New Jersey’s Sex Ed Report Card is a project of the Sex Ed Subcommittee of the Thrive NJ Coalition. Thrive NJ is a statewide coalition of organizations working collectively to promote sexual and reproductive health, rights, and justice through policy change and advocacy. The Sex Ed Subcommittee includes representatives of the following organizations:
New Jersey’s Schools

Student Name: __________________________  Overall Grade: ________

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<th>2019 Grade</th>
<th>Details</th>
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In New Jersey, we know a lot of great sex education is being provided, but we also know that sex education can be underfunded, not prioritized, and often politicized. We want to remove these barriers — sex education is education, and learning about these topics is an important part of life. Quality sex education helps improve the health and wellness of young people. Sex education is linked to academic achievement, reduced risk behaviors, delayed sexual initiation, greater condom and contraceptive use, fewer unintended pregnancies, healthier relationships for young people, reduced health disparities among LGBTQ youth, and more.¹

A coalition of parents, community members, and advocacy organizations serving as a subcommittee of the Thrive NJ Coalition have worked together to create New Jersey’s Sex Ed Report Card. Our goal was to explore the need for additional investment, tools, training, and accountability to strengthen sex education in New Jersey. This report includes recommendations for improvement based upon the needs of students, educators, schools, and parents.

To gather this information, we created three surveys: one for parents and guardians, one for teachers and school administrators, and one for the students themselves. Coalition partners and community members conducted outreach between May and July 2019 in order to obtain survey responses from parents, students, and educators at New Jersey public schools.

Certain overarching themes were evident upon our analysis of these responses:

1. Sex education is not provided in a consistent manner from district to district, school to school, or even teacher to teacher.
2. Schools are still using ineffective and stigmatizing materials in their sex education classes.
3. Teachers want more training, guidance, and resources to teach effective sex education.
4. Parents overwhelmingly support sex education and want more involvement in their children’s sex education at school.
5. Parents and students want more time spent on sex education in school.
6. Sex education programs must cover a wider range of topics than currently covered, especially LGBTQ identities and sexual assault and consent.

Overall, students and parents gave New Jersey’s sex education a C grade in our survey. We can do better than that. We are excited to work with teachers, administrators, elected officials, and community partners to ensure that sex education in New Jersey is the gold standard for sex education across the country. Together, we can be a leader to help improve public health outcomes and make a positive impact on the health and lives of New Jersey’s young people.
Young people deserve to have the information, resources, and skills they need to protect their health and build their future — without shame or judgment. Sex education is essential to young people’s health, relationships, and life goals. It has a proven track record of helping young people develop the knowledge and skills they need to make healthy decisions about their relationships, their health, and their future. Sex education gives young people developmentally appropriate, medically accurate information and provides answers to their questions, without shaming or judging them for their experiences or feelings.

Access to sex education and sexual and reproductive health care services has been critical to helping teens stay safe and healthy. Rates of unintended pregnancy among teens in the U.S. have reached an historic low, and more young people are delaying sexual activity until they’re ready — and using birth control when they do have sex.

However, sex education is about more than preventing unintended pregnancy or sexually transmitted infections. According to Sexuality Information and Education Council of the United States (SIECUS), comprehensive sexuality education (CSE) programs include “age-, developmentally-, and culturally-appropriate, science-based, and medically accurate information on a broad set of topics related to sexuality, including human development, relationships, personal skills, sexual behaviors, including abstinence, sexual health, and society and culture.” The National Sexuality Education Standards provide guidance on the essential, minimum, developmentally- and age-appropriate, core content and skills for sex education in grades K-12. These standards were authored by a committee of over 50 professionals in health, adolescent development, education, and sexual health, including organizations such as Advocates for Youth, Answer, Planned Parenthood, and SIECUS. In addition to the Standards, the CDC has also recommended nineteen critical topics that should be taught in quality sex education programs.
Sex Education in the U.S.

Sex education programming varies widely across the United States. Currently, only 24 states and the District of Columbia mandate sex education (including New Jersey, where sex education is mandated by law), and only 34 states mandate HIV education. However, a mandate does not necessarily mean that the sex education provided is of high quality or covers all the topics young people need to learn about how to navigate sex and relationships. For example, one state might “mandate” that abstinence be stressed in sex education classes. Another state might mandate that sex education classes cover skills for healthy sexuality, healthy decision making, and family communication. Other schools and districts might provide high-quality sex education without a mandate. Just one example of these differences: currently, only 17 states require that sex education be medically accurate.

