# Introduction

Welcome to Elementary FLASH!

FLASH is a public health approach to sex education. Elementary FLASH is a curriculum developed, maintained, and copyrighted by Public Health – Seattle & King County. It has been revised and updated over the years with input from teachers, administrators, parents, students, and health professions all over the United States.

The FLASH curriculum is also available at the middle school and high school levels, as well as secondary special education classes. High School FLASH is an evidence-based, proven program that has undergone rigorous evaluation from an independent evaluator. You can learn more about all grade levels at [www.kingcounty.gov/health/flash](http://www.kingcounty.gov/health/flash).

Elementary FLASH consists of an implementation toolkit and fifteen lesson plans for grades 4-6. The toolkit provides resources for teachers, administrators, parents, guardians, and reviewers. The contents of the toolkit may be photocopied as handouts whenever needed. The toolkit is followed by fifteen lesson plans for grades 4, 5 and 6. The lessons are age-appropriate for any of these grades and can be implemented flexibly.

The goals of Elementary FLASH (grades 4-6) are to:

* Increase knowledge about the reproductive system and puberty
* Improve family communication about relationships and reproductive health
* Decrease rates of sexual violence and increase reporting
* Improve skills to support future sexual health, including pregnancy and STD prevention

Teachers, families, and students often tell us how much they enjoy and appreciate the FLASH curriculum. We hope you enjoy it too!

Warmly,

The FLASH Health Educators at Public Health – Seattle & King County

# FLASH Teaching Guidelines

FLASH is designed to be teacher friendly. It does not require much advance preparation. The first page of each lesson plan includes an agenda, which is later expanded upon in greater detail. Lessons offer italicized scripts to help support teachers as they gain familiarity and comfort with the lesson plans. In addition to following the lesson plan as it is written, utilizing the following guidelines while teaching FLASH will help ensure the unit is taught in an inclusive, trauma-informed, and effective manner. This will increase lesson comprehension, decrease student anxiety, and improve the curriculum’s ability to achieve its goals.

### TEACH ACCURATE INFORMATION

All sexual health education instruction should be medically and scientifically accurate. Sources of reliable information include the U.S. Centers for Disease Control and Prevention, state or local health departments, major universities, and the peer-reviewed journals and websites of major national professional associations. Supplemental materials should be reviewed for accuracy on a regular basis as science continually evolves.

### TEACH AGE-APPROPRIATE CONTENT

Sexual health education instruction should be age appropriate. The content of Elementary FLASH aligns with age-based health standards by the United States Centers for Disease Control and many states’ health standards. Teaching sex education before students are sexually active does not hasten their sexual involvement. In fact, research demonstrates the effectiveness of sex education in preventing negative sexual health outcomes[iii](#_bookmark1)

### TEACH IN WAYS THAT INCLUDE EVERY CHILD

In sexual health education it’s crucial to validate and affirm every student with conscious regard for the probable diversity in the room including aspects of diversity that may not be readily apparent. Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their gender identities, races, ethnicities, abilities, sexual orientations, and varying body types.

### TEACH IN THE USUAL ALL-GENDER SETTING

Teaching sexual health education in all-gender classrooms, instead of separating classes by gender, has many advantages. It ensures that all students are receiving the same information, in the same way, thus decreasing any sense of secrecy associated with these topics. The experience of respectful discussion cuts down on disrespectful communication between genders when students have less supervision, such as in hallways and at recess. It prepares all students to communicate about sexual health related topics with a future partner, regardless of their gender. It supports sexual violence prevention by not creating false distinctions between genders. And finally, it does not place an undue burden on nonbinary and transgender students to choose a classroom to affiliate themselves with.

### PREVENT AND RESPOND TO SEXUAL HARASSMENT, INTIMIDATION, AND BULLYING

Best practice is to establish in the beginning of a semester that the learning community will be harassment-free. Students can better learn this sensitive material in a safe and supportive environment. Every class has students who have experienced sexual abuse or rape, as well as students who have suffered other traumas related to their sexuality. The sexual health education classroom must not be a site of further trauma. It is important to treat bullying that is

based on gender, sexual orientation, or gender identity with similar gravity and consequences as you would any other bullying.

### PARTNER WITH FAMILIES AND GUARDIANS

Families are children’s first and most important sexuality educators. Research has shown that when parents value delaying sex and using contraception and when they communicate with their child about sexuality openly and comfortably, the child is less likely to take sexual risks. Hence, one of the goals of the FLASH curriculum is to improve communication between students and their families about dating, relationships, and sexual health. Families and guardians should also receive adequate notice in advance of the sexual health unit so that they can preview materials, ask any questions they have, and choose whether or not their child will participate.

