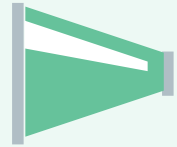
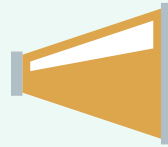


FIVE COMMON ATTACKS ON SRA & HOW TO PUSH BACK

Working together to
build a common
narrative around sex
education to
strengthen our public
messaging impact



MYTHS AND MISINFORMATION

SRA opposers use common language to build a false narrative by repeating myths and misinformation until public perception is solidified.

Any misinformation that goes unchallenged will be assumed to be true. We can maintain our unique brands while using common language to change public perception.

RESISTING RHETORICAL INTIMIDATION

"It's still the same shaming, stigmatizing programs. It's still the same harmful programs in that it withholds life-saving and life-affirming education for young people around their sexuality and their sexual health."

-Chitra Panjabi,
Pres. & CEO of SIECUS

FALSE FRAME

SRA uses fear to keep kids from having sex and shames teens who are or have been sexually active.

1
FEAR AND
SHAME-BASED

BREAK THE FRAME

Sex is a natural and wonderful part of human development.

Sharing the real-life impact of teen pregnancy and STDs is important to sexual decision-making; medically accurate information can empower health.

RHETORICAL QUESTION

When we talk about the importance of making healthy food choices and exercising are we shaming obese students?



FALSE FRAME

Talking about marriage as the best context for sex stigmatizes students from single parent families, sexual minority youth and those who may not want to get married.

2
STIGMATIZING

BREAK THE FRAME

We recognize and commend the herculean effort of single parents.

The risks associated with teen sex are not mitigated by a teen's future intentions but based on the current realities informed by medical and social science research.

RHETORICAL QUESTION

Which sub-group of teens does NOT deserve an optimal health message?



FALSE FRAME

The 2007 Mathematica study proves that abstinence doesn't work.

3
DOESN'T
WORK

BREAK THE FRAME

Currently, 25 independent research studies show the effectiveness of SRA education.

Findings include: delay of sexual debut, discontinue or limit partners, no less likely to use a condom, academic improvement, decrease in other risks

RHETORICAL QUESTION

Have you seen the 2016 HHS report on contraceptive-based programs showing 80% of students fared no better or worse than peers not in these programs and at a cost to the American taxpayers of \$850 million?



FALSE FRAME

When a health message intersects on a doctrinal belief a person of faith giving a health message is "preaching morality".

4
RELIGIOUS
MESSAGE

BREAK THE FRAME

Claiming that a person of faith is unable or unqualified to distinguish between information based on medical and/or social science research and doctrinal precepts is at best grossly misinformed and at worst a blatant display of bias and bigotry.

RHETORICAL QUESTION

Is the Mormon cardiologist who advises his patient to quit smoking and drinking preaching religion or giving sound medical advice in an effort to increase better health outcomes?



FALSE FRAME

SRA programs are not relevant nor inclusive of sexual minority teens.

5
NOT RELEVANT
TO LGBTQ
STUDENTS

BREAK THE FRAME

The CDC's 2016 report shows that sexual minority teens are at greater risk than heterosexual youth.

The intrinsic value of all students must be clearly communicated, without regard to gender identity and inclusivity and respect shown to every student.

RHETORICAL QUESTION

Should teens who are at higher risk for pregnancy and disease, be singled out and not be given the information and skills to avoid sex in order to achieve optimal sexual health?