Although many states have some guidance on how and when sex education should be taught, decisions on curricula and implementation are often left up to individual school districts. This means that students in the same state attending different schools could have totally different sex education experiences. This results in a wide gap between the sex education students should receive, and what they actually receive. According to the 2016 CDC School Health Profiles, across states, only 38.3 percent of high schools and 14.1 percent of middle schools teach all nineteen topics recommended by the CDC as essential components of sex education.

Rebranding Abstinence-Only: Sexual Risk Avoidance

Unfortunately, many states across the U.S. continue to mandate or encourage the use of Abstinence Only Until Marriage (AOUM) programming. These ineffective and stigmatizing curricula have recently been rebranded as Sexual Risk Avoidance Education (SRAE), but the content and the problems remain the same. These programs encourage a "just say no" approach to sex, an approach that is harmful as it withholds critical information from young people. Rates of sexually transmitted infections (STIs) among young people have been shown to be higher in areas with AOUM programs, while states with no mandates for AOUM or SRAE had the lowest rates. These programs are also shaming, stigmatizing, and exclusionary of LGBTQ youth and others. Despite all this, these programs were, and are still, heavily favored and funded by the federal government — to the tune of more than $2 billion across the last 35 years.

“[Stressing abstinence in sex ed class] definitely didn’t leave students feeling empowered.”
— High school senior, Mercer County
Sex Education in New Jersey

In comparison to other states, New Jersey has strong sex education policy on the books. But some areas of the law are troubling, such as the requirement to stress abstinence and highlight failure rates of contraceptives.

New Jersey was the first state in the country to pass comprehensive sex education in 1981. State law requires health education in grades 1-12. Districts must align their health education curricula with the NJ Department of Education’s Core Curriculum Content Standards for Comprehensive Health and Physical Education, which among other requirements states that “all students will acquire knowledge about the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle.” These standards were last updated in 2014, and as of fall 2019, are currently undergoing revision. Within these standards, some of the language is vague and can lead to a lack of clarity on how to properly cover certain concepts. In the classroom, this can result in different experiences from district to district without standardized accountability. In addition to the Core Curriculum Content Standards, the NJ Department of Education (NJDOE) published the Comprehensive Health Education and Physical Education Curriculum Framework in 1999, which addresses a wide variety of topics for students in kindergarten through high school, including peer pressure, families, stereotypes, pregnancy, and sexual orientation.

But there are troubling aspects of the law. The state statute regarding sex education requires that all sex education programs and curricula must stress abstinence. While not identical to other “abstinence-only” programs in other states, stressing abstinence can still shame young people and be ineffective at preventing risk behaviors. A lack of direction in the standards on how districts should “stress abstinence” leads to a variation on how districts comply with this aspect of the law. In addition, the statute states that any instruction on contraceptive methods must highlight failure rates. This is a scare tactic used to further stigmatize and create confusion, instead of providing accurate information.

Current NJ State Law

Statutes regarding sex ed in NJ require:
- Minimum of 150 minutes of health education (including physical education) during each school week in grades 1-12, and high school students must acquire 3.75 credits of health education each year
- All programs and curricula must stress abstinence
- Instruction on use of birth control must highlight failure rates
- Parents have the ability to opt their student out of receiving school provided sex education

Teacher’s Notes:

Good effort, but needs improvement. The NJ Legislature should remove requirements to stress abstinence and highlight failure rates of contraceptives.
Curricula and Consistency

Decisions about how sex education is actually provided in the classroom are often made at the district or school level. New Jersey has a lot of school districts – nearly 700 – which means there is significant variation in how sex education is provided. Districts have a great deal of discretion in how they implement the sex education requirements in accordance with the state’s guidance in the Core Curriculum Content Standards and the Curriculum Framework (as discussed on page 7 of this report). This lack of consistency in the curricula and programs from school to school was evident in the survey responses we received.

When asked about which curricula and/or textbooks were used in their school’s sex education classes, only half of schools provided a response – and of those responses, a dozen said they don’t use any curricula or textbooks, or didn’t know which are used.

- Fifty-five percent of respondents said they didn’t know if their school or district has a specific written policy on sex education; an additional 20 percent said there was no policy.

- Sex education content is being sourced from a range of places: 45 percent of survey respondents find content through online resources; 33 percent develop content in house, and 22 percent use school-approved textbooks.

It is evident from our survey that policy and curricula differ widely from district to district, meaning a student’s sex education experience in one town may be completely different from a student’s experience in the next town over. There is a clear need to have consistency in programs and curricula across New Jersey, to ensure that a young person has the same access to high-quality, comprehensive sex education, regardless of what town they live in, which school they go to, or which teacher they are assigned.