### EXCUSE STUDENTS

In most states, families have the right to excuse their child from planned sexual health lessons. FLASH considers that best practice. Families who choose to have their student excused can be offered FLASH lessons and Family Homework activities to use at home if they wish. Best practice is for teachers to handle the student’s leaving class in a discreet and respectful way and to give them meaningful alternative work to do elsewhere.

**ANSWER ~~ALL~~ STUDENT QUESTIONS\*\*** *ISD Exception below*

It’s the philosophy of the FLASH curriculum that every student’s question deserves an accurate, age-appropriate answer.

Issaquah School District will continue the practice of answering only questions that relate to our fifth-grade curriculum, rather than answering questions on any topics kids may ask that aren’t covered until secondary grades.

Sometimes students ask questions in crude or shocking ways out of anxiety, peer pressure or to test limits. Treating all questions seriously changes the climate quickly to a more mature one and reassures students that their questions will be handled respectfully. Guidelines for handling questions can be found later in this toolkit.

### PROTECT STUDENTS’ PRIVACY AND SEEK HELP WHEN APPROPRIATE

It is important to keep student disclosures and personal information confidential within legal boundaries. Never reveal one student’s private information to another student. Talk with another staff person only in private and only when necessary. If students disclose information that requires a report to Child Protective Services, afford the student as much control as possible.

Invite the student to do the telling themselves, if they prefer, with the teacher present for support and to ensure that it happens. Follow state laws and school district policy on mandating reporting.

**Family Letter**

**Introducing Elementary FLASH**

Dear Parents and Guardians,

Your student will soon begin their puberty and sexual health unit in our class. We will be teaching the FLASH curriculum. FLASH is a medically accurate curriculum published by Public Health – Seattle & King County. It teaches skills for respectful communication and healthy relationships as well as important information about the prevention of sexual abuse, puberty, the reproductive system, and pregnancy.

FLASH respects the values families have about relationships and sexual health topics. When students ask questions about values, FLASH instructs teachers to: answer the factual part of the question, let them know that people have many different values about the topic, and send students to their families to learn their specific values. FLASH also has Family Homework assignments so students can talk with a family member about the topics covered in class.

Students are never asked to share what they talk about with their family. We hope this will provide a meaningful opportunity for you to talk together.

You can see the Elementary FLASH lessons online at kingcounty.gov/health/flash. If you have any questions, I would be happy to talk with you.

Sincerely,

## Elementary FLASH Family Homework

One of the goals of the FLASH unit is to increase communication between parents or guardians and children about puberty, relationships, and future sexual health. Research shows that young people would like to talk more about these issues with a parent or other trusted adult, and that these conversations play a very important role in helping teens stay healthy as they get older.

FLASH includes Family Homework to make these discussions easier and more frequent.

Each FLASH lesson has a Family Homework question for the student and adult to talk about together. It is a chance to talk about the topics in FLASH and share your beliefs, and the beliefs of your family or culture. Teachers will not ask about Family Homework conversations. Family Homework is recommended but it is not required. Students can complete an individual homework assignment for the same credit.

Thank you for taking the time to read about Family Homework. We hope it helps your family have valuable discussions. To complete the Family Homework assignments, simply discuss the question for each day’s lesson. Adults should initial each lesson they discussed with their young person and sign in the space provided below.

Signature of adult Name of student

|  |  |
| --- | --- |
| **FLASH Family Homework Questions** | **Initials of adult** |
| Lesson 1: Introduction  There is no question for today’s lesson. Please read the information on this page about FLASH Family Homework. |  |
| Lesson 2: Family  What are some things that make our family special? |  |
| Lesson 3: Self-Esteem  We learned that self-esteem means liking yourself or feeling good about yourself. What are some things a person should do if they’re not feeling good about themselves? |  |
| Lesson 4: Gender Roles  How has gender discrimination changed during your life? |  |
| Lesson 5: Friendship  What are important qualities to have in a friend? |  |
| Lesson 6: Decision Making  What do you do when you have to make a hard decision? |  |

