

House Bill 105
Age-appropriate Sex Abuse Instruction “Erin’s Law”
Interested Parties Testimony

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Dear Chairman Brenner,

Mr. Chairman and other committee members, thank you for the opportunity to testify as an interested party for HB 105: Age-appropriate Sex Abuse Instruction. I am a health education and physical education professor from Wright State University, a parent, and a representative of the Ohio Association of Health, Physical Education, Recreation and Dance (OAHPERD). OAHPERD is an organization for over 600 Ohio health and physical education professionals. OAHPERD is an interested party because Ohio’s health education teachers are directly impacted and charged with implementing aspects of HB 105.

OAHPERD’s role in this issue is to raise awareness of the importance of skills-based health education, give voice to health education teachers on pertinent legislation, advocate for a healthy and physically active Ohio, and support schools and teachers by providing quality resources and professional development. We encourage and support legislation that will align resources, curriculum, programs, and initiatives to maximize finite school resources to promote all aspects of health and wellness including sexual abuse and sexual violence prevention. Our written and in-person testimony provides insight regarding the impact of this bill on our students and teachers, as well reminding the committee about the persistent unaddressed need to support quality health education by adopting health education standards.

While supporting the bill, we also want to share the current context of health education in Ohio that will influence the impact of HB 105. Ohio is also the **only** state without health education standards. Health education is the **only** required academic content area without standards in Ohio. Currently the General Assembly has oversight for health education. The General Assembly has only provided additional requirements but has provided little support and guidance for local school districts and teachers to develop effective, relevant, and meaningful health education curriculum. The lack of oversight has led to outdated and ineffective local health education curriculum that does not always meet the ORC health education mandates in Grades K-12. Health Education in Ohio needs health education standards because our schools need guidance to provide quality, skill-based quality health education that leads to healthy behaviors.

The health education you experienced was probably not high-quality, skills-based health education. Many of you have experienced traditional health education focused on learning the facts about your body, why drugs are bad for you, the nutrients in foods and other knowledge about how to be healthy. Knowing isn’t enough, we need the skills to make healthy choices. Standards are needed to clarify what students will learn, rather than what topics we talk about. Standards would promote a skills-based approach to health education that would develop skills that could be applied across topics, issues, or situations. These skills include communication, decision-making, accessing valid health resources and advocating for healthy choices. In

sexual abuse prevention this would include the skills to identify a trusted adult to help you or a friend; communication skills to share a concern with a trusted adult or demonstrate listening and empathy skills; or decisions-making skills to identify safe and healthy choices.

We support the components of HB 105 to require instruction in developmentally appropriate sexual abuse prevention and professional development for in-service teachers and professionals. We believe sexual abuse and sexual violence prevention should be part of local district's K-12 Health Education Curriculum. The impact HB 105 will be limited due to a narrow focus on only addressing the topic and creating awareness of resources. I will present a brief overview of the barriers and provide insight to potential solutions that require effort and engagement from health, education, and policy stakeholder groups.

Health Education in Ohio's Schools

The time requirement for health education in Ohio is limited to .5 units or one semester (60 hours) for graduation. High school students receive one semester that is typically earned in ninth grade (See Figure 1). Despite the requirement for health education to be included in the Grades K-8 course of study, health education is inconsistently delivered the grade levels with an estimate of 60% of middle school students receiving health education. Elementary grades either receive very limited health education or a piecemeal approach of topics that does little to improve health behaviors. We also recognize the limited prevalence of licensed health education teachers in Grades K-8. We are currently unaware of any full-time elementary health education teachers despite health education being a Multi-age (K-12) license.

