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March 17, 2015

Hon. Bill de Blasio  
Office of the Mayor  
City Hall  
New York, New York 10007

**Re: The Need for Comprehensive Sexuality Education**

Dear Mayor de Blasio:

The Sex and Law Committee and the Committee on AIDS of the New York City Bar Association thank you for your work to improve outcomes for New York City's students during your time on City Council, as Public Advocate, and now as Mayor. We urge you, consistent with this priority, to support comprehensive sexual health education that not only improves educational outcomes, but also teaches young people how to build respectful relationships, to reduce bullying and to become healthy, whole people. We write to ask that your administration commit to keeping our young people healthy and safe by taking the next step toward implementing a medically-accurate, age-appropriate comprehensive sexual health education program in schools from Kindergarten through High School. To this end, we include four recommendations in this letter and look forward to discussing them further with your administration.

New York City's young people need to know how to protect themselves against the triple threat of HIV, sexually transmitted infections (STIs) and unplanned pregnancies, but comprehensive sexual health education does more than cover these basics. It provides young people the tools they need to build healthy relationships and prevent sexual violence in our community. Nearly one in five women in the United States reports having been raped, and one in four women reports having experienced unwanted sexual contact.<sup>1</sup> Just as disturbing, one out of 10 high school students reports

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<sup>1</sup> Centers for Disease Control and Prevention, National Intimate Partner and Sexual Violence Survey: 2010 Summary Report, November 2011, at 1-2, [http://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf).

being hit, slammed into something or injured with an object or weapon by someone that student was dating, or being forcibly kissed or touched, or being made to engage in sexual intercourse.<sup>2</sup> It is imperative that sexual education begin before sexual violence does.

Cities across the country, including Chicago and Washington DC, are leading the movement by requiring and implementing comprehensive sex education programs in schools from Kindergarten through 12th Grade. New York, however, is being left behind. In 2011, under Mayor Bloomberg and former Schools Chancellor Walcott, the Department of Education (DOE) released a memo that required sexual health education to be incorporated into the one semester of health education required in middle and high school. Further, DOE recommended, but did not require, the use of two curricula, *HealthSmart* and *Reducing the Risk*, but gave principals discretion to determine their own curricula subject to certain standards.

That recommendation was a step in the right direction, but it is time to go further. New York City's public school students need more than a policy -- they need a guarantee that they will receive comprehensive, medically accurate, evidence-based, developmentally appropriate, unbiased sexual health education. We urge you to give your full support and efforts to putting in place a Chancellor's Regulation that both requires the New York City Schools to provide such a program and that provides the schools, teachers, and administrators the tools necessary to deliver that program. More specifically, such a Chancellor's Regulation should:

- (1) Require medically-accurate, comprehensive, developmentally appropriate sexuality education for all New York City Schools students from Kindergarten through 12th Grade.
- (2) Adopt a curriculum that, at a minimum, reflects the National Sexuality Education Standards<sup>3</sup> and covers: (i) sexuality as a normal, healthy aspect of human development; (ii) healthy relationships and healthy decision-making; (iii) body image and self-esteem; (iv) gender, sexual orientation, and gender identity; (v) the benefits of delaying sexual activity; (vi) risk behaviors and prevention methods for unintended pregnancy, STIs and HIV; (vii) local testing and treatment sites for STIs and HIV; (viii) local reproductive health care providers; (ix) strategies for preventing, recognizing, and addressing bullying and sexual violence; (x) the use of technology and social media in intimate relationships; and (xi) the importance of communication with trusted adults about sexuality and intimate relations.
- (3) Create a meaningful implementation plan that includes: (i) giving schools a full year to implement teacher training and ensure adequate staffing; (ii) requiring all teachers providing sexual health education to receive training that reviews the program requirements and addresses how to use the recommended curriculum and effectively discuss and teach about the subjects to be covered; (iii) requires all schools to have an

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<sup>2</sup> Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance- United States, 2013", Morbidity and Mortality Weekly Report, 63:4, June 13, 2014, at 10-11, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

<sup>3</sup> Available at <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>.

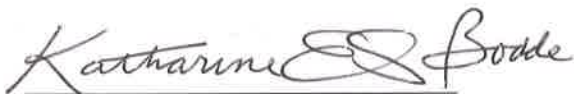
adequate number of trained teachers to provide sexual health education; (iv) provides teachers with appropriate written standards and curriculum and ongoing training and appropriate written training materials; (v) makes written training materials available on the Department of Education's website; and (vi) provides for periodic evaluation by the Department of Education to assess whether to change or update the recommended curriculum and teacher training based on advancements in the field.

- (4) Create a meaningful tracking and evaluation system that includes: (i) a requirement that each school submit an annual report to the Office of School Wellness on the status of its sexual health education program, including: the name and relevant training received by all teachers providing sexual health education; the name and affiliation of any outside consultants or guest speakers providing sexual health education in the school; the textbooks, curricula, lesson plans, and activities used to provide sexual health education; and the hours of instruction provided for each grade; (ii) biannual evaluation by the Office of School Wellness about each school's compliance with the requirements of the program, to be set forth in written public findings; and (iii) where necessary, the creation of plans for future compliance for schools by the Office of School Wellness, which will also work with schools to meet the goals of such plans.

While the efforts of the previous administration were an encouraging start, we think this administration can and needs to do better. The promise of comprehensive sexual health education for New York City Schools' students requires the concrete, specific support of a Chancellor's Regulation to ensure that the program sets and meets worthwhile goals, that such a program is actually implemented in all of the city's schools, and that the program, once implemented, will endure. With your support and your administration's efforts, we can make New York City a healthier, safer, more accepting place for all of its young people.

We welcome an opportunity to meet with your office and discuss further.

Respectfully,



Katharine Bodde  
Chair, Sex and Law Committee



Albert Chen  
Chair, Committee on AIDS

cc: Dr. Mary Travis Bassett, Commissioner, New York City Department of Health and Mental Hygiene  
Hon. Laurie Cumbo, Chair, Committee on Women's Issues, New York City Council  
Hon. Daniel Dromm, Chair, Committee on Education, New York City Council  
Hon. Carmen Fariña, Chancellor, New York City Department of Education  
Hon. Corey Johnson, Chair, Committee on Health, New York City Council  
Hon. Melissa Mark-Viverito, Speaker, New York City Council