



Engaging Parents as Partners

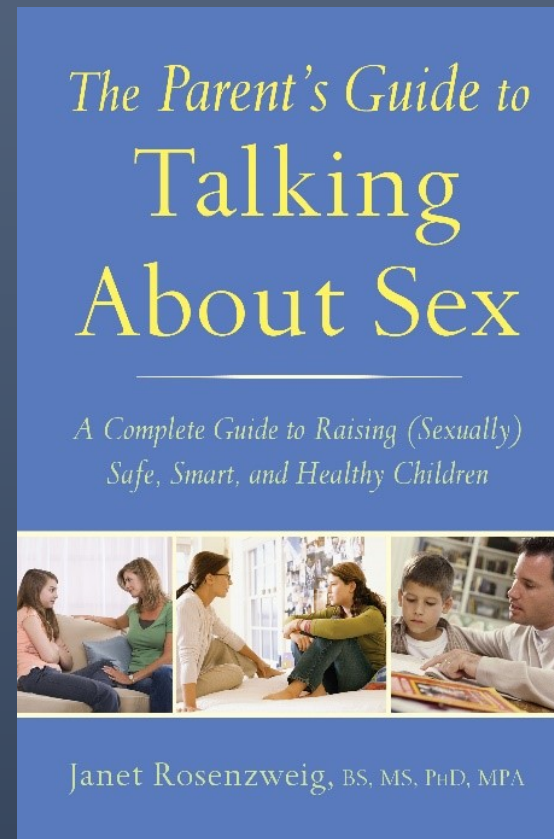
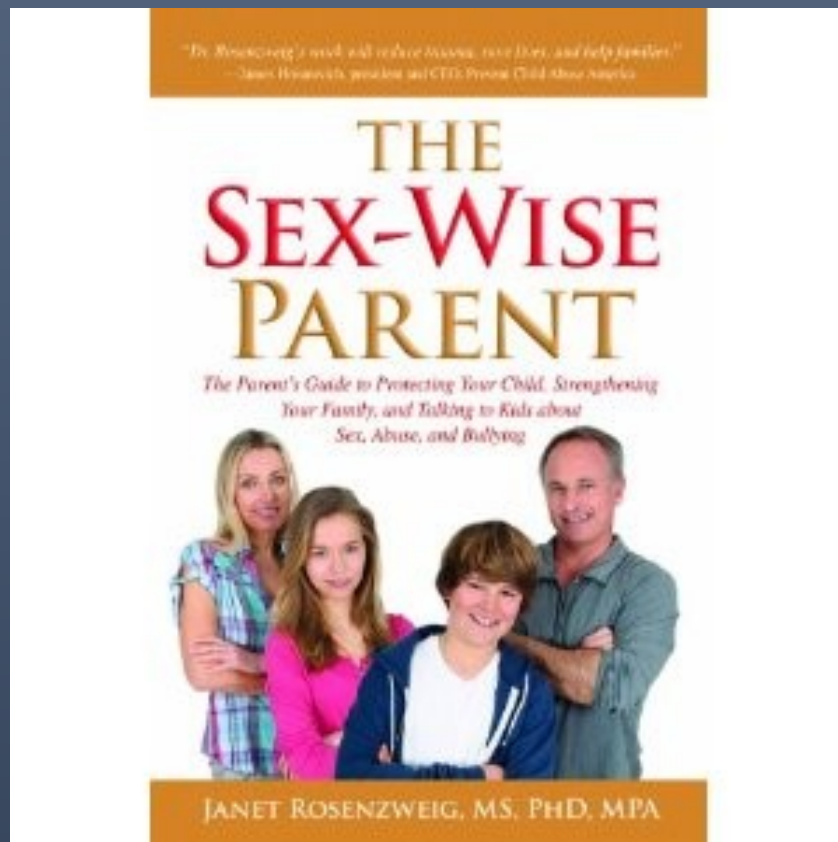
To Promote Sexual Health and Safety at
Home, at School and in the Community

A presentation
prepared for

Board of Cooperative
Educational Services of Nassau
County, New York

September 14, 2023

Presented by: Dr. Janet Rosenzweig



Perspective

Developmental
perspective on
individuals and
families

Health and sex
educator

Sex abuse help-line
counselor, therapist
and staff trainer

Public official
working in child
welfare

Prevention
specialist – former
VP of Prevent Child
Abuse America

Mom!