We assert the General Assembly's approach to continue to expand the Ohio Revised Code Requirements (ORC) for health education is untenable and local districts should determine the topics and instructional strategies that produce a curriculum that is meaningful and relevant to their students' needs. Consistently ORC 3313.60 highlights curriculum topics but fail to clarify what skills students should learn within these topics. This topic-driven approach has not included health education teachers and has resulted in a crisis-driven, outdated curriculum that suggests health education is only about addressing a topic without concern for student learning. I also wanted to take a moment to give voice to health education teachers who express frustration with the current approach to health education legislation in Ohio. The General Assembly has frequently added to the list of required topics schools, at times even without public hearings, violating of the concept of local control by requiring specific topic statements that must be taught for venereal disease such as "conceiving children out of wedlock is likely to have harmful consequence for the child, the child's parents, and the society."

We are not here today to change those requirements, but we aim to create an awareness that health education teachers are doing their best to be effective and efficient by focusing on student learning. As the General Assembly continues to add topic requirements, understand that these state mandates are not implemented because of limited time and resources for health education. We would like the committee and members of the General Assembly to understand the time required for health education is limited to 60-hours in high school and allocated very little time in Grades K-8. As the General Assembly continues to increase the topic requirements there must be thoughtful consideration of expanding health education to at least 120 hours in high school and strategies to expand health education in Grades K-12.

Health Education Curriculum in Ohio's Schools

The lack of guidance and support from the state has left health education as an ignored content area. The School Health Profiles Study¹ only 70% of districts reported having a written health education curriculum. A 2018 study found that only 42.4% of schools have an updated curriculum within the last 5 years. The other 57% of districts either have an older curriculum (30.6%) or have no idea where they might find their curriculum (27.2%).² Teachers lack professional development in key topics and curriculum development, only 42.6% of teacher had professional development in the last two years in alcohol, tobacco and other drugs; 60.2% on violence prevention;* and 18.3% on connecting students to students to on-site or community based sexual health services.¹ The driving force behind effective health education curriculum are standards. We have seen the positive impact of state standards for physical education (See Figure 2) where 85.5% of districts reported a physical education curriculum, we expect similar success for health education when we adopt standards.¹ HB 105 is a missed opportunity to provide guidance that would ignite efforts to support districts and health education teachers through professional development and resources to update local curriculum towards a skills-based approach to health education. Skills, along with functional health knowledge, are key to promoting sexual abuse prevention. Examples of learning outcomes for sexual abuse/sexual violence prevention aligned with the National Health Education Standards can be found in the [OAHPERD Health Education Model Curriculum](#) (See Attachment 1). The OAHPERD Health Education Model Curriculum is a useful tool for local districts and teachers to build a skills-based health education curriculum for students in Grades K-12. We hope standards align these special interest areas to avoid fighting for time within health education and refocus our attention on a comprehensive and aligned whole school, whole community approach that develops the skills to be healthy. Attachment 1 provides a list of K-12 learning outcomes for functional knowledge and skills that align with the content of HB 105. There is also a link to show how one state has provided supports and resources for local districts to implement Erin's Law. We hope the General Assembly is prepared to support Ohio's teachers in a similar manner to implement HB 105.

A Whole School, Whole Community Approach

Adopting a skills-based approach aligned with the National Health Education Standards is an essential ingredient developing a lifetime of healthy behaviors. HB 105 in its current format missed an opportunity to adopt a whole school, whole community approach. We believe effective sexual abuse and sexual violence prevention curriculum is best delivered as part of a holistic, comprehensive, and coordinated approach to skills-based health education. A whole school, whole community approach aligned with the Ohio Whole Child Framework would not only prioritize health education but also coordinate the sexual abuse/sexual violence prevention efforts to include parent engagement and community involvement. Parent education would be an important element to support, reinforce, and practice the skills learned in health education. Community involvement is essential in prevention efforts, developing trusted adults, and providing access to community resources that promote healthy, safe, engaged, supported, and challenged students. The impact of HB 105 would be greatly enhanced by looking at policy that would require schools to develop a standards-based, skills-focused K-12 health education curriculum supported by a whole school, whole community approach.

