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## Resource Guide Introduction

(Pay particular attention to **YELLOW** highlighted **WARNINGS** of **Harmful Elements** throughout this document)

**Disclaimer:** This state profile has been prepared by Family Watch International and the Protect Child Health Coalition. While the information provided is as accurate as possible and is updated annually, **laws change and are subject to interpretation**. Therefore, it is advised that you verify and confirm any and all information posted on this website. **Check the Resources listed below for any updates**. Also, **please alert us** if you are aware of any changes, proposed legislation or issues regarding CSE that may be occurring in your state by completing the contact form at [StopCSE.org/Alabama](http://StopCSE.org/Alabama) or by emailing [StopCSE@FamilyWatch.org](mailto:StopCSE@FamilyWatch.org).

Prepared with an interest in protecting the health and innocence of children, this profile provides an overview of sex education in your state. Though the information below is immense, **the resource guide contains information and suggestions** on how to use the provided information **to protect your child and stop CSE.**

- [See CSE Programs in Your State](#)
- [See Harmful Elements of CSE](#)

## How To Use This Guide

- The [Quick Chart](#) shows legal requirements for sex education with common [Sex Education Terms](#). Become familiar with these terms and find ways to replace them with [other suggested terms](#). It is these **sexual rights activists who are implementing sexuality programs for children who will determine the definition of these terms** and not the policymakers who believe that the use of the term will protect kids. The **terms on the quick chart can no longer be considered protective language** because of different notions of what is actually defined as accurate or safe for children.
- The information provided in the [Profile of Federal Funding](#) the state has been awarded for sex education section contains the Government programs and Federal Funding that each state receives. The **federal government does not play a leading role** in Sex Education or get involved with the policy or process since this is something the states and local districts control. **Nevertheless, the federal government can have a significant impact on state and local curricula since it provides funding for state educational programs.**
- The chart of Federally Funded [Programs/Curricula used in State Schools](#) contains the curricula/programs that have been federally funded in your state. The **red highlighted programs** ([see programs in your state](#)) have been found to include harmful elements to children. ***Bring the harmful elements analysis to your state legislators and school boards and show them the harmful elements listed from these CSE programs and ask them to be remove.***
- An overview of the state's [Sex Education Legislation/Guidelines](#) are provided and contains state legislation about *Sex Education policy, Parental rights/involvement, Obscenity laws/exemptions, and other policies* that pertain to Sexual Education. Likewise, it includes guidelines used by the State Department of Education.

### **How to use this information:**

- See if the State Department policies/programs align with legislation.
  - See how [terms are defined](#)
  - Check if legislative findings are backed by valid, empirical, peer reviewed studies. CSE advocates use biased studies to define terms and legislative findings.
  - See how sex-ed guidelines are being enforced and if it protects parental rights, students' rights and religious rights.
  - See if the programs/guidelines violate obscenity laws.
  - See parental requests. It is strongly encouraged to **insert *opt-in* in place of *opt-out***, require notifications in ALL school subjects.
- Included is a list of [How Parental Rights are Being Undermined](#), [News Articles](#) An [Opt-Out Form](#), [Help Protect Child Health and Stop CSE](#), [Connect with Others](#), [Alternate Terms](#), [Resources](#).

# OREGON STATE PROFILE

**Warning!** Oregon is rated **Extremely high** on the **Harmful Elements Level scale**

This profile provides an overview of sex education in Alabama, including:

- I. Chart showing [legal requirements for sex education](#) in this state
- II. [Profile of federal funding](#) the state has been awarded for sex education
- III. Chart of federally funded [programs/curricula used in state schools](#)
- IV. Overview of the state's [sex education legislation/guidelines](#)
- V. List of [how parental rights are being undermined](#) in this state
- VI. [News articles](#) regarding sex education in the state
- VII. [Opt-out form](#) to protect your child from comprehensive sexuality education (CSE)
- VIII. Suggestions for how you can [help protect child health and stop CSE](#)
- IX. Contact information to [connect with others](#) who are concerned about this issue.
- X. [Resources](#) for up-to-date information about sex education in this state



## I. LEGAL REQUIREMENTS FOR SEX EDUCATION IN OREGON

LEGISLATIVE REQUIREMENTS	YES	NO	N/A	LEGISLATIVE CODES <a href="#">CLICK HERE</a>
Sex Education Required	X			581-022-1440(2), 581-022-2050(2), 336.455
Sex Education Optional				
<b>If/When Provided, Sexual Education Must:</b>				
Be Medically Accurate*	X			336.455(2.a,e,f), 581-022-2050(1.d,3, 4, 6c,h)
Be Age Appropriate	X			336.059(2.c), 336.455(1,2.d), 581-022.2050 (1.a, 2, 6.a)
Be Evidence-based	X			581-022-2050(7e)
Be Culturally Appropriate and Unbiased	X			581-022-2050(6s)
Reference/Stress Abstinence**	X			581-022-2050(6a, 7b, 8), 336.455
Include HIV Education	X			581-022-2050(2, 6a, 6b, 6d, 6e, 6i)
Be LGBTQ Inclusive	X			581-022-2050(6q), 336.455
Include safety against sexual abuse	X			581-022-2050(2, 6o, 9, 10)
<b>Parental Role in Sexual Education:</b>				
Parents Must be Notified		X		336.035(2), 336.465(b)
Parent Involvement	X			581-022-2050(2), 329.125
Access to Review Curriculum			X	
Opt-In			X	
Opt-Out Option	X			581-022-2050(5)

