Ascend

Youth. Sex. Relationships. Leading the National Conversation

Sexual Risk Avoidance (SRA) Education & LGBTQ Teens

Introduction

Critics contend that SRA programs have no relevance for lesbian, gay, bisexual, transgender, or questioning (LGBTQ) 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. According to a 2016 CDC report, "nationwide, 88.8% of students identified as heterosexual, 2.0% identified as gay or lesbian, 6.0% identified as bisexual, and 3.2% were not sure of their sexual identity" [1] Despite the fact that the majority of teens are heterosexual, SRA providers strongly believe that all students deserve the information and skills to navigate adolescence with health and success. 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.[2]
- The fewer lifetime partners a person has, the healthier the sexual outcomes.[3]
- Teen sex is high risk but certain behaviors are especially risky, even with a condom.[4]
- Healthy relationships have a greater opportunity to develop when they are not complicated with sexual activity.[5]
- Setting boundaries, learning refusal skills, and acquiring date rape prevention strategies help to prevent victimization.[6]
- Reserving sex for a lifetime, sexually faithful, monogamous, relationship with an uninfected partner is the best protection against contracting STDs or sexually transmitted HIV.[7]

LGBT Teens At Increased Risk

The August 2016 release of a report by the CDC[8] shows that sexual minority youth, who identify as lesbian, gay, bisexual, or questioning, have a higher prevalence of a variety of health risk behaviors. (The report did not report on transgender youth, but as sexual minority youth, they are also likely at great risk.) Lesbian, gay, and bisexual students are at higher risk in nearly all of the sexual risk behaviors measured by the CDC, as compared to heterosexual teens:

- About 25% more likely to have sex.
- More than twice as likely to have had sex before 13.
- Three times more likely to be forced to have sex.
- More than twice as likely to be a victim of dating violence.
- More than twice as likely to have used ecstasy.
- More likely to have had sex with 4 or more partners.
- Two times less likely to use any contraceptive method when having sex.
- Less likely to use a condom when having sexual contact.

But the same CDC report also indicates that lesbian, gay, and bisexual teens are at greater risk for these non-sexual health risks than their heterosexual peers:

- Less likely to use a seat belt.
- More likely to carry a weapon to school and to be bullied or in a fight.
- Twice as likely to feel sad or hopeless.
- More than four times as likely to attempt suicide.
- About five times as likely to have ever used heroin and four times as likely to have used meth.
- Twice as likely to have smoked cigarettes or marijuana before 13.
- Much more likely to have begun drinking alcohol before13.
- Less likely to eat a nutritious diet.
- Less likely to be physically active and more likely to be overweight or obese.
- Less likely to visit the dentist regularly.

And of even greater concern is the fact that if teens have sex, they are much more likely to engage in these behaviors, especially if they have same sex only or sex with both sexes. Encouraging teens to wait for sex is important.

For more information, contact Ascend at info@WeAscend.org or call 202-248-5420

How Does The Educator In The Classroom Use This Information?

The SRA educator has a special opportunity to treat each student with value and respect. New information empowers the educator with the confidence that the SRA approach is beneficial to every student, regardless of sexual orientation. SRA education is the preferred approach for all students, but particularly important to LGBTQ students, for these reasons:

- Youth are youth. Universally transferrable principles that are a part of SRA programs help all youth thrive in life and relationships.
- Waiting for sex is best. The typical message given to LGBTQ students is one that normalizes teen sex. Research now confirms that sexual minority students are especially vulnerable to a variety of risky behaviors, particularly if they are sexually active. We believe it unconscionable to place students at increased risk; therefore SRA programs normalize sexual delay, rather than normalizing teen sexual activity. In this way, we set a healthy expectation for teens to avoid all sexual risk. Research shows that high expectations move teens closer to the optimal health goal, while low expectations have the opposite effect.
- Setting boundaries builds protection. All students deserve an equal opportunity to develop healthy habits that will benefit them both now and in the future. Students are made more vulnerable by weak boundaries. They are more likely to be victimized by exploitative relationships, harassment, or bullying. We are compelled to inspire, educate, and nurture youth so they can achieve more by setting personal boundaries that enhance respect for themselves and others.
- Equal opportunity for all. Increased risk means that there is an increased responsibility on the teacher. In order to eliminate health inequities, SRA educators are committed to inclusivity, so every student has the best opportunity to thrive.

America's youth deserve better than what they often hear from too many adults and the current culture. The fact is, normalizing teen sex puts all youth at risk but sexual minority youth bear even greater risk. This fact should increase our efforts to promote sexual delay to all students without regard to orientation. The SRA message offers all students the information and skills they need to live healthy lives.

Summary

The data clearly demonstrates that skills-building lessons that are intrinsic to a SRA education program are the very skills desperately needed by students who identify themselves as LGBTQ. 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.

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[1] Kann, L., Olsen, EO, McManus T, et al. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. MMWR Surveill Summ 2016;65(No. SS-9):1–202.

[2]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.

[3]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,
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[5]Dean M Busby, Jason Carroll, Brian J Willoughby (2010). Compatibility or restraint? The effects of sexual timing on marriage relationships. Journal of Family Psychology.

[6]Centers for Disease Control (2016). Sexual Violence Risk & Protective Factors. Retrieved June 2016 at http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html

[7]Kann, L., Olsen, EO, McManus T, et al. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. MMWR Surveill Summ 2016;65(No. SS-9):1–202.

[8]Ibid.

[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.