Experience

- Health Educator, certified sex educator
- Started in 1978, in East Tennessee;
 - Sexuality issues were incorporated into all staff training, and community presentations to parents, teachers and others.
 - Authored a chapter in a textbook entitled: Human sexuality issues in the treatment of child sexual abuse (Flanzer, J *The Many Faces of Family Violence*. Charles C Thomas Pub Ltd., August **1982**)
- Helped develop sex abuse intervention initiatives in Tennessee, 1979, **Texas, 1982**, New Jersey 1992 - 2001
- PhD in Social Work from Rutgers
- MPA from Harvard's Kennedy School
- Many years as a public official
- 2011: VP Prevent Child Abuse America; National TA Center for Child Sexual Abuse Prevention
- 2015: APSAC Executive Director
- Executive Committee of the *National Coalition to Prevent Child Sex Abuse and Exploitation* www.preventtogether.com
- Founding Member of the New York State Initiative to Prevent Child Sexual Abuse www.NYPreventSexualAbuse.org

Research

What parents think about
talking to their kids about sex
and sexual abuse





Research Findings

- Parents consistently underestimate the influence they have on the children's decisions about sex

“Teens continue to say that parents (46%) most influence their decisions about sex. By comparison, just 20% say friends most influence their decisions.”

- Parents generally overestimate the amount of information their children get from health education classes

Fewer than half of all states require some type of sex education in school, and the content varies greatly

- [Source: Albert, B. \(2010\). *With One Voice 2010: America's Adults and Teens sound Off About Teen Pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy](#)

How Parents manage Risk of CSA

Journal of Child Sexual Abuse, 24:55–76, 2015
Copyright © Taylor & Francis Group, LLC
ISSN: 1053-8712 print/1547-0679 online
DOI: 10.1080/10538712.2015.981352



How Parents Manage the Risk of Child Sexual Abuse: A Grounded Theory

GEORGIA BABATSIKOS

Deakin University, Burwood, Victoria, Australia

DEBRA MILES

James Cook University, Townsville, Queensland, Australia

The aim of this study is to understand how parents manage the risk of child sexual abuse, including prevention as well as early intervention and detection strategies. Using a social constructivist theoretical foundation and grounded theory methods, qualitative in-depth interviews were conducted with Australian parents between 2006 and 2008. Based on the data, a balance theory was developed, which explains how parents attempt to balance the type of information given to children in order to protect their children from sexual abuse without scaring them as well as how parents manage sexual boundary crossing incidents experienced by their children in the context of complex social relationships. Implications for prevention programs as well as reporting of child sexual abuse are discussed.

KEYWORDS *child sexual abuse, parents, grounded theory, prevention, early intervention, social constructivism, Australia*

Parents struggle to balance their desire to provide info to protect their kids with fear that too much info will scare or disillusion their children (A balanced approach to prevention)

Parents struggle to balance complex social relationships within families and communities and the impact on those relationships if any action is taken in response to suspected incidents (A balanced approach to intervention)

Other Findings:

- Studies indicate that up to 79% of parents report wanting to talk to their kids about child sexual abuse
- Their information is not so good –
 - They tell their kids to fight back, or 'say no' demonstrating a lack of knowledge about the dynamics of sexual abuse
 - They report that they have a lack of knowledge, lack of confidence, materials and comfort
- They do not want to frighten their children



Barriers identified by Wurtele

Published online in Wiley InterScience

(www.interscience.wiley.com) DOI: 10.1002/car.1112

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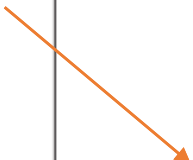
Maureen C. Kenny

College of Education, Florida
International University, Miami, FL,
USA

Partnering with Parents to Prevent Childhood Sexual Abuse

Although research demonstrates that child-focused sexual abuse prevention programmes can teach children personal safety knowledge and skills, childhood sexual abuse (CSA) prevention programmes that involve parents have a number of distinct advantages. The more knowledge parents have about CSA, the greater likelihood they can create safer environments for their children and thus prevent the occurrence of sexual exploitation. Research has demonstrated that parents lack crucial information about CSA and can benefit from even brief educational efforts. This paper will identify potential barriers to participation and offer practical suggestions for enhancing both recruitment and retention rates. Recommendations for parent education programmes are offered, including improving parents' confidence and skills in educating their children about CSA, providing them with parent-friendly materials to use and developing Internet applications. Copyright © 2010 John Wiley & Sons, Ltd.