\*While requirement may say “abstinence-based” or to “stress abstinence” as the standard, many CSE programs only mention abstinence in passing; they don’t establish abstinence as the expected standard and fail to emphasize abstinence as the only sure way to protect against pregnancy and sexually transmitted diseases, including AIDS.



## II. OREGON SEX EDUCATION FEDERAL FUNDING PROFILE

### Federal Government Programs and Grants Awarded for Oregon

**WARNING:** While grant requirements may state that curricula/programs are to be “evidence based” or “medically accurate” in order to receive funding, research shows that, often, funds go to curricula/programs that are ineffective ([See SexEdReport.org](http://SexEdReport.org)). In addition, content analyses show that [many programs](#) normalize teen sex, encourage sexual pleasure-seeking, condone early sexual debut and promote high-risk sexual behaviors. **It is important to look at the actual content of every curricula rather than relying on labels assigned to them.**

**DASH—Division of Adolescent and School Health**, a division of the Centers for Disease Prevention (CDC), works with community partners to provide training and resource development for so-called “HIV, STD, and pregnancy prevention” programs in school-based and community settings.

- Oregon received DASH funds totaling \$17,500 in fiscal year 2016.

**PREP—The Personal Responsibility Education Programs**, under the Family and Youth Services Bureau (FYSB), provides grants for sex education programs that are sometimes called “abstinence plus” programs and that focus on “both abstinence and contraception.”

- Oregon received PREP funds totaling \$556,126 in fiscal year 2017.<sup>i</sup>

**SRAE—Sexual Risk Avoidance Education** grants go to curricula/programs that emphasize risk avoidance and teach youth to voluntarily refrain from non-marital sexual activity and other risky behaviors. **Note: See yellow warning above.**

- Oregon received SRAE program funds totaling 781,372 in 2018.

**Title V—The TITLE V State Abstinence Education Grant Program** funds abstinence education and mentoring to promote abstinence. However, note that at least one Title V program promotes promiscuity as healthy and normal. As noted above, **it is important to look at the actual content of the curricula.**

- Oregon received a Title V award totaling \$782, 823 in fiscal year 2017.<sup>ii</sup>

**TPP—The Teen Pregnancy Prevention** program, through the Office of Adolescent Health (OAH), funds comprehensive sex education programs for children aged 10 to 19. Note: Research shows that most TPP programs are ineffective at reducing pregnancy rates and some even increase risk. (See [SexEdReport.org](http://SexEdReport.org))

- Oregon received \$1,249,999 in funding for years 2015-2019.<sup>iii</sup>



### III. FEDERALLY FUNDED SEX EDUCATION PROGRAMS IN OREGON

**Note:** Programs in **red** text have been analyzed and found to **contain harmful content** for children. Programs not in red may or may not have harmful content.

See examples exposing harmful content in various CSE curricula and materials at [www.stopcse.org/cse-materials-index/](http://www.stopcse.org/cse-materials-index/). For example, the analysis of [Making a Difference](#), shows CSE programs sexualize children and encourage promiscuity and risky sexual behavior, typically without providing medically accurate information about the long-term risks associated with early sexual debut and experimentation.

#### Federally Funded Sex Education Programs / Curricula in Oregon

FUNDING SOURCE	PROGRAM OR CURRICULUM	FUNDING RECIPIENT
TPPP	<b>Get Real</b> <a href="#">see harm analysis</a>	Multnomah County Health Department
TPPP	<b>Making Proud Choices!</b> <a href="#">see harm analysis</a>	Multnomah County Health Department
TPPP	<b>Reducing the Risk</b> <a href="#">see harm analysis</a>	Multnomah County Health Department
PREP	Family Life and Sexual Health (FLASH)	Oregon Health Authority, Public Health Division
PREP	<b>Rights, Respect, Responsibility</b> <a href="#">see harm analysis</a>	Oregon Health Authority, Public Health Division
PREP	<b>iCu!date!</b> <a href="#">see harm analysis</a>	Oregon Health Authority, Public Health Division
PREP	Native It's Your Game!	THE CONFEDERATED TRIBES OF GRAND RONDE (CTGR)
SRAE		Dove Medical, INC.
SRAE		Northwest Family Services
TITLE V	My Future–My Choice	Children, Adults, and Families Division of the Department of Human Services

See [stopcse.org/cse-materials-index/](http://stopcse.org/cse-materials-index/) for a menu of examples and analyses exposing the harmful elements to children of specific curricula and other CSE materials.

