



Legislative Affairs
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2019 – 2020 Legislative Memorandum

**Subject: Requires comprehensive sexuality instruction for students in grades K-12 which addresses age and developmentally appropriate physical, mental, emotional and social dimensions of human sexuality, and reflects the national sexuality education standards
S.4844 (Metzger/Montgomery) / A.6512 (Nolan/Gottfried)**

Position: SUPPORT

New York State does not currently require comprehensive sexual health education (CSE) in public schools. As a result, many schools across New York do not provide any sexuality education; and when they do, it is too often inaccurate, incomplete, and stigmatizing.¹

This educational gap leads to poor health and educational outcomes for young people caused by high rates of unintended pregnancy and sexually transmitted infection (STIs), as well as increased rates of intimate partner abuse, sexual harassment, and gender-based violence. Public health experts and researchers agree: teaching medically accurate, age-appropriate CSE reduces sociodemographic disparities and improves the overall health and well-being of young people and communities.

S.4844 (Metzger/Montgomery)/A.6512 (Nolan/Gottfried) requires that comprehensive, age-appropriate, medically accurate sex education be taught in public schools. The NYCLU strongly supports this measure.

Without CSE, our young people are at risk. Nationally, more than two thirds of teenagers who are or have been in a relationship report experiencing some form of

¹ *Birds, Bees and Bias: How Absent Sex Ed Standards Fail New York's Students*. New York Civil Liberties Union, Sept. 2012, available at: <https://www.nyclu.org/en/publications/report-birds-bees-and-bias-2012>. This report documents the following findings about sex ed in New York public schools: curriculum in New York often does little to educate students on sexually transmitted infections; LGBTQ students are largely stigmatized or ignored entirely; even basic information on anatomy are inaccurate, and curriculum materials often reinforce negative gender stereotypes and sexism. See also *American Adolescents' Sources of Sexual Health Information*, Guttmacher Institute, 2017, available at: <https://www.guttmacher.org/fact-sheet/facts-american-teens-sources-information-about-sex>.

sexual, physical or emotional abuse.² In New York, about 10 percent of teenagers reported experiencing physical dating violence.³ Studies show that violence in adolescent relationships sets the stage for violence in future relationships, including intimate partner violence and sexual violence perpetration.⁴ Further, LGBTQ students are more than twice as likely to report dating violence.⁵ Indeed, LGBTQ youth face disproportionate risk for school victimization, which has been linked with decreased academic achievement, increased suicide ideation, higher rates of absenteeism, and negative impacts on emotional health.⁶

Failing to teach CSE leads to poor health and educational outcomes. Among New York high school students surveyed in 2017, 50 percent had engaged in sexual intercourse; and of these, only 11 percent reported using a prevention method to protect against pregnancy and STIs.⁷ Three in ten young women in New York will become pregnant at least once before their 20th birthdays,⁸ and nearly one-third of young women who have dropped out of high school cite early pregnancy or parenthood as a key reason.⁹ In addition, teens ages 15 to 19 represent more than 50 percent of new STI cases in our state.¹⁰

S.4844/A.6512 is a common-sense measure that requires the Commissioner of Education, in consultation with the Commissioner of Health, to create a CSE program that includes: 1) learning standards that reflect national CSE standards; 2) model

² Taylor, B.G. & Mumford, E.A. *A National Descriptive Portrait of Adolescent Relationship Abuse: Results From the National Survey on Teen Relationships and Intimate Violence*, *The Journal of Interpersonal Violence*, 2016, 31(6), 963-988, available at: <https://doi.org/10.1177/0886260514564070>.

³ Vagi, K. J., Olsen, E. O. M., Basile, K. C., & Vivolo-Kantor, A. M., *Teen dating violence (physical and sexual) among US high school students: findings from the 2013 National Youth Risk Behavior Survey*, 2015, *JAMA Pediatrics*, 169 (5), 474-482; see also *Teen Dating Violence*, Centers for Disease Control and Prevention, Mar. 12, 2019, available at: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html>.

⁴ *Preventing Intimate Partner Violence Across the Lifespan*, Centers for Disease Control and Prevention, 2017, available at: <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>.

⁵ Dank, M., Lachman, P., Zweig, J.M. & Yahner, J. *Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth*. In Press: *Journal of Youth and Adolescence*, 2013, available at: <http://link.springer.com/article/10.1007/s10964-013-9975-8>; see also, *The Report of the 2015 U.S. Transgender Survey*, National Center for Transgender Equality, 2016, available at: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf> (For transgender and gender non-confirming (TGNC) youth, school can be even more difficult; nationwide, 78% of transgender individuals have reported being harassed, 35% report being physically assaulted, and 12% have shared that they have experienced sexual violence between kindergarten and 12th grade.).

⁶ *LGBT Youth*, Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/lgbthealth/youth.htm>.

⁷ *New York State Youth Sexual Health Plan*, NYS Department of Health, 2018, available at: https://www.health.ny.gov/community/youth/development/docs/nys_youth_sexual_health_plan.pdf; *Sexual Risk Behaviors Can Lead to HIV, STDs, & Teen Pregnancy*, Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm#1> (citing *Youth Risk Behavior Surveillance—United States*, Centers for Disease Control and Prevention, 2017, *MMWR Surveill Summ* 2018; 67(No. SS-8)).

