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**WRITTEN TESTIMONY OF
THE NEW YORK CITY BAR ASSOCIATION
SEX AND LAW COMMITTEE**

**NEW YORK CITY COUNCIL COMMITTEES
ON HEALTH, EDUCATION, AND WOMEN'S ISSUES
HEARING ON SEX EDUCATION IN NYC SCHOOLS
INT. 0771-2015, INT. 0952-2015, INT. 0957-2015**

OCTOBER 27, 2015

My name is Melissa Lee, and I am a member of the Sex and Law Committee of the New York City Bar Association. Our Committee represents a broad cross-section of the legal community, including civil rights attorneys, prosecutors, public defense attorneys, and attorneys with expertise in public health policy, education, and childhood development.

The City Bar commends the City Council for once again taking the time to focus on improving sex education outcomes for New York City's students. In line with this priority, comprehensive sex education not only improves educational outcomes, but it teaches young people how to build respectful relationships, reduce bullying, grow into healthy adults, and build strong, compassionate communities.

The City Bar urges the Council to look to sexual health education reform as a long-term and proactive way to cease the current rise of sexual assault cases on our school campuses.

Int. 0952-2015 and Int. 0957-2015 are a step in the right direction towards ensuring that students in New York City's public schools receive sexual education for part of a semester in middle school and for a semester in high school. However, we can and should be doing more, to ensure 1) an increased commitment to providing comprehensive, medically-accurate, age-appropriate sexual health education for all students starting as early as Kindergarten through the 12th Grade, and 2) monitoring and oversight so that the commitment becomes and remains a reality. Our testimony does not address Int. 0771-2015 as it concerns student health services that go beyond the sexual health education issues that we have specifically studied and seek to address here today.

Sexual violence and harassment start early. One out of 10 high school students reports being hit, slammed into something or injured with an object or weapon by someone she or he was dating, according to the Center for Disease Control's 2013 Youth Risk Behavior

Surveillance.¹ The same percentage of students report being forcibly kissed, touched or made to engage in sexual intercourse.² These alarming statistics have wide implications for our communities, public health and the future of our young people.

To be sure, a problem as prevalent and deeply rooted as sexual violence requires a multi-dimensional, multi-sector response. At the core of any such policy response must be a comprehensive sex education program that reaches all of our students. A program for part of a semester in middle school is simply not enough. It is imperative that comprehensive sexual health education that addresses these issues be taught in our schools from the students' early age, so that we may effectively prevent sexual violence before it ever begins.

To that end, sexual health education reform should require 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.

In 2011, the Department of Education released a memo that required sexual health education be incorporated into the one semester of health education required in middle and high school.³ While that was certainly a step in the right direction, it is now time to go further. Cities across the country, including Chicago⁴ and Washington D.C.,⁵ are already leading the movement by requiring and implementing comprehensive, age-appropriate sex education from kindergarten through high school. New York, however, is being left behind.

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. More specifically, the Committee recommends that a Chancellor Regulation be put in place that meets the following criteria:

- (1) Requires medically-accurate, comprehensive, developmentally appropriate sexuality education for all New York City school students from Kindergarten through the 12th Grade.

¹ 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, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

² *Id.* at 11.

³ New York City Department of Education, Office of School Wellness Programs, Sexual Health Education in Middle and High Schools, http://schools.nyc.gov/NR/rdonlyres/E8BEF0FA-1165-47A3-852D-618E2E0744A4/0/WQRG_SexualHealthEducation.pdf.

⁴ Chicago Department of Public Health, "Sexual Education Policy in Illinois and Chicago", June 2013, http://www.cityofchicago.org/content/dam/city/depts/cdph/policy_planning/Board_of_Health/HCPolicyBriefJune2013.pdf.

⁵ D.C. Office of the State Superintendent of Education, "Health Education Standards", August, 2008, <http://dcps.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/HealthEdStandards.pdf>.

- (2) Adopts a curriculum that, at a minimum, reflects the National Sexuality Education Standards⁶ 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) Creates 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 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) Creates 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

⁶ Released in 2012, the National Sexuality Education Standards establish a thorough catalog of essential sex education content. The standards promote healthy relationship-building skills as one of seven fundamental components to a comprehensive sex education curriculum. Lessons focus not only on physical development, pregnancy, and STIs, but also on safety, respect and consent, sexual decision-making, sense of control over one's environment and behavior, sexual orientation and gender identity, and awareness about cultural messages that reinforce gender norms and sexual violence. These curricular standards are essential to challenging societal messages that implicitly and explicitly condone misogyny, homophobia, transphobia (that is, negative attitudes based on someone's status as a transsexual or transgendered individual), and the violence and sexualized bullying that too often result. Further, the learning is age-appropriate and cumulative so that all students from Kindergarten through high school are receiving and building on information that is right for their level of cognitive and social development. See National Sexuality Education Standards, <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>.

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.

Int. No. 0952 is an encouraging first step in ensuring transparency as to whether each school is complying with current law and recommendations regarding sexual health education. ***We are concerned, however, about the privacy implications of proposed subparagraphs (b)(5) and (6).*** We urge further study of whether disclosing information about the percentage of students seeking sexual health information from a school nurse or guidance counselor or information about the racial and ethnic composition of students serves a valid health or education purpose and whether that purpose outweighs the potential privacy concerns raised by these subparagraphs.

Int. No. 0957 will be a similarly useful tool for the public, policymakers, and advocates seeking to evaluate the sufficiency of numbers of staff and their qualifications, as well as the level of training supplied to that staff.

However, and in conclusion, the City Bar urges that a more comprehensive sexual health education program be mandated and implemented in grades K through 12. We therefore recommend that a Chancellor's Regulation be formulated and implemented as described in this testimony to ensure that the data subsequently reported pursuant to enactment of the bills before you will document tangible, critical educational services actually delivered to our students.

For these reasons, the City Bar supports the passage of Int. 0952 and 0957, but further asks that the Council give its full support to putting in place such a Chancellor's Regulation that will expand educational services vital to keeping all of our public school students healthy and safe. Our youth and our communities deserve nothing less.

Respectfully Submitted,

Melissa Lee
Member, Sex and Law Committee
New York City Bar Association