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## IV. OVERVIEW OF OREGON SEX EDUCATION LEGISLATION & GUIDELINES

The following laws and guidelines apply to sex education and how sex education is taught in Oregon.

**Warning!** Oregon is rated **Extremely high** on the **Harmful Elements Level scale**

According to 2017 Oregon Education Volume 9 Title 30<sup>iv</sup>

The Oregon Legislative Assembly requires 329.125<sup>v</sup>

- (1) School districts provide opportunities for **parents or guardians to be involved** in establishing and implementing educational goals and to participate in decision-making at the school site;
- (2) Employers recognize the need for **parents or guardians and members of the community** to participate in the education process not only for their own children but for the educational system

**336.035<sup>vi</sup> Required courses of study; supplemental courses; district courses; courses concerning sexually transmitted diseases.** (1) The district school board shall see that the courses of study prescribed by law and by the rules of the State Board of Education are carried out. The board may establish supplemental courses that are not inconsistent with the prescribed courses and may adopt courses of study in lieu of state courses of study upon approval by the Superintendent of Public Instruction.

(2) Any district school board may establish a course of education concerning sexually transmitted diseases including recognition of causes, sources and symptoms, and the availability of diagnostic and treatment centers. Any such course established may be taught to adults from the community served by the individual schools as well as to students enrolled in the school. The board shall cause the parents or guardians of minor students to be notified in advance that the course is to be taught. Any such parent or guardian may direct in writing that the minor child in the care of the parent or guardian be excused from any class within the course. Any parent or guardian may inspect the instructional materials to be used before or during the time the course is taught.

(3) The district school board shall coordinate the course provided in subsection (2) of this section with the officials of the local health department and the Superintendent of Public Instruction. Teachers holding endorsements for health education shall be used where available. No teacher shall be subject to discipline or removal for teaching or refusing to teach courses concerning sexually transmitted diseases. [Formerly 336.225; 1967 c.67 §26; 1967 c.200 §6; 1973 c.565 §1; 1993 c.45 §74; 2005 c.209 §21]

**336.059<sup>vii</sup> Child sexual abuse prevention instructional program.**

- (1) Each school district board shall adopt a child sexual abuse prevention instructional program for students in kindergarten through grade 12.
- (2) School districts must include in the program:

- (a) Developmentally appropriate, culturally sensitive and evidence-based instruction for each grade level;
- (b) A minimum of four instructional sessions per school year, with each year's instruction building on the previous year's instruction;
- (c) Age-appropriate curriculum including role-playing, discussion, activities and books to educate students regarding child sexual abuse prevention;
- (d) Instruction providing students with the knowledge and tools to communicate incidents of sexual abuse;
- (e) Instruction regarding "safe touch," "unsafe touch," "safe secrets," "unsafe secrets," and how to escape and report a sexual abuse situation;
- (f) Techniques to recognize child sexual abuse, skills to reduce vulnerability and encouragement to report child sexual abuse;
- (g) An evaluation component with measurable outcomes;
- (h) A professional training component for administrators, teachers and other school personnel regarding communicating child sexual abuse prevention techniques to students, effects of child sexual abuse on children, receiving child sexual abuse reports and disclosures and mandated reporting; and
- (i) A parental involvement component to inform parents about child sexual abuse topics, including characteristics of offenders, "grooming" behaviors and how to discuss child sexual abuse prevention with children.

(3) Program instruction may be delivered by instructors including teachers, school counselors and outside agency prevention educators, provided the instructors have knowledge of and training in child sexual abuse prevention. [2015 c.401 §1]

**336.455<sup>viii</sup> Human sexuality education courses; criteria.** (1) Each school district shall provide age-appropriate human sexuality education courses in all public elementary and secondary schools as an integral part of the health education curriculum.

(2) Course material and instruction for all human sexuality education courses shall enhance students' understanding of sexuality as a normal and healthy aspect of human development. Course instruction shall:

- (a) Be medically accurate.
- (b) Be comprehensive.
- (c) Include information about responsible sexual behaviors and hygienic practices that eliminate or reduce the risks of pregnancy and the risks of exposure to human immunodeficiency virus, hepatitis B, hepatitis C and other infectious or sexually transmitted diseases. Information about those risks shall be presented in a manner designed to allay fears concerning risks that are scientifically groundless.
- (d) Promote abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the most effective way to prevent pregnancy and the transmission of

sexually transmitted diseases. However, abstinence may not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures. Human sexuality education courses shall acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.

(e) Include a discussion about the characteristics of the emotional, physical and psychological aspects of a healthy relationship and a discussion about the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy.

