Comprehensive Sexuality Education Should be a Public Health Priority

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For close to a decade, experts in sexual violence, domestic violence, and public health have urged Massachusetts lawmakers to enact legislation that would require public school districts to include comprehensive and medically accurate sexuality education (“sex ed”) in their health curriculum. The latest version, titled “An Act Relative to Healthy Youth” (the “Act”), was recently approved by the Senate, but has yet to be voted on by the House. The Act would require districts that teach sex ed to include materials on how to build healthy relationships, what consent is and why it’s important, what benefits there are in delaying sex, and how to prevent pregnancy and sexually transmitted infections when sexually active. The Act would also affirm and include lesbian, gay, bisexual, queer or questioning, and/or transgender (LGBQ/T) students.

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3 See Healthy Youth Act, supra note 1.

4 Id.
The American College of Obstetricians and Gynecologists (ACOG) recommends that “comprehensive sexuality education should be medically accurate, evidence-based, and age-appropriate and should include the benefits of delaying sexual intercourse, while also providing information about normal reproductive development, contraception (including long-acting reversible contraception methods) to prevent unintended pregnancies, as well as barrier protection to prevent sexually transmitted infections.”

ACOG further recommends that a comprehensive sex ed curriculum should include gender equality, identity, and sexual diversity, as well as information about consent, decision-making, teen violence, and establishment of healthy relationships. They also highlight media literacy, since repeated negative images and relationships can have an impact on adolescent development.

Currently, comprehensive sexual education is not part of the required subject matter in Massachusetts schools, and those schools that choose to incorporate it are not required to follow a medically accurate, age-appropriate curriculum. Curricula employed

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6 Id.

Comprehensive sexuality education should not marginalize, lesbian, gay, bisexual, questioning, and transgender individuals and those that variations in sexual development (e.g., primary ovarian insufficiency, mullerian anomalies). Curricula that emphasize empowerment and gender equality tend to engage learners to question prevailing norms through critical thinking and encourage adolescents to adopt more egalitarian attitudes and relationships, resulting in better sexual and health outcomes.

Id.


Research sponsored by the U.S. Department of Health and Human Services found that abstinence-only curricula did not result in positive outcomes for the sexual health of U.S. adolescents. Since 1996, $1 billion in state and federal funding has been allocated for abstinence-only education, despite evidence showing this approach is ineffective. The sex education that U.S students receive is often not evidence-based or values-neutral. Millions of children have participated in federally funded abstinence programs; but after reviewing the most commonly used curricula, the 2004 Waxman Report found that 11 out of the 13 curricula were inaccurate, containing unproven claims, subjective conclusions, or outright falsehoods regarding reproductive health, gender traits, and beginning of life. More than four of every ten high schools fail to include sex [education] information about the correct use of condoms.

Id.

exclusive control over a town or city’s sexual health curriculum must consist of at least one doctor and seven parents. Id. See Joy Horsford, As The State’s Sex-Ed Frameworks Turn 20, The Littleton Independent Looks At How Local Districts Teach Reproductive Health, WICKED LOCAL: LITTLETON (Mar. 5, 2019), available at https://littleton.wickedlocal.com/news/20190305/special-report-as-states-sex-ed-frameworks-turn-20-littleton-independent-looks-at-how-local-districts-teach-reproductive-health. In Littleton, MA, the high school health instructor combines state and national frameworks to start a dialogue on healthy decisions for “food, exercise, sexual activity and relationships, romantic, or personal.” Id. See also Get Real: Comprehensive Sex Education That Works” Joins List of Evidence-Based Programs From U.S. Department of Health and Human Services, PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS (Feb. 5, 2015), available at https://www.plannedparenthood.org/planned-parenthood-massachusetts/newsroom/get-real-comprehensive-sex-education-that-works-joins-list-of-evidence-based-programs-from-us-department-of-health-and-human-ser. “To date, over 190 schools and youth serving programs in Massachusetts, New York, Ohio, Rhode Island, and Texas have used the Get Real curriculum.” Id. “Get Real is a middle school curriculum that delivers accurate, age-appropriate information and emphasizes healthy relationship skills and family involvement through both classroom and take-home activities.” Id.


