE FOR FREE AND REDUCED LUNCH (FRL)





Colorado has not made recent progress in this area.

In 2017, nearly one in 10 high schoolers in a relationship said they experienced dating violence, and more than one in 20 high schoolers experienced sexual assault (see Figure 2). Both figures are close to their 2013 and 2015 values.

HB 1032 adds education about consent to Colorado's definition of comprehensive sex ed, an important step for advocates concerned about these rates. Comprehensive sex ed may also act as a protective factor against sexual assault later in life.¹⁵

LGBT students fare worse on many health measures.

LGBT students face more challenges in sexual and mental health than their heterosexual peers.

In 2017, LGB youth were nearly two-and-a-half-times more likely than their heterosexual peers to report physical violence from a dating partner in the past year and four times more likely to report ever being physically forced to have sex, with nearly one in five LGB students reporting each of these events (see Figure 3). Sexuality-based discrimination and internalized homophobia have both been associated with increased likelihood of experiencing physical and sexual intimate partner violence among gay and bisexual men.¹⁶ Experiences of discrimination might explain the higher rates of sexual and physical violence

for LGB youth in Colorado.

While publicly available Healthy Kids Colorado Survey data does not have information on these outcomes for transgender youth specifically, a 2015 national survey found that nearly half (47 percent) of transgender people have experienced sexual assault. It is likely that transgender high school students in Colorado experience higher rates of sexual violence than their cisgender peers.¹⁷






LGB students are also more likely than non-LGB students to report ever having had sex, having sex before age 13, and being currently sexually active. These students had much higher rates of poor mental health and suicidal feelings (see Figure 3). Research shows that perceived discrimination accounts for increased prevalence of depressive symptoms and risk for self-harm among LGBTQ+ youth.¹⁸ Minority stress, or the experience of stigma, prejudice, and discrimination that creates a stressful social environment and causes mental health issues, offers an explanation for worse health outcomes for the LGBTQ+ population.¹⁹

These disparities between heterosexual and LGB youth were one source of motivation for supporters of HB 1032, which emphasizes that sexual health education cannot explicitly or implicitly exclude the health needs of LGBTI individuals.

There is limited quantitative research on the impact of comprehensive sex ed on sexual health outcomes

of non-heterosexual students. But one study finds an association between students reporting feeling safe at school and LGBTQ+ inclusive curricula.²⁰ Other research shows that LGBTQ+ students in schools with inclusive curricula were less likely to report hearing homophobic comments, experienced lower levels of victimization due their sexual orientation or gender identity, and felt greater belonging in their school community.²¹ Bullying over sexual orientation has been linked to poor mental health outcomes and risk for STIs and HIV later in life.²²

FIGURE 5: COMPARISON OF SEX ED POLICY ACROSS SELECT STATES

	COLORADO	WASHINGTON	CALIFORNIA	MAINE	NEW MEXICO
					
Sex Education Mandatory?	NO	NO	YES	YES	YES
HIV Education Mandatory?	NO	YES	YES	YES	YES
Contraception Covered?	YES	YES	YES	YES	YES
Abstinence Stressed or Covered?	COVERED	STRESSED	COVERED	STRESSED	COVERED
Inclusive of All Sexual Orientations?	YES	YES	YES	NO	YES
Medically Accurate?	YES	YES	YES	YES	NO
Culturally Appropriate and Unbiased?	YES	YES	YES	NO	NO
Prohibits Promoting Religion?	YES	YES	YES	NO	NO
Consent Education?	YES*	NO	YES	NO	NO

*Recent update with HB 1032 not yet implemented

How Does Colorado Compare With Other States?

With HB 1032, Colorado leads in some content requirements. But the state lacks a health education mandate.

Colorado occupies an odd place among the states when it comes to sex ed. It has some of the strongest curriculum standards, but it does not require schools to offer sex ed at all.