OAPERD will continue to support quality health education and HB 105 by using the OAPERD Model Curriculum to develop local curriculum and guide professional development for sexual abuse and sexual violence prevention. We hope you recognize the gap between legislated mandates for health education and implementation in schools. The General Assembly must act on legislation and policy to support quality health education in grades K-12 through a skills-based curriculum aligned with the adoption of health education standards. Even greater benefits can be achieved by adopting a Whole Child, Whole School, Whole Community approach aligned with the Ohio Whole Child Framework, so students are healthy, safe, engaged, supported, and challenged to achieve their fullest potential.

Thank you for your time and consideration,

Kevin Lorson
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References

- ¹Center for Disease Control and Prevention. *School Health Profiles 2020: Characteristics of Health Programs Among Secondary Schools*. Atlanta: Centers for Disease Control and Prevention; 2022.
- ² Raffle, H., Ware, L., Lorson, K., Blinsky, B., & Wainwright, A. (2019). A profile of the current state of school health education in Ohio. *Future Focus*, 39, 1, 22-32.

Figure 1. Curriculum materials provided by the district

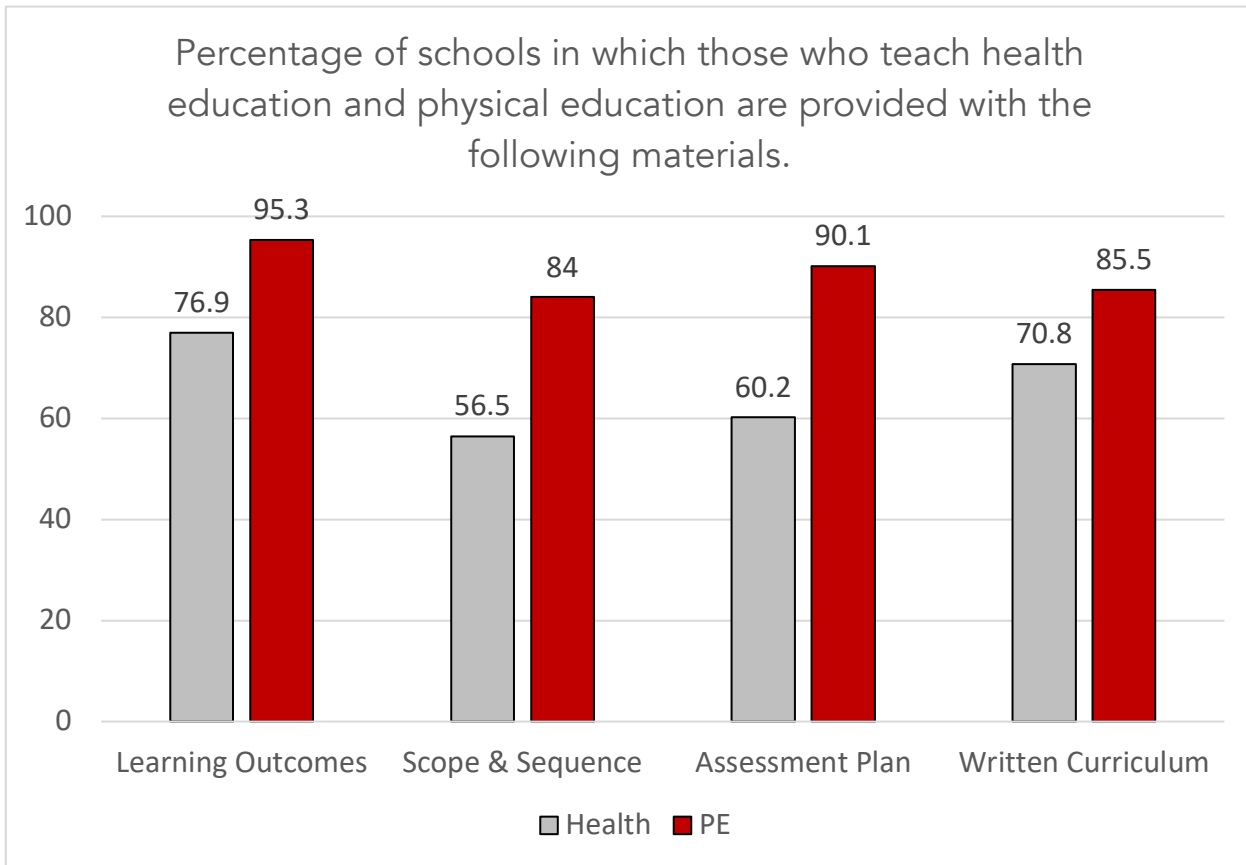
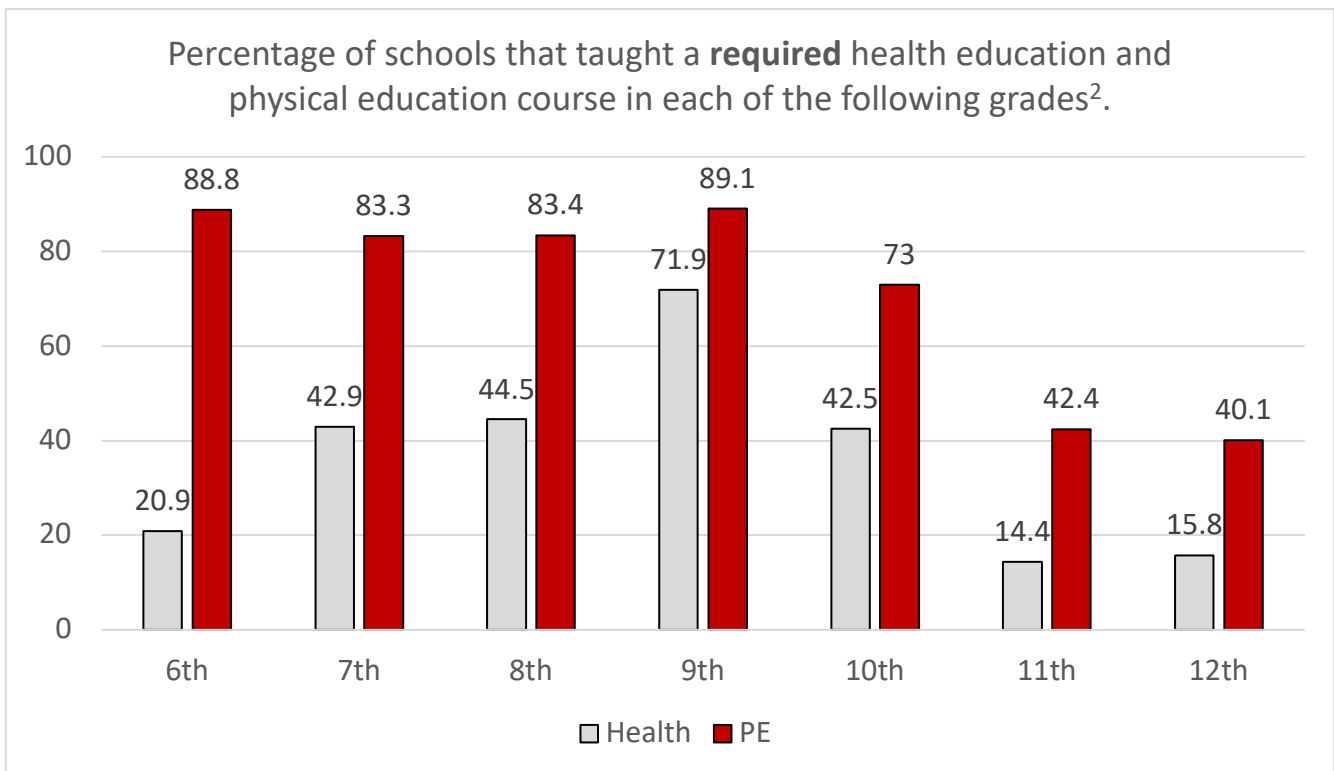


Figure 2. Course offerings for health education and physical education in Ohio



*Reference

Attachment 1. Example Learning Outcomes for Sexual Abuse/Sexual Violence Prevention National Health Education Standards ([LINK](#))