KEY WORDS: prevention; child sexual abuse; parents; education



**'Parents lack crucial
information about
CSA and can benefit
from even brief
educational efforts'**

- Parents lack information about CSA (all sexual health and safety)
- Parents underestimate risk, especially for youngest children
- Parents lacks information on the indicators that a child has been a victim
- Parents have a narrow definition of CSA (why we need to reframe this as sexual health and safety)



Findings

- Parents who participate in an intervention that focused on enhancing self-efficacy to enhance confidence:
 - Possessed more knowledge
 - Reported greater self-efficacy in communication
 - Had more frequent communication with their youth

Sexual health and safety..

- Start at home!
- The earliest and most primal lessons learned about human touch, self worth, empathy, pleasure and pain set the foundation for sexuality.



Parent–youth communication to reduce at-risk sexual behavior: A systematic literature review

Tanya M. Coakley^a, Schenita Randolph^b, Jeffrey Shears^c, Emily R. Beamon^d, Patrick Collins^e, and Tia Sides^f

^aDepartment of Social Work, University of North Carolina at Greensboro, Greensboro, North Carolina, USA; ^bDuke University School of Nursing, Durham, North Carolina, USA; ^cDepartment of Social Work, North Carolina Agricultural and Technical State University, Greensboro, North Carolina, USA; ^dDepartment of Public Health, University of North Carolina at Greensboro, Greensboro, North Carolina, USA; ^ePrivate practice, Asheville, North Carolina, USA; ^fTexas Department of State Health Services, Austin, Texas, USA

ABSTRACT

There are nearly 110 million cases of sexually transmitted infections (STIs) in the United States. The Centers for Disease Control and Prevention estimate that annually there are more than 19.7 million new STI cases. Of those, more than half are accounted for by youth aged 15–24 years. Although some STIs are not considered to be life threatening, they can lead to severe health problems, risk of HIV infection, or infertility if they are not properly treated. Some research has shown that parent–youth communication can reduce youth’s at-risk sexual behaviors. The following is a systematic review of the literature on parent–youth sexual communication and family-level interventions designed to reduce risky sexual behavior in youth.

KEYWORDS

Minority health disparities; parent–youth sexual health communication; youth HIV prevention; youth risky sexual behaviors

Key finding

We found that there are several important components that must be included in intervention studies to increase parent-youth communication to prevent at-risk sexual behaviors. First, parents must receive interventions to enhance their confidence and capability to engage their sons and daughters in sexual health discussions. They also must receive accurate knowledge pertaining to sexual health risks and prevention to educate and guide their youth.

National Campaign to Prevent Teen and Unplanned Pregnancy

- Chair: Governor Tom Kean (R-NJ)
- Report:

With One Voice 2010: America's Adults and Teens Sound Off About Teen Pregnancy

A Periodic National Survey
By Bill Albert

Parents as a source of sexuality information

- Parents consistently underestimate the influence they have on the children's decisions about sex

“Teens continue to say that parents (46%) most influence their decisions about sex. By comparison, just 20% say friends most influence their decisions.”