Based on a national analysis of all available state data, our results clearly show that abstinence-only education does not reduce and likely increases teen pregnancy rates. Comprehensive sex and/or STD education that includes abstinence as a desired behavior was correlated with the lowest teen pregnancy rates across states. In alignment with the Precaution Adoption Process Model advocated by the National Institutes of Health we suggest that comprehensive sex and HIV/STD education should be taught as part of the biology curriculum, in middle school and high school science classes, along with a social studies curriculum that addresses risk-aversion behaviors and planning for the future.

Id. See Melissa McEwan, George Bush’s Sex Education Failure, THE GUARDIAN (July 20, 2009), https://www.theguardian.com/commentisfree/cifamerica/2009/jul/20/george-bush-teen-pregnancy-abstinence (reporting the Bush abstinence campaign to have negative correlation to STD and teen pregnancy rates).
updated since 1999. Regardless of which type of curriculum is used, sex ed is usually taught by teachers who are uncomfortable with the topic and ill equipped to teach it.

The consequences of this failure to provide students comprehensive and medically accurate sexuality education are grave. In her testimony before the New York City Council Committees on Women’s Issues, Health, and Education regarding Comprehensive Sexuality Education in 2015, New York Civil Liberties Union Policy Counsel Katharine Bodde warned that the stakes for failing to provide students with the tools and knowledge they need to build healthy relationships “are much higher than simply failing a test—lack of comprehensive sexual health education can lead to harmful relationships, unintended pregnancies, sexually transmitted infections, bullying, sexual assault, and discrimination.”

12 Massachusetts Comprehensive Health Curriculum Framework, Mass. Dep’t of Educ. (Oct. 1999), http://www.doe.mass.edu/frameworks/health/1999/1099.pdf. The framework identifies that by the end of grade 5 students should be able to: “identify the components, functions, and processes of the reproductive system”, “identify the physical changes as related to the reproductive system during puberty”, “define sexual orientation using the correct terminology” and “recognize that diet, exercise, rest and avoidance of risk behaviors such as smoking, drinking, and other substance use contribute to the health of a mother and fetus.” Id. at 31. By the end of eighth grade, students should be able to: “recognize the emotional and physical changes as related to the reproductive system during puberty”, “explain the benefits of abstinence”, “describe short- and long term consequences of sexuality-related risk behaviors and identify barriers and supports for making health-enhancing decisions”, “describe behaviors and methods of pregnancy prevention”, “define sexually transmitted infections, including HIV/AIDS, and how they are prevented”, “list the signs of pregnancy” and “explain the laws and relevant court rulings concerning rights about consensual sexual relationships and reproduction.” Id. at 32.

13 See Evie Blad, New Teacher-Preparation Standards Focus on Sex Education, EDUC. Wk. (May 6, 2014), https://www.edweek.org/ew/articles/2014/05/07/30sexed.h33.html (last visited Feb. 20, 2020). “A 2010 study published in the Journal of Health Education found that only 61 percent of colleges and universities require sex education courses for health education certification, and nearly a third of sex education teachers reported no preservice or in-service training in the subject.” Id.

14 See Stacy Stockard, Is Abstinence Still the Best Policy? Modernizing Human Sexuality Instruction in Texas Public Schools, 10 TECH. ADMIN. L.J. 315 (2008). Due to the impact it has on the use of contraceptives and the delay of sexual intercourse, comprehensive sexual education programs have been credited with producing decreased rates of STDs and pregnancies, in the long run. Id. at 324. See also Brigid McKeon, Effective Sex Education, ADVOCATES FOR YOUTH (2006), https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/fssexcur.pdf. Sexual education programs have not produced increased rates of “sexual initiation,” nor have they led to an increase in sexual intercourse or sexual partners, nor have they led to a decrease in the age at which young people engage in “sexual initiation.” Id. at 1. On the other hand, abstinence-only programs often provide inaccurate medical and scientific information, inaccurate information regarding abortion and the effectiveness of contraceptives, and even discouraged young people from using contraceptives and from being tested for STIs. Id.


