

Opt-In Policy for Sexual Health Education and Abuse Prevention

Texas School Representatives' Attitudes and Experiences

POLICY RECOMMENDATIONS

In light of the findings, we offer the following recommendations to policymakers:

1. Encourage school districts to collect empirical data on parental permission response rates.
2. Remove administrative barriers that prevent schools from easily distributing permission forms to parents, such as the prohibition on sending out the opt-in form with other documents.
3. Provide additional training to districts on the recent policy changes to increase awareness.
4. Talk with schools and parents to ensure the policy is meeting their preferences related to students' receipt of sexual health and abuse prevention education.



Background

Recent legislation enacted in Texas mandates that public schools implement an “opt-in” policy requiring written parental permission for students to receive instruction on sexual health and the prevention of child abuse, family violence, dating violence, or sex trafficking.ⁱ This opt-in policy is in contrast to the opt-out policy, in which schools automatically enroll students, and parents may remove their children from the instruction. Texas is one of five states who have an opt-in policy for sexual health education and the only state to require parent opt-in for abuse prevention instruction.ⁱⁱ

Prior studies have indicated that compared to opt-out policies, opt-in policies:

- reduce student participation rates;ⁱⁱⁱ
- require burdensome retrieval methods;^{iv} and
- disproportionately underrepresent high-risk youth.^v

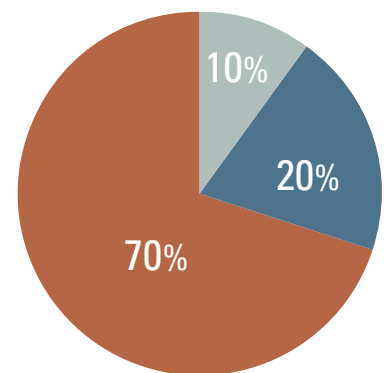
To evaluate the impact of this new policy on the implementation of sexual health and abuse prevention education among youth in Texas schools, a diverse, bipartisan sample of Texas school representatives was surveyed to assess their attitudes and experiences.

“Opt-in places more unnecessary burden on campus personnel who are already stretched beyond capacity.”

District administrator in a public school

“...Schools such as mine have additional barriers created by an opt-in system, such as parents that may have limited or no literacy skills, ESL speakers, cultural barriers, and just the general return rate we get for parent [consents].”
Counselor/social worker in a public school district

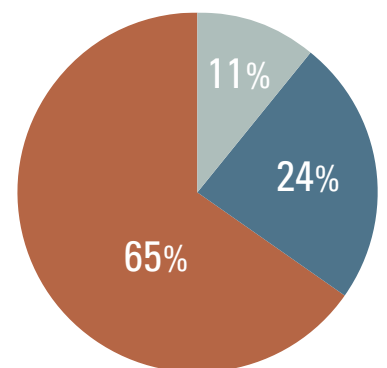
Sexual Health Education Consent Policy Preference



■ Prefer opt-out ■ Prefer opt-in
■ No preference

Note: n=115

Abuse Education Consent Policy Preference



■ Prefer opt-out ■ Prefer opt-in
■ No preference

Note: n=115

“The opt-in requires students to receive permission from possible abusers to learn about healthy relationships.”

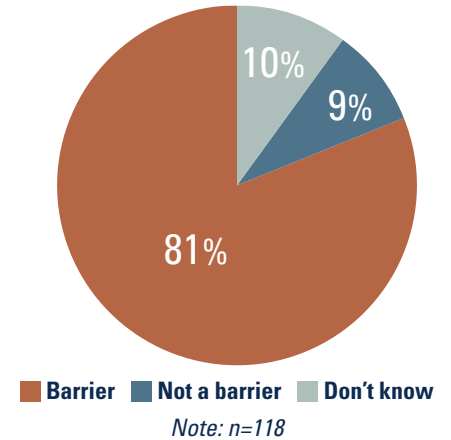
Counselor/social worker in a public school district

KEY FINDINGS

Both quantitative and qualitative data were collected and analyzed. Results indicated that:

1. A majority of respondents view the opt-in policy as a barrier to the receipt of sexual health and abuse prevention education and prefer an opt-out policy.
2. The opt-in policy may widen socioeconomic and health disparities for students who speak English as a Second Language (ESL), are low-income, or have absentee parents.
3. Respondents were concerned that the opt-in abuse prevention policy places abused youth at heightened risk, as abusive parents/guardians are unlikely to grant permission for prevention education.
4. Respondents report that obtaining parental consent is time-consuming and takes away from teachers' or administrators' time.
5. When parents do not return permission forms, it is not necessarily because they are making an informed decision to withdraw their child, but rather that parents experience challenges (such as lack of awareness, time, engagement, language) returning the permission slip.

Perception of Opt-In Policy as a Barrier to Students' Receipt of Sexual Health Education in 2022-2023



2021-2022 PARENTAL PERMISSION FORM RETURN RATES¹

Total parental permission form return rates ranged from 32.8% to 100% among middle schoolers and 2% to 76.6% among high schoolers.

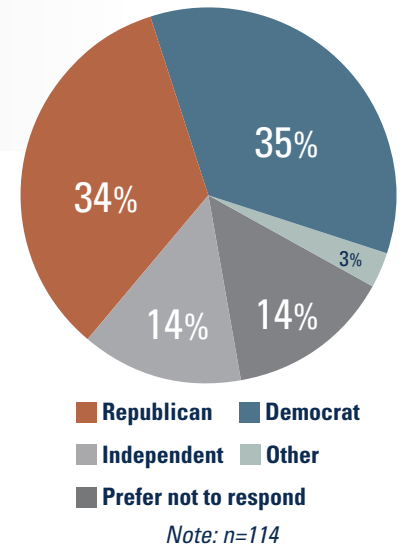
Among parents whose child did return a parental permission form, the vast majority provided permission for their child to participate in sexual health education.

“The kids who are left on their own are statistically the ones who need sexual education more.”

SHAC member in a public school district

“Students are missing out due to the opt in procedures. Many parents don't sign because they just don't see it.”
Curriculum Coordinator in a public school district

Respondent Political Affiliation



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¹Among respondents whose school districts implemented the opt-in sexual health education policy and could provide data (n=6 respondents for middle school; n=4 respondents for high school).

²Texas Education Code § 28.004. Local School Health Advisory Council and Health Education Instruction. Retrieved from: <https://statutes.capitol.texas.gov/Docs/ED/htm/ED.28.htm#28.004>.

³Texas is Ready, “Opt-In Requirements for Sex Education and Abuse Prevention,” accessed February 24, 2023, https://www.texasisready.org/_files/ugd/fae15f_81b72d6d7eba412d8bbaceeb1a47453f.pdf.

⁴Beth Tiggles, “Parental Consent and Adolescent Risk Behavior Research,” *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing / Sigma Theta Tau* 35 (February 1, 2003): 283–89, <https://doi.org/10.1111/j.1547-5069.2003.00283.x>.

⁵Phyllis L. Ellickson and Jennifer A. Hawes, “An Assessment of Active versus Passive Methods for Obtaining Parental Consent,” *Evaluation Review* 13, no. 1 (February 1989): 45–55, <https://doi.org/10.1177/0193841X8901300104>.

⁶Chao Liu et al., “The Effects of Requiring Parental Consent for Research on Adolescents' Risk Behaviors: A Meta-Analysis,” *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 61, no. 1 (July 2017): 45–52, <https://doi.org/10.1016/j.jadohealth.2017.01.015>.