|  |  |
| --- | --- |
| **FLASH Family Homework Questions** | **Initials of adult** |
| Lesson 7: Consent and Bystander Skills  What would you like me to do if someone asks me to keep a secret from you? |  |
| Lesson 8: Reporting Sexual Abuse  We learned that sometimes adults or older kids touch kids sexually, even though it’s against the law and it’s never okay. We also learned that if this happens it is very important to tell someone. Who are three people I could tell if this ever happened to someone I know? |  |
| Lesson 9: Reproductive System Day 1  Why do you think it’s important to learn about the reproductive system? |  |
| Lesson 10: Reproductive System Day 2  What is one thing about the reproductive system that you wish you had learned when you were younger? |  |
| Lesson 11: Puberty Day 1  What is something you want me to know about going through puberty? |  |
| Lesson 12: Puberty Day 2  What is something you wish you had known about puberty before you went through it? |  |
| Lesson 13: Pregnancy  Are there important things about pregnancy you want to make sure I know? |  |
| Lesson 14: Intro to HIV  What do you wish you had learned about HIV when you were younger? |  |
| Lesson 15: Saying No (HIV Prevention)  Explain the refusal skill steps you learned in class today. You can each take a turn practicing them. |  |

# Trauma-Informed Teaching and FLASH

Many people have experienced trauma, including young people. Trauma can impact individuals’ ability to learn new information, to manage their emotions, to form and maintain relationships, and to make decisions. Many schools and agencies are actively working to utilize trauma- informed approaches, hoping to change their organization into one that helps individuals heal from trauma and does not re-traumatize them. No matter where a school may be in its process to become more trauma-informed, there are steps that individual teachers can take in their own classrooms.

It is important to remember that not only have students experienced trauma, but so have parents, teachers, and others working at the school. Trauma-informed strategies are appropriate in all situations. The following overview utilizes SAMHSA’s categories and structure, and it provides examples of how trauma-informed strategies are integrated throughout the FLASH curriculum.

### Create Safety in the Classroom

The foundational trauma-informed strategy is to create physical and emotional safety for students in the classroom, including avoiding judgement and shame, normalizing the existence of trauma, and managing classroom behaviors so that students are not bullied or intimidated. The FLASH curriculum uses several strategies to promote student safety:

* + Creating group agreements
  + Using inclusive language so LGBTQ students and students with varying family structures feel seen and welcomed
  + Teacher scripting about the prevalence of trauma
  + Avoiding language that is shaming or judging
  + Using the FLASH Values Question Protocol, which is designed to make students with divergent views feel safe and valued
  + Focusing sexual violence prevention activities on preventing the perpetration of sexual assault, rather than including messages to potential victims about how to avoid being sexually assaulted. In addition to being more trauma-informed, this framework is also more effective at preventing sexual violence.

### Foster Trustworthiness and Transparency

Youth who have experienced trauma need to know that they are being given honest and accurate information, they need to know what to expect, and they need to know that they will not be pressured or coerced into classroom activities. FLASH employs several strategies to foster trust and transparency:

* + Providing complete and accurate information
  + Avoiding tactics to shock or scare students
  + Providing a family letter that outlines or links to the lesson topics at the beginning of the unit
  + Giving students many opportunities to ask questions aloud or anonymously
  + Teacher scripting to explain the teacher’s role as mandated reporter, so that students are not taken by surprise should they make a disclosure

### Value Student Participation and Peer Support

Trauma-informed classrooms seek to shift the balance of power so that students have more control in the classroom, can support one another, feel seen and respected by their teachers,

and can increase their self-efficacy. FLASH aims to do this by:

* + Including many activities that allow young people to work in groups with one another in games, role-plays, and creative activities
  + Providing clear, concrete information about community resources and information for students about how to access them
  + Inviting student questions in multiple formats, including anonymously, and provides guidance that all student questions should be answered
  + Providing clear instruction on consent. These lessons help students recognize consent or the lack thereof and to stop sexual activity if consent is not clearly present.