The NYCLU supports individual’s ability to make meaningful decisions about their lives and futures; and this requires creating a society in which people have
The importance of providing comprehensive sex ed is not a concept based on progressive ideologies. It is based on improved health outcomes. Research shows that comprehensive sex ed can reduce rates of intimate partner violence among teenagers, lower rates of unintended pregnancy, and reduce rates of sexually transmitted diseases.

access to the information, resources and services they need to make informed, supported decisions about their bodies and their relationships. To this end, the NYCLU strongly believed that New York’s young people deserve sexual health education in Kindergarten through twelfth grade (“K-12”) that is age-appropriate, medically accurate, and comprehensive. The need for comprehensive sexual health education is explicit and urgent. Students who don’t receive quality sexuality education enter adolescence ill-informed and mis-educated; they become sexually active and enter relationships without the knowledge they need to act responsibly and safely.

Id.


17 See Shelly Makleff, et. al., Preventing Intimate Partner Violence Among Young People—a Qualitative Study Examining the Role of Comprehensive Sexuality Education, SEXUALITY RES. AND SOC. POL’Y (Apr. 26, 2019), https://link.springer.com/article/10.1007/s13178-019-00389-x (last visited Feb. 18, 2020). “According to a comprehensive review of 22 studies, sexuality education and HIV prevention programs that address the topics of gender and power dynamic within intimate partnerships are five times more likely to reduce rates of sexually transmitted infection and unintended pregnancy than programs that exclude these topics.” Id.

18 See Kohler PK, et. al., Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy, J ADOLESC. HEALTH 42(4) (Apr. 2008), https://www.ncbi.nlm.nih.gov/pubmed/18346659 (last visited Feb. 18, 2020). “Teaching about contraception was not associated with increased risk of adolescent sexual activity or STD. Adolescents who received comprehensive sex education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education.” Id.


The Office of Adolescent Health (OAH), a division of the U.S. Department of Health and Human Services, maintains a list of evidence-based interventions, with ratings based on the rigor of program impact studies and strength of the evidence supporting the program model. As of 2015, 37 programs met the OAH’s effectiveness criteria and were found to be effective at preventing teen pregnancies or births reducing sexually transmitted diseases, or reducing rates
Comprehensive, age-appropriate sexuality education for children and adolescents is recommended by the American College of Obstetricians and Gynecologists, and the Society for Adolescent Health and Medicine. The American Medical Association, the American Public Health Association, National Education Association, and National School Boards Association “oppose abstinence-only education and endorse comprehensive sexuality education that includes both abstinence promotion and accurate information about contraception, human sexuality, and STIs.”

The most crucial goal of comprehensive sex ed is to provide youth with knowledge to better equip them to make the best choices they can to lead safe and healthy lives. When adolescents are not given the tools and education they deserve, they are at risk of making poor choices that can lead to harmful and significant health consequences. Comprehensive sexuality education is about teaching young people to engage in healthy habits or relationships, it is about teaching health; it is about making evidence-based information available to those individuals whose brains are developing and are at risk of making decisions based on lack of information. When comprehensive

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Id.


24 See infra note 23 and accompanying text. See also Cora C. Breuner, MD, MPH, et al., Sexuality Education for Children and Adolescents (2016),
sexuality education is conveyed properly, it will empower adolescents to make the best decisions they can based on medically accurate information.\textsuperscript{25} The United Nations Educational, Scientific and Cultural Organization, (UNESCO), agrees that inadequate sexuality education has negative effects, stating, “[A] lack of high-quality, age- and developmentally-appropriate sexuality and relationship education may leave children and young people vulnerable to harmful sexual behaviours and sexual exploitation.”\textsuperscript{26}

It is well known that comprehensive sex ed can lead to delayed initiation of sexual activity, fewer partners, and increased use of protection.\textsuperscript{27} Additionally, when consent and boundaries are taught in the classroom, adolescents are learning about the tools they can use to establish healthy relationships.\textsuperscript{28} Healthy relationships, in the end, will decrease sexual violence and teen dating violence.\textsuperscript{29}

\hspace{1.5cm}See UNESCO, supra note 23.