The 2013 law made Colorado one of eight states that require sex ed to be culturally appropriate and unbiased, one of nine requiring it to be inclusive of all sexual orientations, and one of 13 requiring it to be medically accurate.²³ With HB 1032, Colorado joins a group of eight states that require education about consent.²⁴

However, Colorado is the only state without a health education mandate²⁵ and it is one of 26 states without a sex ed mandate.²⁶ More than one in five (21 percent) secondary schools reported in 2017 that they do not teach human sexuality or sexual health.²⁷

Comparing Colorado to a handful of states with various sex ed policies (see Figure 5) provides a sense of which policies seem to be associated with certain health outcomes (see Figures 6 and 7).

A sex ed mandate on its own is not enough to drive change in sexual health outcomes, but sex ed policy still influences these outcomes. Other factors, such as access to sexual health services, general education funding, and support resources for LGBTQ+ youth, also greatly influence these measures.

Maine, the only state in the group that does not require LGBTQ+-inclusive sex ed, has the highest mental health disparities between LGB and heterosexual youth (see Figure 6).

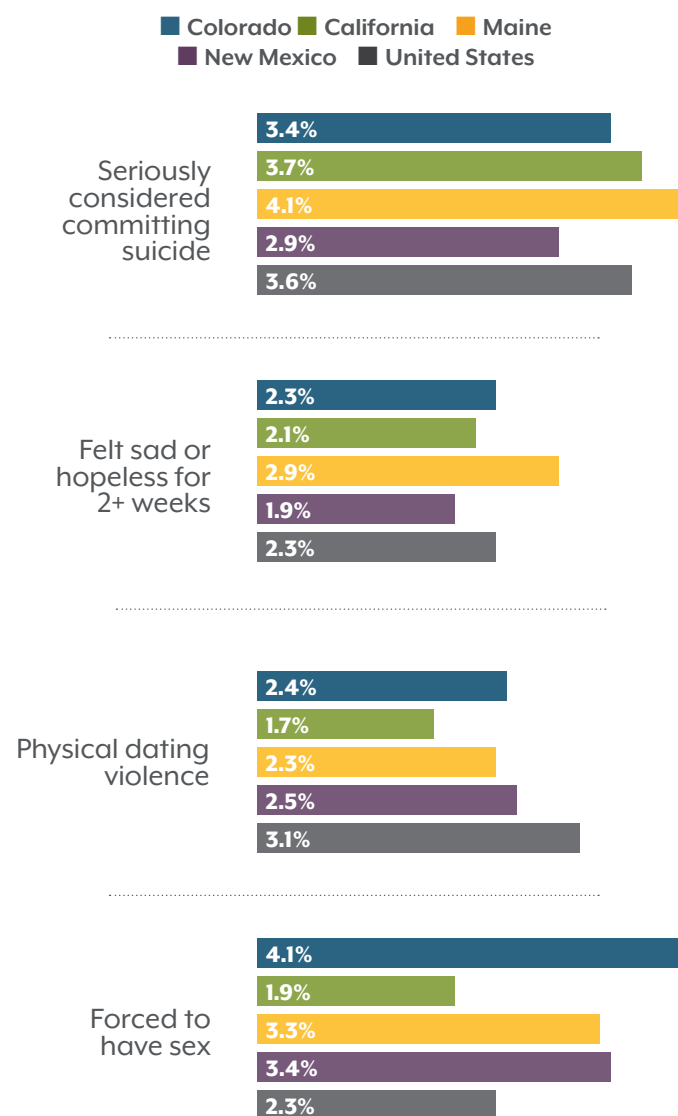
New Mexico, which mandates sex ed but does not require the curriculum to be medically accurate, has the highest STI and teen pregnancy rates among these five states (see Figure 7) — in line with the evidence that comprehensive sex ed is correlated with better health outcomes.²⁸ Supporters of comprehensive sex ed in Colorado who do not want a sex ed mandate believe that without enough funding or resources for

implementation, such a mandate would expand non-inclusive, abstinence-only sex ed and harm youth.