(f) Stress that sexually transmitted diseases are serious possible outcomes of sexual contact. Students shall be provided with statistics based on the latest medical information regarding the efficacy of all methods of sexual protection in preventing human immunodeficiency virus infection and other sexually transmitted diseases.

(g) Provide students with information about Oregon laws that address young people's rights and responsibilities related to childbearing and parenting.

(h) Advise students of the circumstances in which it is unlawful under ORS 163.435 and 163.445 for persons 18 years of age or older to have sexual relations with persons younger than 18 years of age to whom they are not married.

(i) Teach students that no form of sexual expression is acceptable when the expression physically or emotionally harms oneself or others and teach students not to make unwanted physical and verbal sexual advances, how to decline unwanted sexual advances or accept the refusal of unwanted sexual advances. Students shall be taught that it is wrong to take advantage of or to exploit another person. Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse.

(j) Validate through course material and instruction the importance of honesty with oneself and others, respect for each person's dignity and well-being, and responsibility for one's actions.

(k) Assist students in the development and practice of effective communication skills, the development of self-esteem and the ability to resist peer pressure.

(L) Encourage family communication and involvement to help students learn to make responsible decisions.

(3) Any course in any public elementary and secondary school, the main purpose of which is to address human sexuality education or human immunodeficiency virus education, or both, shall emphasize that abstinence from sexual contact is the only method that is 100 percent effective against unintended pregnancy, sexually transmitted diseases and human immunodeficiency virus when transmitted sexually. Abstinence is to be stressed, but not to the exclusion of other material and instruction on contraceptive and disease reduction measures. Such courses are to acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.

(4) Nothing in this section prohibits instruction in sanitation, hygiene or traditional courses in biology. [1993 c.775 §1; 2009 c.213 §1]



**336.465<sup>ix</sup> Examination of instructional material; notice; pupil not required to take course.** (1) Each school district shall:

(a) Give parents, guardians and district residents an opportunity to examine the instructional materials to be used in any class, course, assembly or school-sponsored activity.

(b) Inform parents or guardians in advance of any instruction on human sexuality or human immunodeficiency virus and give them an opportunity to review materials. At the same time, parents or guardians shall be informed that no pupil shall be required to take or participate in any instruction on human sexuality or human immunodeficiency virus if the pupil's parent or guardian, after having reviewed the materials, submits written objection to the school district.

(2) Refusal to take or participate in any class, course, assembly or school-sponsored activity on human sexuality or human immunodeficiency virus shall not be reason for harassment, suspension or expulsion of the pupil. [1993 c.775 §2]

## **According to the Oregon Department of Education**

**581-022-2050<sup>x</sup>**

### ***Human Sexuality Education***

(1) The following definitions apply to Oregon Administrative Rule 581-022-2050:

(a) "Age-appropriate" means curricula designed to teach concepts, information, and skills based on the social, cognitive, emotional, experience and developmental level of students;

(b) "Balanced" means instruction that provides information with the understanding of, and strength of the preponderance of evidence;

(c) "Best practice" means a practice/curriculum that is based in proven theory and practices, and has some evidence of effectiveness, but has not specifically gone through a randomized controlled trial that is needed to become an evidence-based practice;

(d) "Comprehensive plan of instruction" (as defined by Oregon education statutes) means k–12 programs that emphasize abstinence, but not to the exclusion of condom and contraceptive skills-based education. The human sexuality information provided is complete, balanced, and medically accurate. Opportunities are provided for young people to develop and understand their values, attitudes, beliefs and decisions about sexuality as a means of helping young people exercise responsibility regarding sexual relationships and sexual health decisions as further defined by subsections (2) and (3);

(e) "Consensual" means the presence of a "yes" when "no" is a viable option;

(f) "Culturally inclusive" means using materials and instruction strategies that respond to culturally diverse individuals, families, and communities in a respectful and effective manner;

(g) "Gender expression" means how people express their gender based on mannerisms, dress, etc. A person's gender expression/presentation may not always match their gender identity;

(h) "Gender identity" means a person's internal sense of being male, female or some other gender, regardless of whether the individual's appearance, expression or behavior differs from that traditionally associated with the individual's sex assigned at birth;

(i) "Gender role" means the socially determined sets of behaviors assigned to people based on their biological sex;

(j) "Gender sensitive" means using materials and instruction strategies that are sensitive to individual's similarities and differences regarding gender role, gender identity and/or sexual orientation;

(k) "Healthy relationship" means one in which both people feel a healthy sense of "self". Each person feels comfortable and safe when spending time with the other person. Two individuals try to meet each other's needs, and each can ask for help and support, within and outside of the relationship without fear of criticism or harm;

(l) "Medically accurate" means information that is established through the use of the 'scientific method.' Results can be measured, quantified, and replicated to confirm accuracy, and are reported or recognized in peer-reviewed journals or other authoritative publications;

(m) "Non-consensual sexual behavior" means any sexual act that is inflicted upon a person who is unable to grant consent or that is unwanted and compelled through the use of physical force, manipulation, threats, or intimidation;