- Parents generally overestimate the amount of information their children get from health education classes

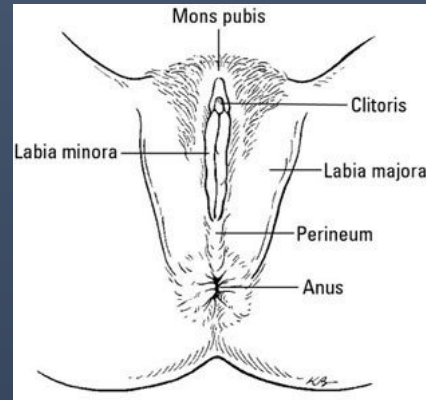
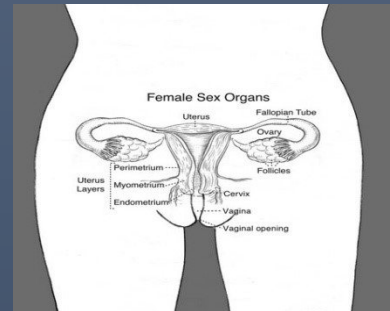
Fewer than half of all states require some type of sex education in school, and the content varies greatly

- [Source: Albert, B. \(2010\). With One Voice 2010: America's Adults and Teens sound Off About Teen Pregnancy. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy](#)

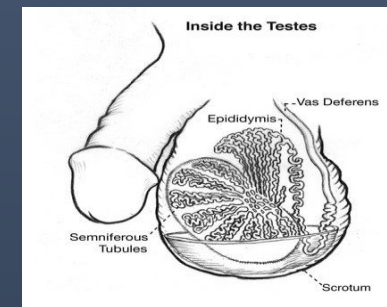
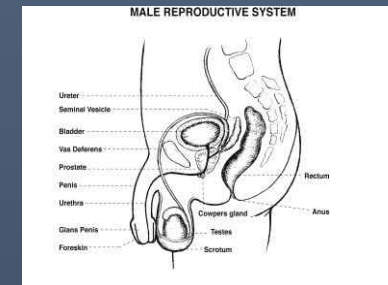
Basic Information Parents Need to Know