In Colorado, LGB youth experience concerning levels of sexual and dating violence. (see Figure 6). Mandating sex ed for all school districts on its own, however, does not seem to be associated with reducing inequity in these markers.

COLORADO HAS SOME OF THE BIGGEST DISPARITIES FOR LGB STUDENTS FOR SEXUAL VIOLENCE

FIGURE 6: RATIO OF LGB TO HETEROSEXUAL STUDENTS REPORTING ADVERSE EVENTS²⁹



Comprehensive sexuality education can help improve health outcomes. But it's a divisive issue.

Public health research suggests that the expansion of comprehensive sex ed could positively impact youth sexual health. However, any expansion is likely to be contentious.

Public health studies often contrast comprehensive sex ed with approaches such as abstinence-only, abstinence-only-until-marriage (AOUM), and sexual risk avoidance (SRA), which teach that sex should be delayed until marriage and limit discussion of birth control methods to descriptions of its ineffectiveness.³¹

A systematic review of comprehensive sexuality education programs found that these programs increased abstinence and use of protection and decreased the number of sexual partners, frequency of sexual activity, STIs, and pregnancy.³² On the other hand, several reviews of abstinence-only, AOUM, and SRA programs do not show any impact on the same markers of sexual health.³³

Those in favor of a comprehensive curriculum also worry that abstinence-only education harms LGBTQ+ youth and sexual assault survivors. Many abstinence-only programs focus exclusively on heterosexual relationships and describe homosexuality as deviant and unnatural.³⁴

This language can create more stigma for LGBTQ+ youth, which has been linked to suicide, feelings of isolation, substance use, and violence.³⁵

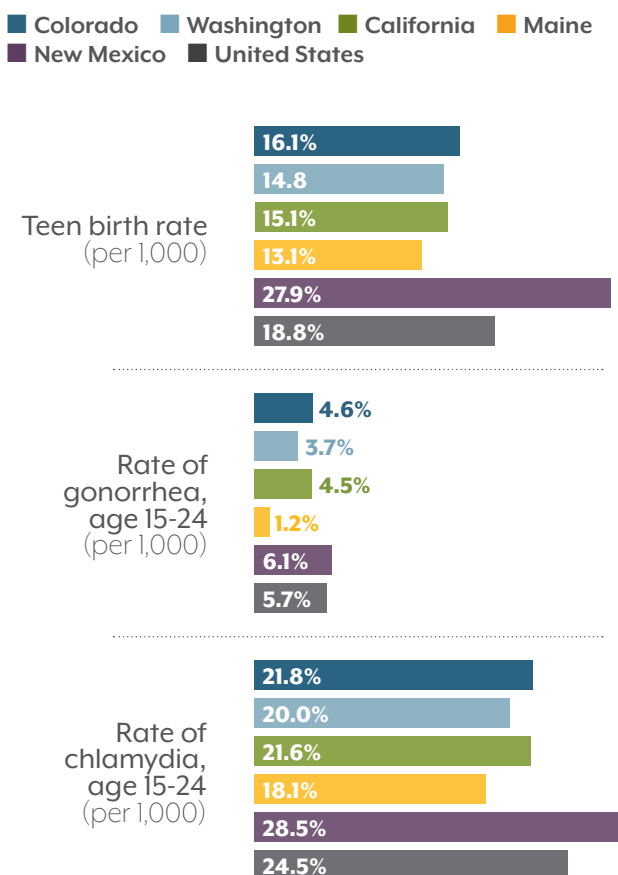
Many abstinence-only programs state that all premarital sexual activity is shameful and leads to guilt about sex.³⁶ Advocates for comprehensive sex ed say these assertions might blame sexual assault survivors and contribute to poor mental health.

Supporters of HB 1032 also often cite less tangible benefits to comprehensive sex ed. Alison Macklin of Planned Parenthood of the Rocky Mountain (PPRM) argues that “young people’s social and emotional well-being is why sex ed matters. It’s about skills and behavioral health for all young people.” Jolene Cardenas of the Colorado Coalition Against Sexual Assault posits that learning personal boundaries and consent at a young age is important for all interpersonal relationships, not just romantic ones. For these supporters, the benefits of comprehensive sex ed go beyond health outcomes that can be demonstrated by quantitative data.