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In 2017, 35.3% of Massachusetts high school students reported having had sexual intercourse, and 61.1% of those students reported “not talking with parents about sexuality or prevention of HIV, STDs, or pregnancy in the past year.” Since the Massachusetts legislature and the Department of Education have failed to establish adequate standards for sexuality education within the state an alarming number of youths could be blindly engaging in unhealthy sexual behaviors. The harsh reality is that a significant percentage of our youth is engaging in sexual behavior and may not feel comfortable speaking to their parents. Furthermore, even if our youth were to reach out to a trusted adult in order to learn about healthy relationships and safe sex, it has become clear that many adults are unable to provide the information adolescents need regarding consent, respect, and boundaries.

Comprehensive sexuality education will give adolescents the information they need to develop healthy relationships, while also giving them access to resources and tools to speak up. It will help prevent sexual assault and rising sexually transmitted infection (STI) rates among our youth by ensuring curricula include discussions of affirmative consent, relationships that are “free of violence, coercion, and intimidation,” and STI and

https://www.cdc.gov/violenceprevention/pdf/campussvprevention.pdf. In an effort to teach students skills to prevent sexual violence, the CDC advocates for campuses to provide its students with definitions of consent. Id. See Grace Tatter, Consent at Every Age, HARVARD GRADUATE SCHOOL OF EDUCATION (Dec. 19, 2018), https://www.gse.harvard.edu/news/uk/18/12/consent-every-age. The article is broken up into various educational years, beginning with early education and ending with high school, and gives age-appropriate guidelines and examples as to how to discuss consent with the respective age group. Id.

30 MASS. DEPT OF EDUC., YOUTH RISK BEHAVIOR SURVEY 57 (2017), http://www.doe.mass.edu/sfs/yrbs/2017data-tables.docx. 31 See id. 32 See id. 33 See Kelli Stidham Hall et al., The State of Sex Education in the United States, 58(6) J. ADOLESCENT HEALTH 595, 595 (2016). Widespread implementation of sex education through school and community-orientated programs did not occur until the 1980s. Id. Even when such programs were implemented, the United States government adopted abstinence only until marriage sex education in the late 1990s, which has since been deemed as ineffective as documented by rigorous research. Id. As a result, many adults today never received effective sex education themselves, making it impossible to provide necessary information about sex to the youth. Id. See also History of Sex Education in the U.S., PLANNED PARENTHOOD (Nov. 2016), https://www.plannedparenthood.org/uploads/filer_public/da/67/da67fd5d-631d-438a-85e8-a446d90fd1e3/20170209_sexed_d04_1.pdf (discussing limited sex education in the U.S. from the 1960s until the 1990s). 34 See Cora C. Breuner et al., Sexuality Education for Children and Adolescents, 138(2) AM. ACAD. PEDIATRICS, at e2 (2016). “Healthy sexuality includes the capacity to promote and preserve significant interpersonal relationships; value one’s body and personal health; interact with both sexes in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one’s own values, sexual preferences, and abilities.” Id. See also Emily Bridges & Debra Hauser, Sexuality Education, ADVOCATES FOR YOUTH (Nov. 2016), https://advocatesforyouth.org/resources/fact-sheets/sexuality-education-2/ (asserting the importance of comprehensive sex education in understanding healthy relationships).
pregnancy prevention. In addition, adequate sexuality education can provide information and support to LGBQ/T youth so they no longer feel alone.

