FIVE COMMON ATTACKS ON SRA & HOW TO PUSH BACK

MYTHS AND MISINFORMATION

Critics use common language to repeat myths and misinformation to create a false narrative that influences negative public perception of SRA.

Any misinformation that goes unchallenged is assumed to be true. We can change public perception using common language to correct the false narrative.

RESISTING RHETORICAL INTIMIDATION

FALSE FRAME

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

BREAK THE FRAME

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

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.

BREAK THE FRAME

The risks associated with teen sex are not mitigated by a teen’s orientation or 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

A 2007 national 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, cessation or limit partners, no less likely to use a condom, academic improvement, and decrease in other risks.

RHETORICAL QUESTION

Did you know a 2016 NHS report showed American taxpayers spent $360 million on contraceptives programs, SRA having no effect on students and 3 showing negative outcomes?

FALSE FRAME

A person of faith sharing information about sexual health to teens is “preaching morality.”

BREAK THE FRAME

Claiming a person of faith is unable to distinguish between research-based information 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.

BREAK THE FRAME

SRA education holds there are universally transferable principles that can protect all teens from the negative consequences of sex. The intrinsic value of all students must be clearly communicated, without regard to gender identity conflict and inclusivity.

RHETORICAL QUESTION

Should the information and skills to avoid sex to achieve optimal sexual health be withheld from teens who are at higher risk?