Anatomy: What parts are where inside and outside

Female



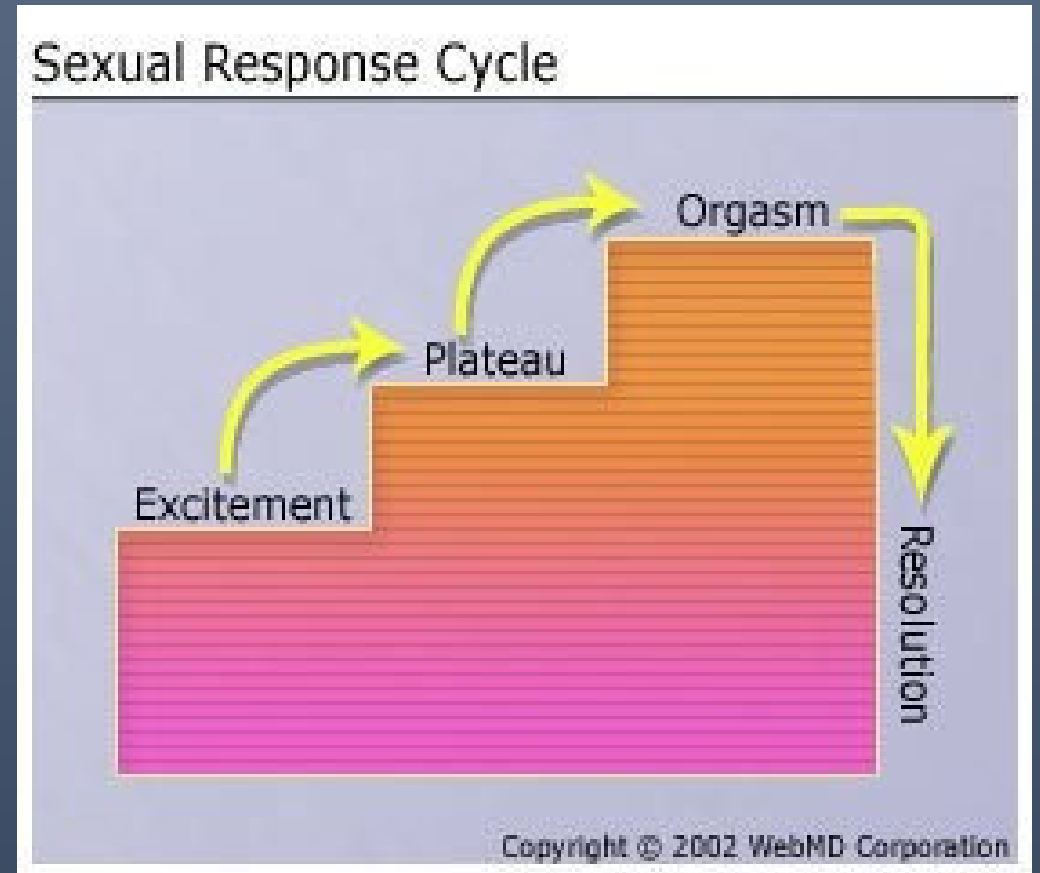
male



Physical Facts with Emotional Impact

Fact 1:

- *The human body will react to various kinds of stimulation with very specific physical manifestations*



Key words!

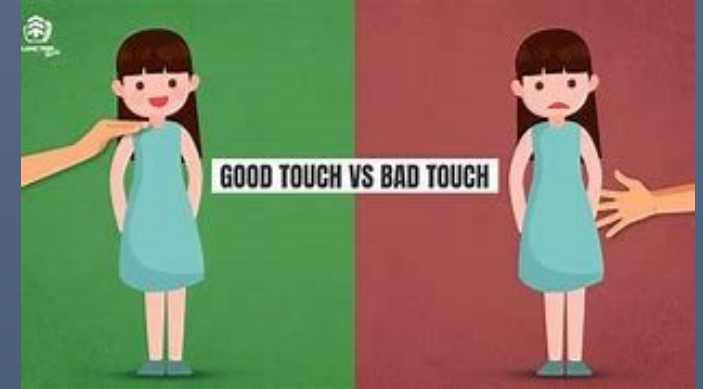
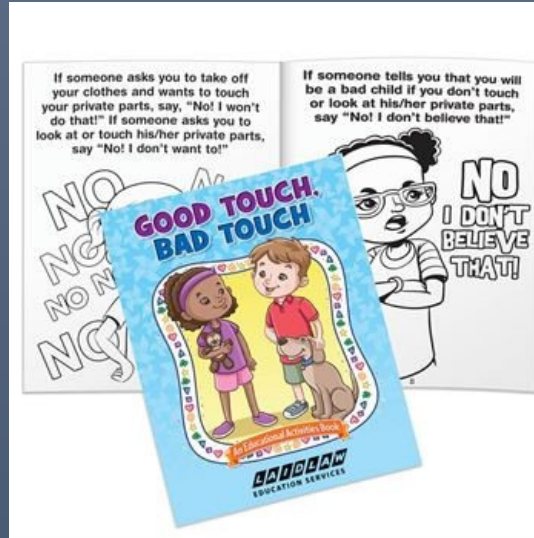
not consciously directed, such as breathing, the heartbeat, and digestive processes.

Physical sexual arousal is an autonomic response

Key reasons why kids need to know this

- Victims may experience a physical, sexual/genital response while being victimized
 - Predators may use the response against them, convincing the child they are a willing participant because they 'enjoyed' the act.





Key reasons why
kids need to know
this

- Victims may experience a physical, sexual/genital response while being victimized
- This is wildly confusing for children who have experienced sexual abuse prevention education as only 'good touch/bad touch'

Account from a victim

“Pull your pants down,” he said.

I didn’t want to lose everything he had given me. And so I did.

He put his mouth on me. I got hard. I didn’t know where to look or how to feel. I squirmed against the back of the seat. He kept on going, getting into it.