Teacher’s Notes:

Topic: Curriculam and Consistency
Grade: C

Needs improvement. Students across NJ should receive consistent comprehensive sex education. Schools would benefit from recommended curricula, programs, and textbooks at each grade level, and stronger accountability measures for the implementation and evaluation of sex education delivery. Schools and teachers should have access to a trusted source of high-quality supplemental materials.
Educators, parents, and students all agree: more time should be spent on sex education in school. Currently, NJ does not have a minimum instruction time requirement for sex education specifically, only health education (including physical education, such as gym class and recess) generally. However, given how important sex education is to young people’s health, lives, and futures, it only makes sense to dedicate ample time to such an essential subject in school. In our survey, 76 percent of both students and parents responded that they thought more time was needed to teach sex education in schools.

Ideally, sex education should be taught each school year by a trained educator. However, there is no set standard for how sex education teachers are trained. Teachers want more training and professional development opportunities: 60 percent of respondents want online NJ-focused sex ed trainings that include CEUs, and 70 percent would like these trainings to be available in person. Many organizations, such as Answer and Planned Parenthood, already offer these trainings, but often schools and districts are strapped for resources or unaware the opportunities exist.

“Sexuality is a part of being human. It is as important to learn about as math and science.”
- Parent of an elementary school student, Monmouth County

“We don’t have a lot of time to teach everything we would like to cover. A set curriculum would be ideal because we had to put something together from scratch this last school year.”
- School nurse, Camden County

“I think more time spread over the school year is needed. An ongoing conversation by [the] teacher. Not a ‘one and done’ information dump.”
- Parent of a middle school student, Bergen County

“It certainly wasn’t terrible, but the teacher was unprepared to teach the course and us students did not learn much we did not know before.”
- High school sophomore, Bergen County

**Topic:** Timing and Training

**Grades:** C

**Teacher’s Notes:**

More classroom time needs to be invested in sex education.

It is important to train teachers adequately, so resources must be invested in prioritizing professional development opportunities.
Involving Parents

Parents are the primary sex educators of their own children, and they overwhelmingly support sex education in school. Nationally, over 90 percent of parents support sex education in both middle and high school.\(^\text{13}\)

Parents in New Jersey who responded to our survey want their children to learn about a range of sex education topics in school, including consent (94 percent of survey respondents), sexually transmitted infections (92 percent), and safer sex (92 percent). Parents also want more ways to get involved with their children's sex education: 79 percent of survey respondents wanted to have copies of curricula available for review, and 67 percent of respondents want schools to provide a list of community resources, such as health centers and LGBTQ community groups. While many schools and teachers do share resources with students and do make curricula available for parental review by appointment in person or by posting curricula on their websites, it seems that parents may not be aware of the process by which schools share this information.

However, in our survey, \textbf{61 percent of parents graded the sex education their children have received in New Jersey schools as a “C.”} They feel that their children are getting average sex education – better than nothing – but it needs to be improved.

\begin{quote}
“Each week, the major subject teachers provide a summary of work completed and topics discussed in the prior week and anticipated in the following week. We don’t receive this summary from the health (sex ed) teacher, so I don’t know what is being taught.”
– Parent of middle school student, Essex County
\end{quote}

\begin{quote}
“They are being exposed [to sex education] in every other aspect of their life. It is important that they get good, well informed information, and are given the message that age-appropriate dialogue is good, beneficial, and appropriate.”
– Parent of middle- and high school-aged students, Monmouth County
\end{quote}
The young people who responded to our survey represented all 21 counties and 89 schools in New Jersey. Respondents ranged from 8th grade to recent high school graduates.

Only 56 percent of student survey respondents said that they found their sex education classes to be useful in our survey. It’s crucial that we listen to young people and ensure they get the information and skills they need and deserve to protect their health and plan their futures.

As discussed earlier in this report, due to the varying levels of decision making and control over curricula and content from district to district and school to school, there is significant variation in how sex education is actually provided in the classroom. There also appear to be major differences between what parents want their children to learn in sex education classes, what parents think their children are learning, what schools are reporting they are teaching, and what students are saying they actually learned. The data below comes from responses across all three of our surveys for parents, students, and schools. There is a clear need for better communication between parents, students, and schools, as well as the ability to monitor, track, and evaluate the topics that are being taught in classrooms.