(n) "Research-based" means intervention is based on theoretical approaches that have been shown through scientific evaluation to be effective in achieving the intended outcomes. Evaluation based on studies using scientifically based designs; results published in recognized, peer-reviewed journals;

(o) "Sexual intercourse" means a type of sexual contact or activity involving one of the following:

(A) Vaginal sex;

(B) Oral sex; or

(C) Anal sex;

(p) "Sexual orientation" means an individual's actual or perceived heterosexuality, homosexuality, bisexuality or other romantic and/or sexual attraction;

(q) "Shame or fear based" means terminology, activities, scenarios, context, language, and/or visual illustrations that are used to devalue, ignore, and/or disgrace students who have had or are having sexual relationships. Not all curricula or activities that describe risks of sexual activities can be considered "fear-based;"

(r) "Skills-based" means instructional strategy that has students practice the desired skill; and

(s) "Student bystander behavior" means behaviors in which students who witness or learn about a peer's harmful behaviors or attitudes intervene when it is safe to do so.

(2) Each school district shall provide an age-appropriate, comprehensive plan of instruction focusing on human sexuality education, HIV/AIDS and sexually transmitted infections and disease prevention in elementary and secondary schools as an integral part of health education and other subjects.

Course material and instruction for all human sexuality education courses that discuss human sexuality in public elementary and secondary schools shall enhance students' understanding of sexuality as a normal and healthy aspect of human development. As part of the comprehensive plan of human sexuality instruction, each school district board shall adopt a child sexual abuse prevention instructional program for students in kindergarten through grade 12 as defined in subsection (9). In addition, the HIV/AIDS and sexually transmitted infections and disease prevention education and the human sexuality education comprehensive plan shall provide adequate instruction at least annually, for all students' grades 6-8 and at least twice during grades 9-12.

(3) Parents, teachers, school administrators, local health department staff, other community representatives, and persons from the medical community who are knowledgeable of the latest scientific information and effective education strategies shall develop the plan of instruction required by this rule, and in alignment with the Oregon Health Education Standards and Benchmarks, cooperatively.

(4) Local school boards shall approve the plan of instruction and require that it be reviewed and updated biennially in accordance with new scientific information and effective education strategies.

(5) Any parent may request that his/her child be excused from that portion of the instructional program required by this rule under the procedures set forth in ORS 336.035(2).

(6) The comprehensive plan of instruction shall include information that:

(a) Promotes abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the safest and mostly responsible sexual behavior to reduce the risk

of unintended pregnancy and exposure to HIV, Hepatitis B/C and other sexually transmitted infectious diseases;

(b) Allays those fears concerning HIV that are scientifically groundless;

(c) Is balanced and medically accurate;

(d) Provides balanced, accurate information, and skills-based instruction on the risks and benefits of contraceptives, condoms and other disease reduction measures which reduce the risk of unintended pregnancy, exposure to HIV, hepatitis B/C and other sexually transmitted infections and diseases;

(e) Discusses responsible sexual behaviors and hygienic practices which may reduce or eliminate unintended pregnancy, exposure to HIV, hepatitis B/C and other sexually transmitted infections and diseases;

(f) Stresses the risks of contracting HIV, hepatitis B and C and other infectious diseases through sharing of needles or syringes for injecting illegal drugs and controlled substances;

(g) Discusses the characteristics of the emotional, physical and psychological aspects of a healthy relationship;

(h) Discusses the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy, sexually transmitted infections and diseases;

(i) Stresses that HIV/STDs and hepatitis B/C can be possible hazards of sexual contact;

(j) Provides students with information about Oregon laws that address young people's rights and responsibilities relating to childbearing and parenting, and prevention of the spread of STDs, STIs, including testing for STDs, STIs, HIV and pregnancy;

(k) Advises pupils of the circumstances in which it is unlawful under ORS 163.435 and 163.445 for persons 18 years of age or older to have sexual relations with persons younger than 18 years of age to whom they are not married;

(l) Encourages positive family communication and involvement and helps students learn to make responsible, respectful and healthy decisions;

(m) Teaches that no form of sexual expression, or behavior is acceptable when it physically or emotionally harms oneself or others and that it is wrong to take advantage of or exploit another person;

(n) Teaches that consent is an essential component of healthy sexual behavior. Course material shall promote positive attitudes and behaviors related to healthy relationships and sexuality, and encourage active student bystander behavior;

(o) Teaches students how to identify and respond to attitudes and behaviors which contribute to sexual violence;

(p) Validates through course material and instruction the importance of honesty with oneself and others, respect for each person's dignity and well-being, and responsibility for one's actions;

(q) Uses inclusive materials, language, and strategies that recognizes different sexual orientations, gender identities and gender expression;

(r) Includes information about relevant community resources, how to access these resources, and the laws that protect the rights of minors to anonymously access these resources; and

(s) Is culturally inclusive.