### Recognize Cultural, Historical and Gender Issues

Trauma impacts not just individuals, but whole communities. Marginalized communities have suffered trauma for generations. In addition to ongoing training and education for teachers about historical trauma in communities they are not a part of, there are immediate steps teachers can take in the classroom. FLASH is careful to do the following:

* + Pointing out power imbalances throughout the curriculum
  + Using inclusive language and examples so that historically marginalized groups see themselves represented in the curriculum

### Teaching Tips

Cardea Services, a health education training and research non-profit, lists concrete steps that teachers can use at any time to create a more trauma-informed classroom:

* + Do not use scare tactics
  + Do not use shaming language about STDs
  + Do not use shaming language about teen pregnancy/parenting
  + Be matter of fact – normalize without judgment
  + Support youth voices/choices
  + Consider social determinants of health in addition to individual behavior
  + Keep survivors of trauma in mind
  + Be inclusive of gender and sexual diversity

### Summary

A trauma-informed approach to sex education strives to help students feel welcome, cared for, valued and safe. It is honest about the existence of trauma and the difficulties trauma causes for people. At the same time, it expresses optimism and accurately conveys that students who have been impacted by trauma will heal and will go on to live happy and healthy lives. First and foremost, trauma-informed sex ed never shames students or re-traumatizes them, and it does not seek to trick or scare them. These approaches vastly increase the likelihood that students can engage with the material that is being taught, to truly learn and personalize the information, and to develop the skills they need to care for their sexual health.

“Trauma Informed Sex Education” presentation by Cardea at *Bridging the Gaps: Eliminating Disparities in Teen Pregnancy and Sexual Health June 4-6, 2014*

A Guide to Trauma-Informed Sex Education. Cardea, July 2016.

**Answering Student Questions about Values**

The surest way to meet students where they are developmentally is to make time for them to ask questions and to provide them with answers. In this section, we will discuss the place of values in the classroom and offer a protocol for addressing value-laden questions.

Student questions may be directly about a value, such as “When is a good age to have sex?” Students may also ask factual questions about a topic that people hold strong values about, such as “Is it legal to get an abortion in the United States?” When student questions contain value-laden topics, educators have a responsibility to answer them in a way that respects the broad range of beliefs held by students and their families. The FLASH Values Question Protocol provides the structure for handling these questions in a respectful and inclusive manner.

The FLASH Values Question Protocol is only used for topics that people hold different values about. It is not used for universal values, which are the values shared by a vast majority of our society (95% or more). Educators and schools are obligated to share universal values with students. Examples of universal values include:

* + - Forcing someone to have sex with you is wrong.
    - Knowingly spreading disease is wrong.
    - Taking care of your reproductive health is important.
    - Adults should not touch kids sexually or have any kind of sexual contact with them.
    - Elementary school age kids should not have sex.

In contrast, educators should never share their personal beliefs about values that are not universal. Similarly, educators must not ask students to share their beliefs or their families’ beliefs about non-universal values. Non-universal values are those that there is not a large consensus about. The teacher’s role when answering questions about non-universal values is to provide information on these matters and to facilitate respectful discussion about them. For example, a teacher may discuss facts about abortion, such as what it is, where abortions are performed, and the fact that it is legal in the United States. However, it is not appropriate for a teacher to share their beliefs about the rightness or wrongness of abortion.

Examples of non-universal issues where there is a wide range of values include:

* + - Abortion
    - Birth control
    - Masturbation
    - Sex outside of marriage
    - Cohabitation
    - At what age and under what circumstances it's ok to start having sex

Parents and guardians, unlike teachers, should feel free to ask their children about their feelings and beliefs and to share their own with their children. Children need to learn about their family’s values, beliefs and expectations at home, and have a chance to learn factual information and to have universal values reinforced at school. When answering a question about a non-universal value, teachers should utilize the FLASH Values Question Protocol.

**FLASH Values Question Protocol**

1. Validate the question.
2. Identify it as a belief or value question.
3. Answer the factual part of the question.
4. Describe the range of beliefs.
5. Refer the student to family, clergy, or other adult who is like family.

**Example:** *“Is it okay to masturbate?”*

*“A lot of people wonder about that. This is a question where different people believe different things. Masturbation is when a person touches their genitals for pleasure. Some people believe that masturbation is wrong under any circumstances and that people should never do it. And some believe masturbation is a good and healthy thing, as long as it’s done in private. Some people believe it’s okay for kids to masturbate, but not adults, while other people think it’s okay for adults but not for kids. It would be a good idea for you to talk with an adult in your family, or someone who is like family, and ask them what their beliefs are.”*

### VALIDATE THE QUESTION

Some examples include *“I am glad someone asked this one," “That's an interesting question,"* or *“People ask this every year."* This will encourage students to keep asking while also discouraging snide remarks about whoever asked that particular question.

### IDENTIFY IT AS A BELIEF OR VALUES QUESTION

*“This is a question where different people believe different things.”* Teaching students to distinguish facts from values and beliefs is important, and helps students understand why you can’t simply provide one straight-forward answer to their question.