<table>
<thead>
<tr>
<th>Survey Responses</th>
<th>Abstinence</th>
<th>Bullying</th>
<th>Condom Use</th>
<th>Consent</th>
<th>Puberty</th>
<th>Safer Sex</th>
<th>Sexually Transmitted Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of parents who want their children to learn about this topic in sex ed classes</td>
<td>74%</td>
<td>87%</td>
<td>89%</td>
<td>94%</td>
<td>89%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>% of parents who think this topic is taught in their children’s sex ed classes</td>
<td>42%</td>
<td>50%</td>
<td>29%</td>
<td>30%</td>
<td>55%</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>% of schools reporting this topic is covered in their sex ed classes</td>
<td>80%</td>
<td>63%</td>
<td>66%</td>
<td>62%</td>
<td>75%</td>
<td>68%</td>
<td>80%</td>
</tr>
<tr>
<td>% of students reporting they learned about this topic in their sex ed class</td>
<td>85%</td>
<td>62%</td>
<td>82%</td>
<td>63%</td>
<td>74%</td>
<td>65%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Teacher’s Notes: Inconsistent work. The NJ Legislature and NJDOE should determine ways to monitor, evaluate, and communicate what topics are being taught consistently in sex ed classrooms across NJ.
Inclusion

**LGBTQ Inclusion**

In our survey, only 33 percent of students reported their sex education classes covered LGBTQ issues, and only 27 percent said they learned about gender identity or expression. LGBTQ young people deserve sex education that addresses their identities and experiences, so they have the information and skills they need to stay healthy. LGBTQ-inclusive sex education also provides young people with opportunities to understand sexual orientation and gender identity in non-stigmatizing ways. These issues must be woven in throughout sex education curricula – not just a single lesson or afterthought.

Additionally, sex education that covers LGBTQ issues is essential to combat the continued violence that LGBTQ young people face in our schools. According to GLSEN, the majority of LGBTQ students in New Jersey have regularly heard anti-LGBTQ remarks, and/or have experienced anti-LGBTQ victimization while at school. Just some examples include 79 percent of LGBTQ students having heard homophobic remarks while at school, and 60 percent of LGBTQ students reporting they have personally experienced verbal harassment relating to their sexual orientation/gender expression.

Beginning in the fall of 2020, all New Jersey schools are required to teach the political, economic, and social contributions of persons with disabilities and lesbian, gay, bisexual, and transgender individuals. This bill, which addresses all school curricula, and not just sex education, will help build respect and keep our schools safe for all.

**Sexual Assault and Trauma**

Only 47 percent of student survey respondents reported that their classes covered sexual abuse, assault, rape, or consent. In addition to ensuring these topics are covered in the curricula, taking a trauma-informed approach can help address some of these gaps while ensuring that young people can learn in a safe and supporting environment. This approach will not only help address sexual assault survivors’ needs, but can and should be applied in all content areas. Trauma is incredibly widespread — according to the CDC’s Adverse Childhood Experiences survey, 64 percent of respondents reported at least one traumatic event in childhood. A trauma-informed framework understands this, and works to avoid inadvertently re-traumatizing people by promoting an environment of healing and care.

Legislation was signed into law earlier this year in New Jersey that requires instruction in grades 6-12 on the law and meaning of consent for physical contact and sexual activity, beginning this school year. This legislation should begin to address the lack of education reported by students around sexual assault and consent; however, 59 percent of educators who responded to the survey noted they would want support in developing an implementation plan.

“Barely covered queer sex, identity and expression, and never discussed rape or assault. ... I did not feel comfortable in class being openly queer.”
- High school sophomore, Essex County

“Sex was discussed in really unhealthy ways at schools and definitely alienated queer/trans students and students who have experienced sexual assault. We also never discussed consent or non penis/vagina sex.”
- High school graduate, Bergen County
Inclusion continued

Students with Disabilities

While not specifically addressed in our survey, a few parent respondents noted that their children, who are differently abled, may not have received the same sex education that other students received. This is an area that warrants further examination as efforts to improve sex education in New Jersey are considered. According to Advocates for Youth, “While parents/guardians should be the primary sexuality educators for their children, regardless of disability status, for many young people, this is not always the case. For young people with disabilities, it is necessary for educators to engage parents/guardians in developing a plan of instruction that is positive, gradual, and takes into account the individual young person’s developmental and maturity levels and considers the parent/guardians’ beliefs and values.”

Young people living with disabilities need accurate information and skills to make healthy decisions, just like all students.

“Since my kid is in special education in high school she hasn’t been in the regular health classes. I’m not sure the high school has covered it. She did have some sex ed in middle school. We cover a lot of sex ed topics at home when she has questions.”