(7) The comprehensive plan of instruction shall emphasize skills-based instruction that:

(a) Assists students to develop and practice effective communication skills, the development of self-esteem and the ability to resist peer and partner pressure;

(b) Provides students with the opportunity to learn about and personalize peer, media, technology and community influences that both positively and negatively impact their attitudes and decisions related

to healthy sexuality, relationships, and sexual behaviors, including decisions to abstain from sexual intercourse;

(c) Enhances students' ability to access valid health information and resources related to their sexual health;

(d) Teaches how to develop and communicate relational, sexual and reproductive boundaries;

(e) Is research-based, evidence-based and/or best practice; and

(f) Aligns with the Oregon Health Education Content Standards and Benchmarks.

(8) All human sexuality education programs shall emphasize that abstinence from sexual intercourse, when practiced consistently and correctly, is the only method that is 100 percent effective against unintended pregnancy, HIV infection (when transmitted sexually), hepatitis B/C infection, and other sexually transmitted infections and diseases. Abstinence is to be stressed, but not to the exclusion of contraceptives and condoms for preventing unintended pregnancy, HIV infection, sexually transmitted infections and diseases, and hepatitis B/C. Such courses are to acknowledge the value of abstinence while not devaluing, ignoring or stigmatizing those students who have had or are having sexual relationships. Further, sexuality education materials, instructional strategies, and activities must not, in any way, use shame or fear based tactics.

(9) As part of the comprehensive plan of human sexuality instruction, each school district shall provide child sexual abuse prevention instruction from kindergarten through grade 12. School Districts must provide a minimum of four instructional sessions per year. One instructional session is equal to one standard class period.

(10) Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced, perpetrated, or witnessed sexual abuse and relationship violence.

Statutory/Other Authority: ORS 326.051

Statutes/Other Implemented: ORS 336.455 & 336.455

History:

Renumbered from 581-022-1440 by ODE 16-2017, f. & cert. ef. 7-5-17

ODE 16-2016, f. & cert. ef. 3-22-16

ODE 10-2013, f. & cert. ef. 4-10-13

ODE 25-2009, f. & cert. ef. 12-10-09

ODE 15-2007, f. & cert. ef. 7-6-07

ODE 25-2002, f. & cert. ef. 11-15-02

EB 2-1997, f. & cert. ef. 3-27-97

EB 18-1996, f. & cert. ef. 11-1-9

### **According to The Oregon Department of Education**

Oregon Health Education Standards and Performance Indicators were adopted by the State Board of Education in December 2016 which includes:

- [Health Education Standards](#)
- [National Health Education Standard](#)
- [Appropriate Practices in School-Based Health Education](#)
- [Sexuality Education Resources](#)
- [Tilte IV-A Student Support and Academic Enrichment \(SSAE\) Grant](#)

**Warning!** Oregon uses curriculum/programs rated **Extremely high** on the [Harmful Elements Level scale](#)

## **According to Oregon Obscenity Exemption Laws**

### **O.R.S. § 167.080**

#### **167.080. Displaying obscene materials to minors**

(1) A person commits the crime of displaying obscene materials to minors if, being the owner, operator or manager of a business or acting in a managerial capacity, the person knowingly or recklessly permits a minor who is not accompanied by the parent or lawful guardian of the minor to enter or remain on the premises, if in that part of the premises where the minor is so permitted to be, there is visibly displayed:

(a) Any picture, photograph, drawing, sculpture or other visual representation or image of a person or portion of the human body that depicts nudity, sexual conduct, sexual excitement or sadomasochistic abuse; or

(b) Any book, magazine, paperback, pamphlet or other written or printed matter, however reproduced, that reveals a person or portion of the human body that depicts nudity, sexual conduct, sexual excitement or sadomasochistic abuse.

(2) Displaying obscene materials to minors is a Class A misdemeanor. Notwithstanding ORS 161.635 and 161.655, a person convicted under this section may be sentenced to pay a fine, fixed by the court, not exceeding \$10,000.

#### **Credits**

Laws 1971, c. 743, § 259.

### **O.R.S. § 167.085**

#### **167.085. Defenses**

In any prosecution under ORS 167.075 and 167.080, it is an affirmative defense for the defendant to prove:

(1) That the defendant was in a parental or guardianship relationship with the minor;

(2) That the defendant was a bona fide school, museum or public library, or was acting in the course of employment as an employee of such organization or of a retail outlet affiliated with and serving the educational purpose of such organization;

(3) That the defendant was charged with furnishing, showing, exhibiting or displaying an item, those portions of which might otherwise be contraband forming merely an incidental part of an otherwise nonoffending whole, and serving some purpose therein other than titillation; or

(4) That the defendant had reasonable cause to believe that the person involved was not a minor.

#### **Credits**

Laws 1971, c. 743, § 260; Laws 1993, c. 18, § 27; Laws 2001, c. 607, § 1.

