

Reducing the Risk

More Evidence of Failure than Success

| <i>Reducing the Risk (RTR)</i> | Kirby, et al, 1991 ¹ | Zimmerman, 2008 ² <i>RTR-A*</i> | Reyna & Mills, 2014 ³ <i>RTR-B</i> | Kelsey, 2016; ⁴ Abt Assoc, 2018 |
|--|--|--|---|--|
| Study conducted by independent evaluators? | NO , study was by the program authors | NO , study was by the program authors | NO , study was by the program authors | YES |
| Follow-up measure 12 months after the program? | YES , at 18 months | NO , follow-up was < 12 months | YES , at 3, 6, & 12 months | YES |
| OUTCOMES: | | | | |
| Pregnancy | NO EFFECT | Not measured | Not measured | NO EFFECT |
| STDs | Not measured | Not measured | Not measured | NO EFFECT |
| Sexual Initiation | NO EFFECT | NO EFFECT | Reduced after 12 months | Increased Oral Sex at 24 months |
| Consistent Condom Use | Not measured | Not measured | Not measured | Not measured |
| Condom Use Frequency/Last Sex | NO EFFECT | NO EFFECT | NO EFFECT | Not measured |
| Unprotected Sex | NO EFFECT | Not measured | NO EFFECT | NO EFFECT |
| Number of Sex Partners | Not measured | Not measured | Reduced after 12 months | Not measured |
| Recent Sex | Not measured | Not measured | Not measured | Increased at 24 months |
| Dual Effect: Condom Use & Abstinence | NO EFFECT | NO EFFECT | NO EFFECT | Not measured |

Key Findings

There are four studies of *Reducing the Risk* (RTR) in school classrooms: two evaluated the standard version of RTR and two analyzed adapted versions of RTR. Three of the four studies were conducted by the program’s developer/marketer; only one was by an independent evaluator. Only one of these studies found positive effects 12 months after the program: a study of one of the adaptations of RTR by the program’s developers (Reyna & Mills, 2014³) showed a reduction in sexual initiation and recent sex. However, the one independent study of RTR found no positive long-term effects and two harmful long-term effects on substantial subgroups of the target population: increased sexual activity and oral sex for one program site (N=894) and also for the Latino students across all program sites (N=1,300). According to *The Society for Prevention Research*, the occurrence of such negative/harmful impacts disqualifies a program from being called “effective,” even where some positive effects have been found.⁵ A published research review by *The Institute for Research & Evaluation* concluded that **the pattern of evidence in these four studies has not produced sufficient evidence to label RTR an effective school-based program.**⁶

Summary. Contrary to the U.S. Teen Pregnancy Prevention website,⁷ *Reducing the Risk* has not shown evidence of effectiveness. The field of prevention research stipulates that programs

producing important negative effects should not be labeled effective. This, combined with the lack of positive effects, especially from independent studies, **invalidates the credibility of RTR and indicates that it may actually do more harm than good.** (*Reducing the Risk* is marketed by ETR, an offshoot of Planned Parenthood.)

*The Zimmerman study evaluated the standard version of RTR and an adapted version—each implemented in a different youth population—against each other and a counterfactual condition. Neither of the RTR programs produced significant effects separately, but when the study authors measured their *combined* effects against the control group, they found a significant result and claimed a program effect. This was a spurious effect because none of the students received both versions of RTR, so the combined effect did not exist—the claim to have found a combined program effect was merely a statistical artifact and not a reflection of reality.

1. Kirby D, Barth RP, Leland N, Fetro JV. (1991). Reducing the Risk: Impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives*, 23(6), 253–263.
2. Zimmerman RS, Cupp PK, Donohew L, Sionean CK, Feist-Price S, Helme D. (2008). Effects of a school-based, theory-driven HIV and pregnancy prevention curriculum. *Perspectives on Sexual and Reproductive Health*, 40(1), 42–51. (See results for the two separate trials of both versions of RTR.)
3. Reyna VF, Mills BA. (2014). Theoretically Motivated Interventions for Reducing Sexual Risk Taking in Adolescence: A Randomized Controlled Experiment Applying Fuzzy-Trace Theory. *Journal of Experimental Psychology. General*, 143(4), 1627–1648. (See results for the modified RTR intervention.)
4. Abt and Associates. (2018). Reducing the Risk: Impact findings from the Teen Pregnancy Prevention Replication Study (Research Brief and Impact Evaluation Findings), November 5, 2018. U.S. Department of Health and Human Services. Retrieved from <https://aspe.hhs.gov/pdf-report/reducing-risk-impacts-teen-pregnancy-prevention-replication-study-research-brief>; Kelsey M, Blocklin M, Price C, Juras R, Freiman L, et al. (2016). Replicating Reducing the Risk: 12-Month Impacts of a Cluster Randomized Controlled Trial. *American Journal of Public Health*, 106(S1), S45–S52.
5. Gottfredson DC, Cook TD, Gardner FEM, Gorman-Smith D, Howe GW, et al. (2015). Standards of Evidence for Efficacy, Effectiveness, and Scale-up Research in Prevention Science: Next Generation. *Prevention Science*, 16(7), 893–926. Retrieved from http://www.preventionresearch.org/wp-content/uploads/2011/12/Standards-of-Evidence_2015.pdf
6. Ericksen IH, Weed SE. (2019). "Re-Examining the Evidence for School-based Comprehensive Sex Education: A Global Research Review." *Issues in Law and Medicine*, 34(2):161-182.
7. See: <https://tppevidencereview.youth.gov/EvidencePrograms.aspx>