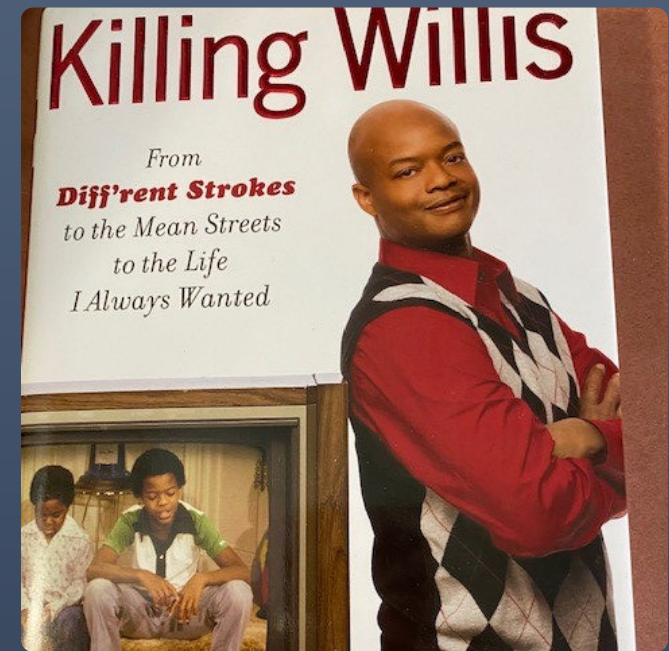
I hoped it would be over fast.

Then it happened. I came.

As confused and upset as I was, I liked the feeling.

“No one had ever talked to me about sex before, but somehow I knew it was wrong for a man to do that to a boy. I was really confused because having an orgasm had felt good.”

Bridges, Todd with Sarah Tomlinson. *Killing Willis*. New York: Simon and Schuster, 2010. Page 68



NY State Resources

- [Erin's Law | New York State Education Department \(nysed.gov\)](https://www.nysed.gov/curriculum-instruction/erins-law)
- <https://www.nysed.gov/curriculum-instruction/erins-law>
- Choose a grade level
- <https://www.nysed.gov/sites/default/files/programs/curriculum-instruction/erins-law-resource-grid.pdf>
- Examples (one of few resources that include parents)
- [6 Resources to Help Parents Talk to Kids About Consent | National Sexual Violence Resource Center \(NSVRC\)](https://www.nsvrc.org/resources/6-resources-to-help-parents-talk-to-kids-about-consent)

Ny Sex Ed Legislation

[S2584A \(nysenate.gov\)](https://legislation.nysenate.gov)

<https://legislation.nysenate.gov/pdf/bills/2021/S2584A>

Does not specify that support and/or instruction should also be offered to parents, but does allow parents to opt their child out.

Meetings and communications with parents - to introduce the curricula -- can consider the 8 P's of parent engagement

We need more focus on parents

- <https://www.health.ny.gov/publications/0206/>

The screenshot shows a web browser displaying the New York State Department of Health website. The page title is "Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations". The page is structured with a header for the Department of Health, followed by navigation links for Individuals/Families, Providers/Professionals, Health Facilities, Health Data, About Us, and Search. The main content area includes an introduction to sexual health education for young people and a list of guiding principles. A red arrow points to the principle "Supported by parents, families and communities".

Department of Health

Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations

- ["Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations" \(PDF, 563 KB, 16pg.\)](#)
- [Resources for Community-Based Organizations](#)

Introduction

Sexual health education for young people (ages 10 to 24) is a challenging topic. Community-based organizations play an important role in delivering sexual health education to adolescents to decrease the incidence of sexually transmitted diseases (STDs), HIV and unintended pregnancy.

A sexually healthy adolescent is able to realize their individual potential around critical developmental tasks related to sexuality. These tasks include: accepting his/her body; gender identity and sexual orientation; communicating effectively with family, peers and partners; possessing accurate knowledge of human anatomy and physiology; understanding the risks, responsibilities, outcomes and impacts of sexual actions; possessing the skills needed to take action to reduce his/her risk; knowing how to use and access the health care system and other community institutions to seek information, and services as needed; setting appropriate sexual boundaries; acting responsibly according to his/her personal values; and, forming and maintaining meaningful, healthy relationships.

To promote the optimal sexual health of young people in New York State, adolescent sexual health education programs supported by the New York State Department of Health are most effective when they include the following guiding principles:

- [Youth-centered](#)
- [Strength-based](#)
- [Comprehensive](#)
- [Evidence-based](#)
- [Skills-driven](#)
- [Developmentally appropriate](#)
- [Culturally appropriate](#)
- [Supported by parents, families and communities](#)
- [Facilitate access to health and support services](#)
- [Measurable outcomes](#)

This guide was developed to provide the background behind each of these principles and to provide strategies that community-based organizations can put into action to overcome the challenges associated with fulfilling these principles.