### **Age of Majority<sup>xi</sup> =**

Based on Oregon law, anyone under the age of 18 is considered a minor, while those 18 years old and older are considered adults.

### **Age of Consent<sup>xii</sup> =**

In Oregon, the age when children can legally consent or agree to sex is 18.

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## V. PARENTAL RIGHTS AT RISK IN OREGON

Warning! Most CSE programs put parental rights at risk by either encouraging or requiring that parents not be notified and/or by instructing children how to access such things as abortion, contraception and other so-called health services **without parental notification or consent**.

It is particularly dangerous to encourage students in this way, particularly considering the fact the laws often support what is being taught in CSE programs. For example:

Without notifying or receiving consent from their parents, minor children in Oregon may consent to and receive:

- All contraceptive services\*
  - All STI (sexually transmitted infection) services
  - All prenatal care services (for women at least 15 years of age)\*
- \*Health care providers may inform the minor's parents, but are not required to do so.)



## VI. NEWS HEADLINES FROM OREGON

May 3, 2017 - **“Our View: Abstinence-only sex education making an unwanted comeback”**  
<https://www.pressherald.com/2017/05/03/our-view-abstinence-only-sex-education-making-unwanted-comeback/>

May 4, 2017 - **“Part 1: Sex education in Oregon: is it working?”**  
<https://kobi5.com/news/part-1-sex-education-in-oregon-is-it-working-52083/>

July 19, 2017 - **“Trump administration cutting funding for county sex education program”**  
<https://katu.com/news/local/trump-administration-cutting-funding-for-county-sex-education-program>

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## VII. OPT-OUT FORM

By signing a parental non-consent form, also known as an opt-out form, parents can protect their children from being subjected to harmful CSE programs. Download and print the provided form and modify it as needed (see included instructions). Sign it and take it to your child's school, and ask that it be put on file as part of your child's permanent record and that all teachers and instructors be notified.

A sample opt-out form, provided by Liberty Counsel, along with instructions for use, can be found at: [stopcse.org/Oregon](http://stopcse.org/Oregon)



## VIII. GET INVOLVED TO STOP CSE

**You can get involved to stop CSE and protect the health and innocence of children** across the U.S. and in countries around the world:

1. Sign the Stop CSE petition at [stopcse.org/petition/](http://stopcse.org/petition/)
2. Watch the "War Against Children" documentary and share this link to the documentary with your friends and neighbors at [stopcse.org/film/](http://stopcse.org/film/)
3. Connect with others in your state who are working to Stop CSE in your schools to see how you can get involved. Go to [stopcse.org/Oregon](http://stopcse.org/Oregon) to connect.



## IX. CONNECT WITH OTHERS

Let us put you in contact with other people and organizations who are actively involved in helping to protect the health and innocence of children.

Fill out the contact form on [www.stopcse.org/oregon](http://www.stopcse.org/oregon) or email us your name, city, state, school district, and any questions or concerns you may have and we will put you in contact with people from your state or one of our national representatives.

Email Address: [StopCSE@familywatch.org](mailto:StopCSE@familywatch.org)

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## X. RESOURCES

- DOCUMENTARY: *The War on Children: The Comprehensive Sexuality Education Agenda* (FWI Documentary) – <https://stopcse.org>
- STUDY: Re-Examining the Evidence: School-based Comprehensive Sex Education in the United States (IRE Study) – [www.sexedreport.org](http://www.sexedreport.org)
- REPORT: An Evidence-Based Response to a Critique of Abstinence Education (IRE Report) - [https://www.comprehensivesexualityeducation.org/wp-content/uploads/IRE\\_Response\\_To\\_Santelli\\_Article\\_4-20-18.pdf](https://www.comprehensivesexualityeducation.org/wp-content/uploads/IRE_Response_To_Santelli_Article_4-20-18.pdf)

### Additional Resources:

- Oregon Volume 9/Title 30 Education - [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)
- Oregon Sexual Education guidelines - <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=145221>
- DOE OREGON HEALTH EDUCATION STANDARDS adopted 2016 - <http://www.oregon.gov/ode/educator-resources/standards/health/Documents/2016ORHEStandards.pdf>
- Oregon Titles/Statutes - [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)
- Oregon Legislation - <https://www.oregonlegislature.gov/>
- Legislation websites by state - <https://www.congress.gov/state-legislature-websites>
- U.S. Department of Health and Human Resource TPPP page - <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/current-grantees/index.html>
- U.S. Department of Health and Human Resource other state funding - <https://www.acf.hhs.gov/fysb/resource-library/search#?area%5B1981%5D=1981&type%5B5168%5D=5168&sort=recent&ajax=1>
- TPPP Funding - <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/about/index.html>
- Abstinence Education Grant Program Medical Accuracy Guide - [https://www.acf.hhs.gov/sites/default/files/fysb/medical\\_accuracy\\_aegp.pdf](https://www.acf.hhs.gov/sites/default/files/fysb/medical_accuracy_aegp.pdf)

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## **XI. How Sexual Education Terms are defined as by Comprehensive Sexuality Education and sexual rights advocates**

**Age Appropriate** – This is a term designed to trick people into accepting CSE and CSE curriculum, giving a false sense of security that somehow CSE becomes sanitized if this is added when in reality, CSE is never appropriate.