⁸ *Id.*

⁹ *Teen Pregnancy and High School Dropout*, The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012, available at: <https://www.americaspromise.org/sites/default/files/d8/legacy/bodyfiles/teen-pregnancy-and-hs-dropout-print.pdf>.

¹⁰ See *supra* 7.

curricula to ensure easier implementation for districts; 3) resources for teachers to support implementation; and 4) a system to track and evaluate CSE programs so that parents and students know how their district is measuring up. Districts and schools maintain flexibility to teach the CSE curriculum that is right for their student population so long as it meets the standards set forth by the Commissioner.

CSE programs empower and protect our young people in developing critical knowledge and skills that enable healthy relationships.¹¹ When schools take measures to educate their students about such topics as consent, bodily autonomy, and dating violence, as well as to enact school policies aimed at prevention, teens are less likely to be victimized, more likely to avoid perpetrating intimate partner violence, and sexual harassment is significantly reduced.¹² Further, CSE promotes respect and inclusion by helping young people understand sexual orientation and gender identity through lesson plans and activities inclusive of, and relevant to, LGBTQ youth.¹³

CSE helps youth delay the onset of sexual activity, and when teens do become sexually active, CSE programs lead to improved protective behaviors for reducing pregnancy and STIs, including having fewer partners, better communication with partners about risk, and more consistent condom use.¹⁴ Indeed, research links social and emotional competencies developed in CSE programs to improved physical and mental health outcomes, as well as to healthy and satisfying relationships.¹⁵

Research also demonstrates that the social and emotional competencies cultivated through CSE improve academic outcomes. A 2015 Centers for Disease Control and Prevention-led meta-analysis of programs to prevent school dropout demonstrated

¹¹ *Building a Foundation for Sexual Health Is a K–12 Endeavor Evidence Underpinning the National Sexuality Education Standards*, Future of Sex Education, available at: <http://futureofsexed.org/documents/Building-a-foundation-for-Sexual-Health.pdf>.

¹² *Id.*

¹³ *Id.*

¹⁴ *Comprehensive Sex Education: Research and Results*, Advocates for Youth, available at: <https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/fscse.pdf>; In 2012 a CDC study found that “comprehensive risk reduction programs” (including contraception and/or condom information in addition to abstinence) have positive behavioral effects, including a 40 percent increase in contraception and condom use and a 40 percent reduction in unprotected sex, as well as a reduction to the rate of unintended pregnancy, Chin, et al., *The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services*, *American Journal of Preventive Medicine* 42.3 (2012): 272-294.

¹⁵ See *supra* 4; Raiford, et al., *What Girls Won’t Do for Love: Human Immunodeficiency Virus/Sexually Transmitted Infections Risk Among Young African-American Women Driven by a Relationship Imperative*, *Journal of Adolescent Health* 52.5 (2013): 566-571 (Research demonstrates that gender norms and inequities are key factors in shaping health generally and sexual health specifically. This is particularly true for at-risk populations. In a study of African-American young women, those who reported having less power in their sexual relationships with young men were more likely to engage in risky behaviors, and 3.9 times more likely to test positive for a STI, than those reporting having more power in their relationships.).

that social-emotional skills programs led to significant reductions in dropout rates, from an average of 21.1% in control groups to 10.2% in program groups.¹⁶

Experts and researchers agree that these lessons should begin in elementary school (K-5) and continue through subsequent grade levels so that students may build upon their knowledge and skills as they mature.¹⁷ Kindergarteners need to learn foundational skills for healthy friendships, communication, and bodily autonomy just as much as teenagers need medically accurate, non-stigmatizing education about healthcare and relationships.

Beyond CSE's critical impact on individual youth and school communities, it is a financially sound investment.¹⁸ In fact, CSE is a cost-saver for New York. For every dollar invested in CSE, the state stands to save \$2.65 by reducing poor health outcomes alone.¹⁹

CSE is more than just teaching young people how to avoid unintended pregnancy and improving health outcomes; it is a critical tool for building a culture of consent and preventing sexual assault and violence. The NYCLU urges lawmakers to pass S.4844 (Metzger/Montgomery) / A.6512 (Nolan/Gottfried). Our young people deserve no less.

¹⁶ See *supra* 5 (citing Hahn, et al., *Programs to Increase High School Completion: A Community Guide Systematic Health Equity Review*, *American Journal of Preventive Medicine* 48.5 (May 2015): 599–608; Wilson, et al., *Dropout Prevention and Intervention Programs: Effects on School Completion and Dropout among School-aged Children and Youth*, *Campbell Systematic Reviews* 7.8 (2011)).

¹⁷ See *supra* 11

¹⁸ For example, the cost of treating STIs in the U.S. is approximately \$16 billion annually and New York State has the 12th highest rate of reported cases of chlamydia – the lack of consistent comprehensive sexual health education in New York State is costing hundreds of millions in associated healthcare costs, *Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States*, Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>.

¹⁹ Wang, et al., *Economic evaluation of Safer Choices: a school-based human immunodeficiency virus, other sexually transmitted diseases, and pregnancy prevention program*, *Arch Pediatr Adolesc Med.* 2000 Oct;154(10):1017-24, available at: <https://www.ncbi.nlm.nih.gov/pubmed/11030854>.