

Organizations Urge Leadership to Advance Comprehensive Sexuality Education

A.6512/S.4844

Dear Governor Cuomo, Majority Leader Stewart-Cousins, and Speaker Heastie:

As the 2019 legislative session comes to a close, advocates for social justice and health equity are celebrating victories and taking an inventory of the work that remains. In the next session, New York has the opportunity to holistically tackle sexual harassment and violence, bullying, unintended pregnancy, and STI/HIV rates through a prevention model. **By passing A.6512/S.4844 and requiring that comprehensive, age appropriate, medically accurate, and inclusive sexuality education be taught to New York students, our state can be a leader in protecting the health and well-being of our young people and communities.**

New York State does not currently require comprehensive sexuality 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 often inaccurate, incomplete, or stigmatizing. This educational gap leads to high rates of unintended pregnancy and sexually transmitted infection (STIs) among young people, as well as unacceptable rates of intimate partner abuse, sexual harassment, and gender-based violence.

Sexual harassment and gender inequity are pervasive in all facets of our society. If we are committed to definitively shifting this culture, it is imperative that we equip young people with the knowledge and skills necessary to enable healthy relationships. When schools take measures to educate students about such topics as consent, bodily autonomy, and dating violence, teens are less likely to be victimized, more likely to avoid perpetrating intimate partner violence, and sexual harassment is significantly reduced. If violence or harassment does occur, research shows youth who have received CSE are more likely to report the abuse and seek help.ⁱ This is particularly important for vulnerable populations, such as LGBTQ youth who experience bullying and dating violence at higher rates than their heterosexual peers.ⁱⁱ

Research also shows that young people who participate in CSE are more likely to delay the onset of sexual activity, and that when teens do become sexually active, CSE programs lead to improved protective behaviors for reducing pregnancy and STIs, including having fewer partners, communicating with partners about risk, and more consistently using condoms. Social and emotional competencies cultivated through CSE also improve academic outcomes.ⁱⁱⁱ

Public health experts and researchers agree: teaching comprehensive, age appropriate, medically accurate, and inclusive sexuality education reduces sociodemographic disparities and improves the overall health and well-being of young people and communities.

We—the undersigned organizations, public health experts, and educators—urge the legislature and executive to take swift action in the next legislative session to pass A.6512/S.4844. Our young people deserve no less.

Sincerely,

Advocates for Youth
Albany Damien Center, Inc.
Alliance for Positive Health
Amida Care
Bailey House
BIG Talks Workshops
Callen-Lorde Community Health Center
Community Healthcare Network
Family Planning of South Central New York, Inc.
Girls for Gender Equity
GMHC
Grand Street Settlement
Housing Works
Hudson Valley LGBTQ Community Center
If/When/How: Lawyering for Reproductive Justice
Interfaith Impact of New York State
Katiri Hart, Nutritionist
Know Your IX
League of Women Voters of New York State
Maternal Infant Services Network of Orange, Sullivan & Ulster Counties, Inc.
Morningside Heights Resistance
National Abortion Federation
National Asian Pacific American Women’s Forum (NAPAWF) New York City
National Black Women’s HIV/AIDS Network
National Council of Jewish Women New York
National Institute for Reproductive Health
National Organization for Women - New York City
New York Civil Liberties Union
New York State Coalition Against Sexual Assault
NYC for Abortion Rights
NYCD16-Indivisible
Peer Health Exchange
Planned Parenthood Empire State Acts

Planned Parenthood Hudson Peconic
Planned Parenthood Mohawk Hudson
Planned Parenthood of Central and Western New York
Planned Parenthood of Nassau County
Planned Parenthood of New York City
Planned Parenthood of the North Country New York
Planned Parenthood of the Southern Finger Lakes
Public Health Solutions
Reproductive Health Access Project
Sexuality Education Alliance of New York City (SEANYC)
Sexuality Information and Education Council of the United States (SIECUS)
Southern Tier Women’s Health Services
Stop the Shaming
The Brigid Alliance
The Door - Adolescent Health Center
The NEW Pride Agenda
Treatment Action Group
Ulster Activists
Upper Hudson Planned Parenthood
Virginia Reath RPA MPH PC
VOCAL New York
WCLA – Choice Matters
WHARR
Women’s Action Group (WAG) of Forest Hills

ⁱ *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>.

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

ⁱⁱⁱ *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.