Not only is medically accurate and age-appropriate comprehensive sexuality education critical for adolescents to lead healthy lives, it is also essential to the prevention of sexual violence. In 2017, 10.4% of high schoolers in Massachusetts reported having had sexual contact against their will. This is an increase from the 9.2% of students reported in 2015. National statistics show that out of all of the victims of child sexual abuse under the age of eighteen, 66% were between the ages of twelve and seventeen. In other words, a majority of child sexual abuse occurs during the course of adolescence.

shall include, but not be limited to, teaching: (i) physical, social, and emotional changes of human development; (ii) human anatomy, reproduction, and sexual development; (iii) the benefits of abstinence and delaying sexual activity and the prevention sexually transmitted infections, including HIV/AIDS, and unintended pregnancy, including the effective use of contraceptives and barrier methods and the options for pregnancy, including parenting, adoption, and abortion; (iv) ways to effectively discuss safe sexual activity; (v) relationship and communication skills to form healthy, respectful relationships free of violence, coercion, and intimidation and to make healthy decisions about relationships and sexuality, including affirmative and voluntary consent to engage in physical or sexual activity, and skills to recognize and prevent dating violence; and (vi) age-appropriate information about gender identity and sexual orientation for all students, including affirmative recognition that people have different sexual orientations, gender identities, and gender expressions, and information about resources that offer support for lesbian, gay, bisexual, transgender, queer and questioning students.

See S.D. 263, 191st Gen. Ct. § 1 (Mass. 2019). This proposed Massachusetts Senate bill, known as the Healthy Youth Act, seeks to provide sexual health education to students that:


2017 Report, HEALTH & RISK BEHAVIORS OF MASSACHUSETTS YOUTH, https://www.mass.gov/files/documents/2019/01/09/health-and-risk-behaviors-mass-youth-2017.pdf (last visited Feb. 11, 2020) (asserting that 10.4% of Massachusetts high school students have had sexual contact against their will). Of Massachusetts high school students that reported ever having sexual contact against their will, 8.5% were in 9th grade, 11.4% were in 10th grade, 11.7% were in 11th grade, and 10.4% were in 12th grade. Id. The breakup among gender of students reporting ever having sexual contact against their will is 6.5% male and 14.4% female. Id.

See id.


LAWRENCE A. GREENFIELD, U.S. DEP’T JUSTICE, SEX OFFENSES AND OFFENDERS: AN ANALYSIS OF DATA ON RAPE AND SEXUAL ASSAULT 11 (Tom Hester & Yvonne Boston eds. 1997). “About 80% of rape victims were under age 30 – about half of these were under age 18. Id. Victims younger than 12 accounted for 15% of those raped, and another 29% of rape victims were between 12 and 17.” Id.
making the implementation of comprehensive sexuality education vital. In a society in which “more than 1 in 3 women and nearly 1 in 4 men have experienced sexual violence involving physical contact at some point in their lives,” education is critical.

Sexual assault is sometimes called a “silent - violent epidemic.” Nationally, sexual assault and rape are the most underreported and growing violent crimes. In 2016, the U.S. Department of Justice estimated that 80% of victims choose not to report to law enforcement.

National statistics on dating violence are even more alarming. According to the Centers for Disease Control (CDC), “In 2017 alone, 7 percent of high schoolers said they had experienced sexual violence by a dating partner, and 8 percent reported physical violence.” For many, dating violence can lead to more dire consequences such as homicide. A recent study found that out of all of the homicides of young people between 2003 and 2016, 7% percent “were at the hands of current or former intimate partners.” Those are 150 lives that could have been saved if adolescents understood and respected boundaries.