### ANSWER THE FACTUAL PART

*“Masturbation is when a person touches their genitals for pleasure.”* Define the term, share medically accurate information, or answer a direct question that was posed before moving on the value portion.

### DESCRIBE THE RANGE OF BELIEFS

Describe a range of beliefs, including both ends of the spectrum and a few in the middle. Teachers need to ensure that all beliefs are expressed by respectfully, hopefully just the way the person who believed it might express it.

### REFER TO FAMILY, CLERGY OR OTHER ADULT WHO IS LIKE FAMILY

*“It would be a good idea for you to talk with an adult in your family, or someone who is like family, and ask them what their beliefs are.”* Don’t assume that every child has a parent they can talk with. Students may live with foster parents, relatives, friends, or in a group home, and may not have family at home to talk to.

**Important Note:** FLASH Values Question Protocol is not for questions about identity. The FLASH Values Question Protocol is a tool for answering questions with non-universal values, such as those listed on the previous page. It is never used for questions related to a person’s identity, including questions about race or ethnicity, religion, sexual orientation, gender identity, national origin or disability status. For assistance in answering questions about identity, see Answering Questions About Identity in this introductory section.

# Answering Slang Questions

Student questions often contain slang. Most often, students use slang because it is the term they are most familiar with, or because they have a question about the meaning of the term.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

Strategies:

* + Validate questions with slang, just as you would all other types of student questions.
  + When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we’ll all be using the medical/standard term in class.
  + Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don’t denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.
  + Handle slang as a learning opportunity, in your regular calm and respectful manner. This greatly reduces students need to test or shock you.
  + Your answer might include the values question protocol.
  + Let your administrator know, in advance, how you handle slang in your classroom.
  + Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you’re glad this important topic came up; (2) identify the term as an offensive word;

(3) let the class know we won’t be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn’t mean harm because it will help them save face and more readily adopt more respectful language.

# Answering Personal Questions

Students sometimes ask questions that contain a personal element. The question could be about you, such as, “How old were you the first time you had sex?” It could be about the student himself or herself, such as, “I have a rash that I am worried about, what should I do?” Or it could be a personal question about someone else, such as, “Is Mr. Smith gay?”

Students ask these questions for a variety of reasons… They are curious about the trusted adults in their life. They are newly learning about boundaries. They are seeking to normalize their own experiences. They are applying the things they are learning in sexual health class to themselves and the people in their lives. And they find you a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

Strategies:

* + Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.
  + Use personal questions as an opportunity to model and teach about healthy boundaries.
  + Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.
  + When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the values question protocol.
  + When students ask written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.
  + When students ask questions out loud about themselves or someone else, remind the class about respecting people’s privacy, and answer the question about people in general, not this specific person.

# Answering Sexual Technique Questions

Technique questions are about how to perform a sexual act. They are often worded as “How do you…”, “How does a person…” or “What’s the best way to…”

Clearly, giving guidance about sexual performance is inappropriate. Yet there are helpful, age- appropriate ways to respond to these questions. Most questions that appear to be about technique (to adults) are just a student’s way of getting more information about a topic. The intent of the question is usually “What is…”

Even during those times when a sexual technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

Strategies:

* + Validate questions worded in this way, just as you would all other types of question.
  + Reframe technique questions as factual questions. Answer the factual aspect of the question.
* If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don’t give sex advice. Instead, use the student’s question as an opportunity to give accurate information about the topic in general.
* Your answer might include the FLASH values question protocol.

# Answering Identity Questions

Sometimes students ask questions about groups of people with a shared identity, such as race, ethnicity or sexual orientation. Positive identity development is an important part of healthy adolescent development. Answering identity questions involves affirming all identities and helping students recognize stereotypes.

The FLASH Values Question Protocol is never used for questions related to a person’s identity, including questions about race or ethnicity, religion, sexual orientation, gender identity, national origin or disability status. We do not share a range of values when answering questions about people’s identities, even if there are different beliefs about people’s rights. FLASH is designed for use in public schools, where all students have the right to an education free of discrimination and harassment. FLASH practices are designed to assist schools in achieving this goal.

Strategies for answering these questions are provided below, as well as example questions and answers.

Strategies:

* Continue to use foundational answering skills, such as validating the question, using a matter of fact tone when you answer, defining any terms, and answering the factual part of the question, if there is one.
* Answer in a way that affirms people’s identities.
* Identify and reject stereotypes.
* It’s fine to mention that differing opinions exist, but never make unsupportive statements about any identity, and do not share a range of beliefs.
* Do not make assumptions about what any group of people believes or what behaviors they engage in, even if you are a member of that group.
* If the question is about a law that has recently changed, it is okay to share historical information to help clear up confusion.
* Close with a message that promotes respect and/or discourages discrimination.