As the lengthy debate over HB 1032 during the 2019 legislative session makes clear, however, many people who oppose comprehensive sex ed in schools have a different vision of what these policies and curricula should look like. Many frame their concerns as a moral issue grounded in values, arguing that providing too much information on contraception endorses premarital sex, of which they do not approve. Some worry that the



FIGURE 7: COLORADO'S STI AND TEEN BIRTH RATES ARE LOWER THAN NATIONAL AVERAGES, BUT RATES IN OTHER STATES WITH MANDATES FOR MEDICALLY ACCURATE SEX ED ARE LOWER³⁰



Other Policy Options

Advocates for HB 1032 did not argue that the new legislation addresses all concerns around sexual health for Colorado's youth. Other policy options may further the goals of improving sexual health outcomes.

For example, Colorado could consider adding a teacher certification program, reaching out to local school districts to inform them of existing resources, or expanding the Comprehensive Human Sexuality Grant Program.

A **teacher certification program** would allow instructors to get trained on how to teach sexual health more effectively. The CDC recommends professional development programs for health education instructors.³⁸ Such a program would give teachers more clarification about how to implement the requirements of the new law and more guidance on the state standards. However, such a program would require funding. While it would likely be an optional program, it could raise the same concerns around usurping local control as HB 1032.

For supporters of comprehensive sex education, **encouraging their school district to apply** for the grant program could be one way to expand sexual health education in their area. Each school district would be able to decide for itself if its leadership wished to access existing resources for expanding sex education programs. Conversations about this issue at the local level would allow both opponents and supporters of comprehensive sex ed to be heard. With or without the grant money, though, schools that offer sex ed will have to follow the new comprehensive standards in HB 1032.

Finally, **expanding the grant program** would give more schools the resources to update their curricula. The initial \$1 million appropriation for the Comprehensive Human Sexuality Grant Program is predicted to fund updates to sexual health education in about 17 school districts. CDPHE, which runs the grant program, will collect data on the effectiveness of the initial appropriation. Lawmakers can use this data to inform next steps for the program, including future funding.

discussion of homosexuality and transgender identities in the classroom discredits their belief systems and promotes sexual activities they oppose, tacitly endorsing one view of sex and sexuality over another.

Other opponents of HB 1032 are concerned that it takes some local control away from schools. They feel that decisions about sex ed should be made locally, where parents' voices are often the strongest. The Colorado Catholic Conference, for instance, believes that "parents are the primary educators of their children and education policy must be crafted in a manner that places the needs of the children and parents first." The perceived loss of local control was one of their main motivations for opposing the bill.³⁷ While schools can still choose not to teach sexual health education at all, the legislation adds more standards for the schools that do choose to include it.

Conclusion

Rates of teen sex and pregnancy are dropping in Colorado, and the state's standards for sex education are now among the most comprehensive in the nation. At the same time, Colorado youth are experiencing concerning rates of STIs and dating violence. LGB students in particular experience more sexual and intimate partner violence. And many school districts do not offer sex ed at all.

Sexual health education matters deeply for the health and future of Colorado's youth. A new comprehensive sexuality education law passed this year aims to improve the quality of sex ed in the state and to put a focus on consent and the needs of LGBTQ+ students.

School classes alone aren't likely to solve all of the challenges related to sexual health faced by Colorado's youth: Access to sexual health services and supportive spaces for LGBTQ+ youth can also help.

But there are proven benefits associated with research-based comprehensive health education. As the legislation is implemented, policymakers and parents should pay attention to its impact on STIs, dating and sexual violence, and on the sexual health and well-being of Colorado's young people. These results not only matter for future policy, but for the future health of Coloradans across the state.



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Notes

Endnotes

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