Sex Education Fact Sheet

FACT #1: New research shows comprehensive sex education (CSE) programs have an 85% failure rate in U.S. public schools. According to a recent review of research conducted by the Institute for Research and Evaluation (posted at SexEdReport.org), the best available, peer reviewed studies over the last 30 years—studies vetted by the U.S. government, show much more failure than success for CSE in school classrooms. These programs have not shown evidence of effectiveness at preventing teen pregnancy or STD infections or increasing teen condom use or abstinence.¹

FACT #2: More than 1 out of 7 CSE programs in U.S. schools produced harmful effects, including higher rates of teen pregnancy and sexual risk-taking behavior.² The scientific field of prevention research recommends that programs producing such "negative effects on important outcomes" should not be designated as "effective" or disseminated for widespread use.³

FACT #3: The available peer reviewed research on abstinence education, though more limited, shows a much higher rate of success than CSE in U.S. classrooms.⁴

FACT #4: According to the CDC, fewer U.S. teens are having sex before the age of 18, not more. This trend should be supported by sex education curricula, not undermined by it.

FACT #5: Surveys show that the majority of youth who have had sex regret that decision and wish they had waited longer. Sex education curricula can encourage sexually active teens to return to abstinence.

FACT #6: Most U.S. parents want sex education to emphasize abstinence as the primary message. Also, most states require abstinence to be the primary message of sex education as this helps children avoid 100% of the risks associated with early sex.

FACT #7: Adolescents who become sexually active are more susceptible to depression and suicide, especially females and younger teens.⁷

FACT #8: According to the CDC, teens who identify as LGBT are much more likely to experience dating violence or rape by a same-sex partner than those who identify as heterosexual are by an opposite sex partner. 8 Curriculum that normalizes or encourages such identification, thereby inviting the accompanying risks, should be avoided.

FACT #9: Most children who experience same-sex attraction grow out of it. A U.S. study published in *Pediatrics*, found that 26 percent of 12-year-old children were uncertain about their sexual orientation. But since homosexuals represent less than 2 percent of the adult population, most confused adolescents outgrew this confusion and adopted a heterosexual orientation.⁹

FACT #10: Most children who are confused about their gender identity generally come to accept their biological sex as they grow up. In fact, 80 percent to 90 percent accept their biological identity upon reaching adulthood—that is if they are not affirmed in their gender confusion, for example, if they are given puberty blockers or cross-sex hormones.¹⁰

FACT #11: No child who identifies as LGBT should be rejected, stigmatized or bullied, and existing bullying policies should be strongly enforced in this regard. But attempts to prevent bullying, or sex education programs that have the underlying goal to normalize and/or encourage such identification should be avoided as such programs can serve to reinforce an LGBT identity that will lead children to experience higher rates of negative physical and mental consequences over their lifetime and put them at higher risk for suicide.

FACT #12: The public school is not the appropriate place to try to address and resolve LGBT issues, which are some of the most divisive issues of our day, dividing communities and nations across the globe. A school or state that takes one side will lead to a mass exodus of families from the public schools, a trend that has already begun.

References

- Weed, S.W., Ericksen, I.H. (2019). Re-Examining the Evidence for Comprehensive Sex Education in Schools, Part One: Research Findings in the United States. Salt Lake City: The Institute for Research and Evaluation.
- 2. Ibid.
- Gottfredson, D. C., Cook, T. D., Gardner, F. E. M., Gorman-Smith, D., Howe, G. W., et. al. (2015). Standards of Evidence for Efficacy, Effectiveness, and Scale-up Research in Prevention Science: Next Generation. *Prevention Science*, 16(7), 893–926. doi: 10.1007/s11121-015-0555-x. Retrieved from http://www.preventionresearch.org/wp-content/uploads/2011/12/Standards-of-Evidence-2015.pdf
- 4. Weed and Ericksen, 2019.
- 5. Centers for Disease Control and Prevention. (2018). Youth Risk Behavior Survey, Data Summary and Trends Report: 2007-2017. Available at: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf
- 6. Kramer, A. (2014). Virgin Territory: What Young Adults Say About Sex, Love, Relationships, and the First Time. *The National Campaign to Prevent Teen and Unplanned Pregnancy*. Retrieved from https://thenationalcampaign.org/sites/default/files/resource-primary-download/virgin-territory-final.pdf
- 7. Sabia, J. J. & Rees, D. I. (2008). The effect of adolescent virginity status on psychological well-being. *Journal of Health Economics, 27,* 1368–1381; Hallfors, D. D., Waller, M. W., & Ford, C. A., et al. (2004). Adolescent depression and suicide risk: association with sex and drug behaviors. *American Journal of Preventive Medicine, 27*(3), 224–231; Waller, M. W., Hallfors, D. D., Halpern, C. T., et al. (2006). Gender differences in associations between depressive symptoms and patterns of substance use and risky sexual behavior among a nationally representative sample of U.S. adolescents. *Archives of Women's Mental Health, 9,* 139–150; Rector, R., Johnson, K.,

- Noyes, L. Sexually Active Teenagers are More Likely to be Depressed and to Attempt Suicide. (2003). Retrieved from http://www.heritage.org/education/report/sexually-active-teenagers-are-more-likely-be-depressed-and-attempt-suicide; Spriggs, A. L. & Halpern, C. T. (2008). Sexual debut timing and depressive symptoms in emerging adulthood. *Journal of Youth and Adolescence*, 37(9), 1085–1096.
- Kann, L., McManus, T., Harris, W. A., et al. Youth Risk Behavior Surveillance United States, 2017. MMWR Surveill Summ 2018;67(No. SS-8):1–114.
 DOI: http://dx.doi.org/10.15585/mmwr.ss6708a1, available at: https://www.cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm
- 9. Remafedi, G., Resnick, M., Blum, R., Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics*, *89*,714-721.
- 10. McHugh, P. (2014, June 12). Transgender Surgery Isn't the Solution. Wall Street Journal. Retrieved from https://genderidentitywatch.files.wordpress.com/2014/06/paul-mchugh transgender-surgery-isnt-the-solution-wsj.pdf. The head of the Child and Adolescent Gender Identity Clinic in Toronto, Canada, Dr. Kenneth Zucker has treated over 500 children with gender confusion. Dr. Zucker found that in the vast majority of cases, therapy focused on reducing the psychopathology within the family has resulted in the child's acceptance of their birth sex. (See Zucker, K. & Bradley, S. (1995). Gender Identity Disorder and Psychosexual Problems in Children and Adolescents. New York, NY: The Guilford Press.)