**Example:** Can people of different religions get married?

*“I’m so glad you asked this question. In the United States, people of every religion are free to marry who they choose, although some religions may have their own guidelines about this. It’s never okay to treat someone badly because of who they marry.”*

**Example:** Can boys wear skirts?

*“This is a really common question. People are allowed to wear clothing that makes them feel comfortable, although there may be dress codes or other rules in certain buildings that people are required to follow in those spaces. There is no one way for any gender to dress. It’s important to treat everyone with caring and respect, no matter what clothes they choose to wear.”*

# Key Concepts in Elementary FLASH

The instructional approach of the FLASH curriculum is to teach key concepts. Key concepts are main ideas. Teaching key concepts is a strategy used throughout the field of education for achieving deeper learning. In sexual health education, this approach involves teaching a significantly smaller number of sexual health facts and putting greater emphasis on the big picture. The FLASH Key Concepts for upper elementary grades can be found below. They align to many state and national health standards.

When to use FLASH key concepts:

1. Introducing lesson activities
2. Framing sexual health information
3. Concluding lesson activities
4. Answering students’ questions

In the examples below, the italicized text is a key concept:

**Example:** Is it okay if each breast is a different size?

“Yes, it is common for body parts on each side of the body to have a different size or shape, including breasts, testicles, eyes, feet, etc. *People’s bodies can look very different from each other. These differences are normal and healthy.”*

**Example:** Do adults have to have sex?

“No, people do not have to have sex if they don’t want to. *People can choose abstinence at any point in their life, whether or not they have had sex before.”*

There are elementary key concepts for subject matter not included in Elementary FLASH, such as birth control and condoms, because upper elementary students ask about a wide range of topics. These key concepts allow teachers to answer student questions in a manner that is developmentally appropriate and lays a groundwork for information that will come in secondary grades. FLASH Elementary Key Concepts are as follows:

Puberty and Reproductive System Key Concepts

* + Puberty is when a person’s body and feelings change from a child’s into an adult’s.
  + People’s bodies can look very different from each other. These differences are normal and healthy.
  + The reproductive systems of all genders have many similarities.

Abstinence Key Concepts

* + Abstinence is choosing to not have oral, anal, and vaginal sex.
  + There are times in everyone’s life when abstaining from sex is the healthiest choice.
  + Choosing abstinence means a person does not have to worry about pregnancy or STDs.
  + People can choose abstinence at any point in their life, whether or not they have had sex before.

STD and HIV Key Concepts

* + HIV is a serious illness that doesn’t have a cure. People who have HIV can live a long, healthy life with the help of a doctor.
  + People can prevent getting HIV and giving HIV to other people.
  + Kids your age almost never catch HIV.
  + It is important to treat everyone with caring and respect, including people who have HIV and other STDs.

Birth Control Key Concepts

* + Birth control is a way to prevent pregnancy.
  + Condoms are a way to prevent pregnancy and STDs, including HIV.
  + Most adults use birth control and condoms at some point in their life.
  + There are lots of different kinds of birth control.
  + Birth control is very safe.

Sexual Orientation and Gender Identity Key Concepts

* + Everyone has a sexual orientation and a gender identity.
  + A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.
  + Kids’ families are made up of people who are of all sexual orientations and gender identities.
  + It is important to treat everyone with caring and respect, including people of all sexual orientations and gender identities.

Sexual Violence Key Concepts

* + Everyone has the right to say who touches their body and how.
  + It is never okay to touch someone, or make someone else touch you, if they don’t want to.
  + If a kid has been touched in a way that made them uncomfortable, it is important to tell a grown-up who can help.
  + There are no jobs, clothes or toys that are for only one gender. People can choose the things that feel right for them.
  + It is important to treat everyone with caring and respect.

**Citations**

i Chin HB, Sipe TA, Elder R, et al; Community Preventive Services Task Force. The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services. Am J Prev Med. 2012;42(3):272–294

ii Breuner, C.C., Mattson, G.: Committee on psychosocial aspects of child and family health: sexuality education for children and adolescents. Pediatrics (2016). https://doi.org/10.1542/peds.2016-1348 (Statement by American Academy of Pediatrics)