FIVE COMMON ATTACKS ON SRA & HOW TO PUSH BACK

MYTHS AND MISINFORMATION

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

1. FEAR AND SHAME-BASED

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

**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?

2. STIGMATIZING

**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.

**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?

3. DOESN’T WORK

**FALSE FRAME**
The 2007 Mathematica study proves that abstinence 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 50% of students fared no better or worse than peers not in these programs and at a cost to the American taxpayers of $850 million?

4. RELIGIOUS MESSAGE

**FALSE FRAME**
When a health message intersects on a doctrinal belief a person of faith giving a health message is “preaching morality”.

**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 advise in an effort to increase better health outcomes?

5. NOT RELEVANT TO LGBTQ STUDENTS

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

**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?

WORKING TOGETHER TO BUILD A COMMON NARRATIVE AROUND SEX EDUCATION TO STRENGTHEN OUR PUBLIC MESSAGING IMPACT