**Abstinence-based** – Recent definitions include: **Anything goes**, petting, masturbation, rubbing genitals etc. as long as there is no penetration.

**Culturally Appropriate and Unbiased** – Advances respect for and rights of LGBTQI lifestyles.

**Evidence-Based** - Non-religious sexuality education (cannot include abstinence programs) that is backed by biased studies done by CSE advocates.

**HIV/AIDS Education** – Used as a euphemism for CSE.

**Medically Accurate** - This description is used for Comprehensive Sexuality Education programs, claiming only CSE is medically accurate, while abstinence programs are not.

### **ALTERNATE SUGGESTIONS**

**"Age Appropriate"** - DELETE: Never, ever accept! It is an oxymoron in the context of CSE. Adding it deceives one to think CSE can be or is age-appropriate when by its very nature it is age-inappropriate.

**"abstinence-based sex education"** - REPLACE WITH: "abstinence sex education" or "sexual risk avoidance education"

**"gender"** - DELETE OR REPLACE WITH: "sex" or "male and female"

**"access"** - BALANCE WITH: "rights of parents" Granting children access could violate parental rights.

**"comprehensive sex education"** - REPLACE WITH: "sex education," "abstinence education," or "sexual risk avoidance education."

**"consent"** - REPLACE WITH: "refusal skills." Children should not be learning how to consent to sex.

**"evidence-based"** - DELETE: Code word for CSE programs since they all claim they are evidence-based.

**"family life education"** - DEFINE: Used as a euphemism for CSE. Replace with "Sexual Risk Education", "sex education", "abstinence education"

**"HIV/AIDS prevention education"** DEFINE: Used as a euphemism for CSE.

**"life skills program"** - DEFINE: Used as a euphemism for CSE.

**"medically accurate"** - DELETE: Sexual Rights Advocates falsely claim only CSE is scientifically accurate and abstinence is not. This is used to exclude abstinence programs. Does not support CSE.

**"reproductive health education"** - REPLACE WITH: "sex education," "abstinence education" or "sexual risk avoidance education."

**"role of parents"** - REPLACE WITH: "rights of parents."

**"scientifically accurate"** - DELETE: Sexual Advocates falsely claim only CSE is scientifically accurate and abstinence is not. This is used to exclude abstinence programs.

**"sexual and reproductive health education"** - REPLACE WITH: "sex education," "abstinence education" or "sexual risk avoidance education"

**"sexual education"** - REPLACE WITH: "sex education," "abstinence education" or "sexual risk avoidance education."

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- <sup>i</sup> U.S. Department of Health and Human Services <https://www.acf.hhs.gov/fysb/resource-library/search#?area%5B1981%5D=1981&type%5B5168%5D=5168&sort=recent&ajax=1>
- <sup>ii</sup> U.S. Department of Health and Human Services <https://www.acf.hhs.gov/fysb/resource-library/search#?area%5B1981%5D=1981&type%5B5168%5D=5168&sort=recent&ajax=1>
- <sup>iii</sup> <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/about/index.html>
- <sup>iv</sup> [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)
- <sup>v</sup> [https://www.oregonlegislature.gov/bills\\_laws/ors/ors329.html](https://www.oregonlegislature.gov/bills_laws/ors/ors329.html)
- <sup>vi</sup> 336.035 Required Courses in STI and Parents Rights - [https://www.oregonlegislature.gov/bills\\_laws/ors/ors336.html](https://www.oregonlegislature.gov/bills_laws/ors/ors336.html)
- <sup>vii</sup> 336.059 Child Sexual Abuse - [https://www.oregonlegislature.gov/bills\\_laws/ors/ors336.html](https://www.oregonlegislature.gov/bills_laws/ors/ors336.html)
- <sup>viii</sup> 336.455 Human Sexuality Education Courses - [https://www.oregonlegislature.gov/bills\\_laws/ors/ors336.html](https://www.oregonlegislature.gov/bills_laws/ors/ors336.html)
- <sup>ix</sup> 336.465 Examination of Instructional Material - [https://www.oregonlegislature.gov/bills\\_laws/ors/ors336.html](https://www.oregonlegislature.gov/bills_laws/ors/ors336.html)
- <sup>x</sup> Human Sexuality Education 581-022-2050 <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=145221>
- <sup>xi</sup> <http://statelaws.findlaw.com/family-laws/legal-ages.html>
- <sup>xii</sup> <https://www.legalmatch.com/law-library/article/age-of-consent-by-state.html?intakeredesigned=1>