42 See id. (providing resources regarding preventing sexual violence).
44 See id. “According to the AMA, sexual assault continues to represent the most rapidly growing violent crime in America, claiming a victim every 45 seconds. Id. Because many of these attacks occurring daily go unreported and unrecognized, sexual assault can be considered a ‘silent-violent epidemic’ in the United States today.” Id.
48 See Salam, supra note 46.
49 See id. (highlighting how dating violence has a high potential to lead to death).
By failing to teach consent and healthy relationships in schools, and failing to give parents the tools they need to have difficult conversations at home, we are perpetuating the development of abusive behavior.50 This is why we often hear how crossing boundaries increases with the age of the perpetrator.51 We can prevent this sexual violence trend by intervening early and having more conversations about sexuality education.52 When we increase healthy relationships, there is a decreased chance of sexual violence.53 Cultivating open dialogue about sexual health and consent can also increase the likelihood of youth survivors reaching out for support.54

Sexual violence is a pervasive problem, and the effects it has on survivors, family, and friends are long lasting.55 Self-harm, Post-Traumatic Stress Disorder (PTSD), substance use, depression, suicide, and eating disorders, are only some of the long-term health risks that can result from sexual violence.56 These are behaviors that will significantly affect survivor after survivor, family, and friends.57 Sexual violence and the refusal of systems to focus on prevention is a public health crisis as well as a health-care crisis.58

Comprehensive sexuality education is health care. Admitting that sexual violence is a pervasive public health crisis that requires us to be proactive instead of only retroactive will allow us to focus on preventing the problem.59 Sex ed provides tools to adolescents to

52 See Sexual violence prevention: beginning the dialogue, CENTERS FOR DISEASE CONTROL AND PREVENTION (2004), https://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf. The CDC proposed that the dialogue regarding sexual violence prevention should be moved upstream to prevent sexual violence from occurring in the first place. Id.
53 See id. at 9. “Approaches are aimed at those in the population at heightened risk for sexual violence victimization or perpetration and are designed to impact factors that increase the risk of SV as a result of relationships with peers, intimate partners, and family members.” Id.
54 See id. at 6. “Engage youth as agents of change to affect their school’s climate of tolerance for sexualized bullying by leading classroom-based conversations and school-wide special events.” Id.
55 See id. at 3. “Long-term responses after sexual violence has occurred to deal with the lasting consequences of violence and sex offender treatment interventions.” Id.
learn how to prevent the creation of dangerous habits, how to respect others, how to speak up when not feeling safe but prior to when harm is done, and how to take ownership of their actions and behaviors.\textsuperscript{60}

If we continue to focus on solely our response to sexual violence, it is sending a message that we are unwilling to prevent sexual violence in the first place.\textsuperscript{61} As the Association for the Treatment of Sexual Abusers writes, “After-the-fact interventions address the offender’s crime and the victim’s trauma with the burden of disclosure and prevention of further abuse placed on the victim.”\textsuperscript{62} If a quarter percent of the population had a rare disease, health care personnel would not focus solely on treatment, but rather, they would work to develop a preventative measure, like a vaccine. Why is our society not developing preventive measures to combat sexual violence? Why are we as a society not willing to shift the focus from reactive to proactive?

Silence and lack of information are large factors which lead to the infliction of sexual harm.\textsuperscript{63} Silence and lack of information also lead to feelings of shame and embarrassment among survivors who ultimately choose not to share their experiences because they are afraid they will not be believed or supported.\textsuperscript{64} Silence leads to #MeToo.\textsuperscript{65} Not only are we living in a society where one in three women, and nearly one

\begin{itemize}
\item [61] \textit{Id.} (stating sexuality education provides an appropriate framework for educating students about sexual abuse).
\item [63] See \textit{id}.
\item [65] See Vasundhara Prasad, \textit{If Anyone Is Listening, #MeToo: Breaking the Culture of Silence Around Sexual Abuse Through Regulating Non-Disclosure Agreements and Secret Settlements}, B.C. L. REV.,
\end{itemize}
in four men, will experience sexual violence, we are also living in a retroactive time focused on action after-the-fact, which tells survivors that prevention and education are not worth investing in.\textsuperscript{66} Sexual violence is 100\% preventable when we provide our children with medically accurate, age appropriate sexual education.