— Parent of high school student, Hunterdon County

Teacher’s Notes:

Needs improvement. Curricula must adequately cover issues around gender identity and sexual orientation, as well as the topic of sexual assault. Recommend taking a trauma-informed approach in sex education, and all content areas, to ensure that students who have survived childhood trauma feel safe and able to learn. Must also ensure that all students in schools are receiving sex education.
Key Recommendations

1. **Remove the requirement in state statute that sex education programs and curricula must stress abstinence.** Comprehensive sexuality education curricula are medically accurate and provide young people with positive messages about sex and sexuality as natural, normal, healthy parts of life. Curricula that require abstinence be stressed can be stigmatizing and shaming, and prevent young people from having all the information they need to make healthy decisions.

2. **Remove the requirement in state statute that sex education programs and curricula must highlight failure rates of contraceptives.** This is a scare tactic used to further stigmatize and create confusion, instead of providing accurate information.

3. **Provide recommended curricula for sex education for all schools at each grade level, and strengthen accountability measures for sex education standards.** This helps ensure consistency between schools, and provides direction and guidance for educators to cover developmentally-appropriate content in their classrooms.

4. **Establish a database or widely accessible source of high-quality sex education materials.** This will serve as an important resource as teachers look to supplement their lessons with trusted, effective content, such as content already being developed and distributed by many organizations, including those who have partnered on this report.

5. **Establish a system to monitor and assess the actual content being delivered in classrooms.** This will help ensure consistency and quality, and identify areas where further training and resources are needed.

6. **Allow for more classroom hours on a regular basis dedicated to teaching sex education.** Sex education is education, and it is critically important to a young person’s health, life, and future – so it is essential that ample time is scheduled for it.

7. **Increase financial resources for sex education teacher training and professional development.** Teachers of sex education classes want to be able to effectively teach their students, and want more resources and training to do so.

8. **Collaborate with parents and partner to advocate for increased funding and resources for sex education programming.** Parents overwhelmingly support sex education and are eager to help work for increased training and resources.

9. **Provide statewide standards that include specific content guidelines about LGBTQ issues at age-appropriate grade levels.** LGBTQ young people deserve sex education that addresses their identities and experiences, so that they have the information and skills they need to stay healthy.

10. **Utilize a trauma-informed framework throughout sex education programs, and train all school staff in educating with a trauma-informed approach.** With more people reporting experiences of childhood trauma than not, including trauma-informed care as part of sex education will help ensure all young people can learn in safe and supportive environments.

11. **Ensure that all students in all schools are receiving sex education, including students with differing abilities.** All young people need information and skills to make healthy decisions.
How You Can Help

Young people should get high-quality, age-appropriate, medically accurate information and answers to their questions about sex and relationships — without feeling shamed or judged. **Young people need good sex education, and together, we’ll make sure that’s happening in New Jersey.**

You can help get involved to take action for increased investments in sex education in New Jersey. Visit our website at [SexEdNJ.org](http://SexEdNJ.org) to learn more.

The most impactful action you can take is to set up a meeting with a school board member or school official, such as a health/physical education supervisor or teacher or school principal, and find out key information about sex education in your local community. This information includes:

- Obtaining a copy of the local sex education curriculum for review.
- Requesting a list of approved external speakers for sex education classes, and a process or guidelines for how guest speakers are approved.
- Securing support from school leaders to ensure sex education provided in their schools meets the standards for high-quality, age-appropriate, comprehensive sex education.

Sign up for our email list at [SexEdNJ.org](http://SexEdNJ.org) to stay informed.

Want more ideas for getting involved? Check out resources from Planned Parenthood, Future of Sex Education, and SIECUS. More links are available on our website.
Additional Resources

For Students
Answer: answer.rutgers.edu/page/sexc
Planned Parenthood: plannedparenthood.org/learn/teens

For Parents
Advocates for Youth: advocatesforyouth.org/resources-tools/?_sft_audience=for-parents
Answer: answer.rutgers.edu/page/parentresources
Planned Parenthood: plannedparenthood.org/learn/parents

For Teachers and Schools
Answer: answer.rutgers.edu/page/resources
The Professional Learning Standards for Sex Education: advocatesforyouth.org/resources/curricula-education/sex-education-collaborative-professional-learning-standards-for-sex-education
National Sexuality Education Standards: futureofsexed.org
Planned Parenthood: plannedparenthood.org/learn/for-educators
The Center for Sex Education – SexEdStore.com for curricula; SexEdConference.com for professional training
Teen PEP (Teen Prevention Education Program) – teenpep.org
3 Rs Curriculum from Advocates for Youth: 3rs.org/3rs-curriculum
Endnotes