1. **KEY CONCEPTS*** – comprehend concepts related to health promotion and disease prevention.
2. **ANALYZING INFLUENCES** – analyze the influence of others, culture, media, technology on health.
3. **ACCESSING VALID HEALTH RESOURCES ***- access valid information, products, and services.
4. **INTERPERSONAL COMMUNICATION SKILLS*** - use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. **DECISION-MAKING SKILLS** - use decision-making skills to enhance health.
6. **GOAL-SETTING SKILLS** - use goal-setting skills to enhance health.
7. **SELF-MANAGEMENT SKILLS** – demonstrate health-enhancing behaviors to avoid or reduce health risks.
8. **ADVOCACY SKILLS** - advocate for personal, family, and community health.

Erin’s Law Professional Development & Resources

[LINK](#) - *Oregon Department of Education Supports for Erin’s Law*

<https://www.oregon.gov/ode/educator-resources/standards/Documents/Distance%20Learning%20for%20All%20Erin%27s%20Law%20Toolkit.pdf>

Sexual Abuse and Sexual Violence Prevention – Example Benchmarks & Grade Level Indicators from the OAHPERD Health Education Model Curriculum

[LINK](https://www.ohahperd.org/ohahperd-health-education-model-curriculum) or <https://www.ohahperd.org/ohahperd-health-education-model-curriculum>

HIGH SCHOOL (Violence Prevention)	
Standard 1: Functional Knowledge Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
Benchmark	Indicators
S1.1.HS. Students will comprehend developmentally appropriate, functional health information to help them adopt healthy behaviors in the following health content areas: Alcohol, Tobacco, and other Drugs, Healthy Eating, Mental and Emotional Health, Personal Health and Wellness, Healthy Relationships, Safety, Violence Prevention.	S1.1.VP.5.HS. Explain how bystanders can help prevent violence by reporting dangerous situations or actions. S1.1.VP.10.HS. Explain why a person who has been sexually assaulted or raped is not at fault. S1.1.VP.11.HS. Explain why rape and sexual assault should be reported to a trusted adult. S1.1.VP.12.HS. Explain why it is important to tell an adult if there are people in danger of hurting themselves or others. S1.1.VP.14.HS. Identify the warning signs of sex trafficking and resources to help prevent sex trafficking.
Standard 2: Analyzing Influences Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	
Benchmark	Indicators
S2.2.HS. Analyze how culture supports and challenges health beliefs, practices, and behaviors. S2.3.HS. Analyze how peers and perceptions of norms influence healthy and unhealthy behaviors. S2.4.HS. Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy behaviors. S2.5.HS. Analyze how some health risk behaviors influence the likelihood of engaging in other unhealthy behaviors. S2.8.HS. Analyze the effect of media and technology on personal, family, and community health.	S2.2.VP.1.HS. Analyze how culture supports and challenges sexual health beliefs, practices, behaviors, and relationships. S2.3.VP.2.HS. Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships. S2.4.VP.3.HS. Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy sexual health practices, behaviors, and relationships. S2.5.VP.4.HS. Analyze how some health risk behaviors influence the likelihood of engaging in risky sexual behaviors. S2.8.VP.5.HS. Analyze the effect of media and technology on personal, family, and community sexual health practices, behaviors, and relationships.
Standard 3: Accessing Resources Students will demonstrate the ability to access valid information, products, and services to enhance health.	
Benchmark	Indicators
S3.1.HS. Evaluate the validity and reliability of health information. S3.3.HS. Evaluate the validity and reliability of health services. S3.7.HS. Use resources that provide valid and reliable health information. S3.9.HS. Use valid and reliable health services.	S3.1.VP.1.HS. Evaluate the validity and reliability of violence prevention information. S3.3.VP.2.HS. Evaluate the validity and reliability of violence prevention or intervention services. S3.7.VP.3.HS. Use resources that provide valid and reliable violence prevention information. S3.9.VP.4.HS. Use valid and reliable violence prevention or intervention services.
Standard 4: Interpersonal Communication Skills Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
Benchmark	Indicators
S4.1.HS. Demonstrate effective communication skills to enhance health. S4.3.HS. Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in unhealthy behaviors. S4.4.HS. Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflict. S4.5.HS. Demonstrate how to effectively ask for assistance to improve personal health. S4.6.HS. Demonstrate how to effectively offer assistance to improve the health of others.	S4.1.VP.1.HS. Demonstrate effective communication skills to prevent violence. S4.3.VP.2.HS. Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in violence. S4.4.VP.3.HS. Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflict to prevent violence. S4.5.VP.4.HS. Demonstrate how to effectively ask for assistance to prevent violence. S4.6.VP.5.HS. Demonstrate how to effectively offer assistance to help others prevent violence.

