



Sexual Risk Avoidance (SRA) Education & Gay Teens

Introduction

Critics contend that SRA programs have no relevance for homosexual teens. The charge is that SRA programs are harmful because they lack inclusivity toward these youth. However, when we look at the evidence, we see just the opposite to be true. An objective look at the holistic topics included in an SRA program reveals their relevance for all students. SRA educators are sensitive, and trained to deliver information that achieves optimal health for every student in the program, regardless of sexual orientation. Therefore, SRA programs have universally transferable principles that are designed to help all students avoid sexual risk.

Universally Transferable Principles

The universal topics from which all students can benefit include:

- Sexual delay is a protective factor for sexual health. ¹
- The fewer lifetime partners a person has, the healthier the sexual outcomes. ²
- Teen sex is high risk but certain behaviors are especially risky, even with a condom. ³
- Healthy relationships have a greater opportunity to develop when they are not complicated with sexual activity. ⁴
- Setting boundaries, learning refusal skills, and acquiring date rape prevention strategies help to prevent victimization. ⁵
- Reserving sex for a lifetime, sexually faithful, monogamous, relationship with an uninfected partner is the best protection against contracting STDs or sexually transmitted HIV. ⁶

Gay Teens At Increased Risk

A 2011 CDC report announced that, compared to heterosexual youth, homosexual and bisexual teens are at greatly increased risk for a variety of risk behaviors, including:⁷

- More than twice as likely to be victims of dating violence,
- More than three times more likely to be forced to have sexual intercourse,
- More than five times more likely to use the drug ecstasy,
- Almost half as likely to use a condom at last sex,
- Nearly three times more likely to have had 4 or more lifetime partners, and
- More than four times more likely to have initiated sex before age 13.⁸

Summary

This data clearly demonstrates that the skills-building lessons that are intrinsic to a SRA education program, are the very skills desperately needed by students who identify themselves as homosexual. Encouraging young people, irrespective of their sexual orientation, to delay sexual behavior promotes equality in health for all. To do otherwise, exhibits an unacceptable form of advantage discrimination ⁹ to those at greatest sexual risk.

- ¹ Sandfort, T. G., Orr, M., Hirsch, J. S., & Santelli, J. (2008). Long term health correlates of timing of sexual debut: Results from a national US study. *American Journal of Public Health*, 98(1), 155–161.
- ² O'Donnell, L, O'Donnell, C. R., Stueve, An. (2001) Early sexual initiation and subsequent sex-related risks among urban minority youth: The reach for health study. *Family Planning Perspectives*, 2001, 33(5):268-275
- ³ Centers for Disease Control . (nd) HIV Risk Reduction Tool: What can increase my risk? Retrieved June 2016 at https://wwwn.cdc.gov/hivrisk/increased_risk/

Centers for Disease Control. (2016) Genital Herpes – CDC fact sheet. Accessed June 2016 at <http://www.cdc.gov/std/herpes/stdfact-herpes.htm>

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Centers for Disease Control. (2016) Gonorrhea - Fact sheet. accessed June 2016 at <http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>
- ⁴ Dean M Busby, Jason Carroll, Brian J Willoughby (2010). Compatibility or restraint? The effects of sexual timing on marriage relationships. *Journal of Family Psychology*.
- ⁵ Centers for Disease Control (2016). Sexual Violence Risk & Protective Factors. Retrieved June 2016 at <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>
- ⁶ Centers for Disease Control and Prevention (2016) Condom Effectiveness. Retrieved June 2016 at <http://www.cdc.gov/condomeffectiveness/>
- ⁷ Centers for Disease Control and Prevention. Sexual identity, sex of sexual contacts, and health- risk behaviors among students in grades 9-12: Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009. *MMWR* 2011;60(No. SS-# 7.
- ⁸ Centers for Disease Control and Prevention. Sexual identity, sex of sexual contacts, and health- risk behaviors among students in grades 9-12: Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009. *MMWR* 2011;60(No. SS-# 7.
- ⁹ Mosack, M. (2007). *Well Said: Using Language that Leads - An Abstinence Educators Guide to Effective Communication*. HHS Technical Assistance Module, Washington, D. C.: Administration for Children and Families, Pal-Tech Contract, p. 15.

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