

Sexual Risk Avoidance compared to Comprehensive Sex Education

| Sexual Risk Avoidance (SRA) | Comprehensive Sex Education (CSE) |
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| Sexual Risk Avoidance (SRA) Materials teach commitment to the person and relationship happens before sexual activity. Relationship driven. | Comprehensive Sex Education (CSE) materials teach consent of the partner is all that is needed to engage in sexual activity for the sole purpose of pleasure. Pleasure driven. |
| Sexual involvement is based on commitment. | Sexual involvement is based on consent and pleasure. |
| Materials emphasize failure rate and potential consequences including behaviors that avoid risk of physical, social, emotional and financial consequences. | Materials emphasize sexual rights and portray condom use as highly effective and “safe sex”. Information minimizes consequences leaving students without enough data to make informed decisions. Material recommends mitigation of physical consequences. |
| Communication is family centered with parents as the primary educators. | Students exercise reproductive rights and services without parental involvement, giving children “sexual rights.” |
| Prevention behaviors are promoted | Intervention from consequences is facilitated |
| Family formation skills are taught. | Access to contraceptive services is practiced. |
| Role plays and exercises emphasize following rules and normalizing marital sexual relations and raising children. Role plays encourage students to choose behaviors with the smallest amount of risk to themselves and others. | Role plays and exercises heavily emphasize the “normality” of non-marital and non-traditional, even risky, behaviors. Requires heterosexual students to role play and endorse gender-fluid situations encouraging cultural norming. |
| Respects the culture of the family. | Insists on participation in activities even though those activities may be culturally inappropriate to the ethnic heritage of the student. |
| Assumes students are capable of identifying and avoiding risks. | Assumes students will be involved in risk taking behaviors. |
| Promotes optimal health outcomes by avoiding risk taking behavior. Specifically, encouraging the delay of non marital sexual activity. | Youth are enlisted to combat “homophobia,” “transphobia” and “heterosexism” and to advocate for their sexual rights. |
| Curricula determines age appropriate introduction to sexual information based on legal age for sexual activity, knowledge of child development, and recognizing the importance of the imprinting of sexual events on the child’s brain. | CSE underlying philosophy says human’s have the right to exercise their sexuality from birth to death. Introduction of gender choices and sexual information K-12 as well as pre K programming. Introduces ideas and topics that are not age, developmentally or legally appropriate for young children. Predators potentially use this for exploitation of victims. |
| Abortion harms the unborn child and the parents | Abortion is the woman’s choice regardless of the child’s age |
| Marriage between a man and a woman is the ideal relationship for achieving optimal social, financial, emotional, spiritual and physical health. | CSE teaches that there are no barriers for the types of sexual expression and relationships. |
| Boundary setting and Refusal skills- Fortifies self confidence, friendship and problem solving skills. | Boundary setting and Refusal skills- Uses negotiating skills for contraception methods and for obtaining consent. |

Establishes self identity based on **biological facts**, the value and worth of being a human with talents, the connections and relationships and commitment.

Bases identity on sexual **thoughts and behaviors** not necessarily in agreement with biological facts.

Medically accuracy precludes gender fluidity as a science informed concept. Regardless of transitions, the chromosomes determine male or female.

Gender fluidity is a personal decision and assertion. Access to puberty blocking hormones is made available at age 8. CSE fails to teach increased risk of health and psychological problems associated with hormone blockers.

SRAE is **highly documented** for medical and sociological **accuracy**. It encourages the use of family primary care physician for needed services.

CSE has few footnotes; resources are from pop culture and corporations with conflict of interests and financial advantage over the consumer. Most materials use emotion to promote customer consumption of devices and services.

SRAE encourages students to learn and support their family's values.

CSE materials have the students question their family's capability of discussing issues. They encourage them to establish their own values. (Students under the age of 25 do not have a mature prefrontal cortex for decision making on their own)

SRAE respects and promotes concepts of **personal responsibility**

CSE **expects social services to provide solutions for the consequences** of the student's actions, with or without parental knowledge or consent.