Grades 6-8

Grade 8 (VP) – Essential	
Standard 1: Functional Knowledge Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
Benchmark	Indicators
S1.1.8. Students will comprehend developmentally appropriate, functional health information to help them adopt healthy behaviors in the following health content areas: Alcohol, Tobacco, and other Drugs, Healthy Eating, Mental and Emotional Health, Personal Health and Wellness, Human Growth and Development, Healthy Relationships, Safety, Violence Prevention.	S1.1.VP.8.8. Explain the importance of telling an adult if there are people who are in danger of hurting themselves or others. S1.1.VP.9.8. Describe the signs and symptoms of people who are in danger of hurting themselves or others.
Standard 3: Accessing Resources Students will demonstrate the ability to access valid information, products, and services to enhance health.	
Benchmark	Indicators
S3.1.8. Analyze the validity and reliability of health information. S3.3.8. Analyze the validity and reliability of health services. S3.4.8. Describe situations that call for professional health services. S3.6.8. Access valid and reliable health information from home, school, or community. S3.8.8. Locate valid and reliable health services.	S3.1.VP.1.8. Analyze the validity and reliability of violence prevention information. S3.3.VP.2.8. Analyze the validity and reliability of violence prevention or intervention services. S3.4.VP.3.8. Describe situations that call for professional violence prevention or intervention services. S3.6.VP.4.8. Access valid and reliable violence prevention information from home, school, or community. S3.8.VP.5.8. Locate valid and reliable violence prevention or intervention services.
Standard 4: Interpersonal Communication Skills Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
Benchmark	Indicators
S4.1.8. Demonstrate the use of effective verbal and nonverbal communication skills to enhance health. S4.4.2. Demonstrate effective negotiation skills to avoid or reduce health risks. S4.5.8. Demonstrate healthy ways to manage or resolve conflict. S4.6.8. Demonstrate how to effectively ask for assistance to improve personal health.	S4.1.VP.1.8. Demonstrate the use of effective verbal and nonverbal communication skills to prevent violence. S4.4.VP.2.8. Demonstrate effective negotiation skills to avoid or reduce violence. S4.6.VP.4.8. Demonstrate how to effectively ask for assistance to prevent violence.

