



FLASH Sex Ed Curriculum: False Claims amid Evidence of Failure

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According to a recent press release by King County,¹ a new national study² shows the County's FLASH sexual health curriculum "is clinically proven to reduce teen pregnancy." The King County website states that FLASH is "an effective, proven program at reducing unintended pregnancy and STDs among teens."³ However, the cited study—conducted by employees of a company that promotes FLASH⁴—produced no such evidence, but rather, showed convincing evidence that the FLASH curriculum has failed.

Remarkably, the study did not measure FLASH's impact on teen pregnancy or STDs, so any claim that it "proves" FLASH reduces teen pregnancy and STDs is patently false. The study did measure self-reported teenage sexual behavior—sexual activity, condom/contraceptive use, and abstinence—and found no statistically significant effects on the population of FLASH participants: "behavioral impacts were not evident for the entire study population." There was one subgroup effect: an increase in condom use for the subgroup of FLASH students who had not previously had sex and became sexually active after the FLASH program. But the impact on condom use was not significant after 3 months and the researchers stipulated that this short-term subgroup effect "must be viewed with caution." Instead, it was cited in the King County press release and on its website as the only evidence of FLASH's "proven" effectiveness at changing behavior, with no mention that the effect was temporary. One might well ask why these sexually abstinent students became sexually active after participating in the FLASH program.

The press release claims that King County's low teen birth rate is evidence of FLASH's success. But both teen births and pregnancies in King County have declined at a rate similar to the decline in the national averages for the past ten years,⁵ which would bely any impact by FLASH.

The study authors seemed to downplay FLASH's lack of behavioral impact, emphasizing that FLASH had long-term impact on several "behavioral determinants." But "behavioral determinants" is just another term for the attitudes that influence sexual behavior. And while FLASH did improve some of these attitudes, that improvement did not translate into the desired behavior changes. Moreover, FLASH did not improve two crucial attitudes: "intentions to use condoms," the key behavioral determinant of teen condom use, and "comfort communicating with [parents] about sexual health," a major program goal. These are noteworthy FLASH failures.

The lack of effectiveness found in this FLASH study parallels the findings of a recently published review of sex education effectiveness. That study found most school-based comprehensive sex education programs like FLASH have not been effective at producing long-term improvement on key behavioral outcomes for the targeted student populations.⁶

The King County press release deludes parents by claiming that research shows the FLASH sex education program is effective at protecting their children. In fact, the research shows more evidence of failure than success. This begs the question: Why does King County claim the FLASH study “proves” its effectiveness, when the study findings do not support that claim?

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References

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