Grades 3-5

Grade 5 (VP) - Essential	
Standard 1: Functional Knowledge	
Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
Benchmark	Indicators
S1.1.5. Students will comprehend developmentally appropriate, functional health information to help them adopt healthy behaviors in the following health content areas: Alcohol, Tobacco, and other Drugs, Healthy Eating, Mental and Emotional Health, Personal Health and Wellness, Healthy Relationships, Safety, Violence Prevention.	S1.1.VP.1.5. Distinguish between “appropriate” and “inappropriate” touch. S1.1.VP.2.5. Explain that inappropriate touches should be reported to a trusted adult. S1.1.VP.3.5. Explain why it is not the child’s fault if someone touches him or her in an inappropriate way. S1.1.VP.4.5. Explain that everyone has the right to tell others not to touch his or her body. S1.1.VP.5.5. Explain the importance of telling an adult if someone is in danger of hurting themselves or others. S1.1.VP.6.5. Identify strategies to avoid physical fighting and violence.
Standard 3: Accessing Resources	
Students will demonstrate the ability to access valid information, products, and services to enhance health.	
Benchmark	Indicators
S3.1.5. Describe characteristics of accurate health information. S3.3.5. Describe characteristics of appropriate and trustworthy health services. S3.4.5. Demonstrate how to locate sources of accurate health information.	S3.1.VP.1.5. Describe characteristics of accurate violence prevention information. S3.3.VP.2.5. Describe characteristics of appropriate and trustworthy health services that help reduce or prevent violence. S3.4.VP.3.5. Demonstrate how to locate sources of accurate violence prevention information.
Standard 3: Accessing Resources	
Students will demonstrate the ability to access valid information, products, and services to enhance health.	
Benchmark	Indicators
S3.4.2. Explain how to locate school health helpers. S3.5.2. Explain how to locate community health helpers. S3.6.2. Demonstrate how to locate school or community health helpers to enhance health.	S3.4.VP.1.5. Explain how to locate school health helpers who can help reduce or avoid violence. S3.5.VP.2.5. Explain how to locate community health helpers who can help reduce or avoid violence. S3.6.VP.3.5. Demonstrate how to locate school or community health helpers who can help reduce or avoid violence.
Standard 4: Interpersonal Communication Skills	
Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
Benchmark	Indicators
S4.4.5. Demonstrate healthy ways to manage or resolve conflict.	S4.4.VP.1.5. Demonstrate healthy ways to manage or resolve conflict to prevent violence. S4.4.VP.2.5. Communicate to trusted adults when reporting inappropriate touches to a trusted adult.
Standard 5: Decision-Making Skills	
Students will demonstrate the ability to use decision-making skills to enhance health.	
Benchmark	Indicators
S5.1.5. Identify situations which need a health-related decision. S5.2.5. Decide when help is needed and when it is not needed to make a healthy decision. S5.4.5. Identify options and their potential outcomes when making a health-related decision. S5.5.5. Choose a healthy option when making a decision. S5.6.5. Describe the final outcome of a health-related decision.	S5.1.VP.1.5. Identify situations that need a decision to prevent violence. S5.2.VP.2.5. Decide when help is needed and when it is not needed to make a decision that could lead to violence.

Grades K-2

Grade 2 (VP) - Essential	
Standard 1: Functional Knowledge	
Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
Benchmark	Indicators
S1.1.2. Students will comprehend developmentally appropriate, functional health information to help them adopt healthy behaviors in the following health content areas: Alcohol, Tobacco, and other Drugs, Healthy Eating, Mental and Emotional Health, Personal Health and Wellness, Safety, Violence Prevention.	S1.1.VP.1.2. Explain why everyone has the right to tell others not to touch his or her body. S1.1.VP.2.2. Explain that a child is not at fault if someone touches him or her in an inappropriate way. S1.1.VP.3.2. Explain what to do if you and a friend have a strong disagreement.
Standard 3: Accessing Resources	
Students will demonstrate the ability to access valid information, products, and services to enhance health.	
Benchmark	Indicators
S3.4.2. Explain how to locate school health helpers. S3.5.2. Explain how to locate community health helpers. S3.6.2. Demonstrate how to locate school or community health helpers to enhance health.	S3.4.VP.1.2. Explain how to locate school health helpers who can help reduce or avoid violence. S3.5.VP.2.2. Explain how to locate community health helpers who can help reduce or avoid violence. S3.6.VP.3.2. Demonstrate how to locate school or community health helpers who can help reduce or avoid violence.
Standard 4: Interpersonal Communication Skills	
Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
Benchmark	Indicators
S4.1.2. Demonstrate how to effectively communicate needs, wants, and feelings in healthy ways. S4.3.2. Demonstrate effective refusal skills including firmly saying “no” and getting away.	S4.1.VP.1.2. Demonstrate healthy ways to manage or resolve conflict to prevent violence. S4.3.VP.2.2. Demonstrate effective refusal skills, including firmly saying “no” and getting away, to avoid or prevent violence.