Hebephiles and ephebophiles

Key definitions

- *Pedophile
 - Someone with a primary sexual attraction to pre-pubescent children
 - *Hebephile
 - Someone with a preference for children just entering puberty
 - Ephebophile
 - Someone with an attraction to older adolescents. (not a psychiatric DX)
- * Listed in the DSM

Clinically....

- There are many details around 'differential diagnosis' and defining preference by the victims age VS. puberty status, but that is not our focus.
- Our focus is on the behavior, particularly the types of behavior that 'hide in plain sight'

History has left us with a problem...

Arch Sex Behav (2009) 38:335–350

DOI 10.1007/s10508-008-9399-9

ORIGINAL PAPER

Pedophilia, Hebephilia, and the *DSM-V*

**Ray Blanchard · Amy D. Lykins · Diane Wherrett · Michael E. Kuban ·
James M. Cantor · Thomas Blak · Robert Dickey · Philip E. Klassen**

The existence of men whose erotic interest centers on pubescents has not, of course, been totally ignored. Glueck (1955) coined the term *hebephiles* to refer to them. This term has not come into widespread use, even among professionals who work with sex offenders. One can only speculate why not. It may have been confused with the term *ephebophiles*, which denotes men who prefer adolescents around 15–19 years of age (Krafft-Ebing & Moll, 1924). Few would want to label erotic interest in late- or even mid-adolescents as a psychopathology, so the term hebephilia may have been ignored along with ephebophilia.

Hebephiles and
ephebophiles
thrive in an
unhealthy sexual
climate.

- These offenders generally fall into the 'regressed' or 'situational' category; the wrong combination of environmental and personal issues can trigger an offense
- School and Youth Service Administrators and their staff must know how to assess for behaviors that push boundaries
- *Transference and counter transference between authority figures and students/clients can create powerful feelings*
- We can also educate parents to be vigilant, but teens are great at keeping things from parents
- These behaviors may even be welcomed by kids, but they are ultimately harmful



Our society
normalizes
attraction to
adolescents and
teens!

We can not prosecute 'attraction'

- We can promote environments where it is very clear that these attractions may not be acted upon.
- Many, many behaviors are bad for adolescents and teens that do not rise to the level of criminal prosecution
- Hold this thought for a moment.... Until we get to 'sexual climate' in a few minutes

Youth with problematic sexual behaviors

- Define
- The treatments that work best are community based programs that involve parts for caretakers

NAMBLA and PIE,

- “Bad Actors” have organized
- NAMBLA – North America Man Boy Love Association
- Pedophiles International Exchange
- We should be very uncomfortable with these groups, who formed unrepentantly and named them selves

'Minor Attracted Persons'

- Term coined by a sociologist working in child sexual abuse prevention to encompass people who felt attraction to minors BUT HAD NOT ACTED ON THE ATTRACTION
 - This term has been misinterpreted
- This is a very different phenomena that NAMBLA or PIE, where 'bad actors' organized themselves to lobby

Sextortion

Sextortion

[What is Sextortion and how can you help prevent it? | Expert Opinion \(inquirer.com\)](https://www.inquirer.com/health/expert-opinions/sextortion-online-predators-teens-20230523.html)
<https://www.inquirer.com/health/expert-opinions/sextortion-online-predators-teens-20230523.html>

There WILL be victims because the bad guys are organized and smarter than kids. Kids are unprotected in-line

It's the shame that makes the victim suicidal.

We will not tolerate shaming victims in our community.

We will not tolerate this in our school

We Will not tolerate this in our home

We will not tolerate this in our mosque/church/synagogue

Sexual Health Education as a Prevention Strategy

Comprehensive Sexuality Education as a Primary Prevention Strategy for Sexual Violence Perpetration

TRAUMA, VIOLENCE, & ABUSE
2020, Vol. 21(3) 439-455
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DOI: 10.1177/1524838018772855
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Madeline Schneider¹ and Jennifer S. Hirsch¹

Abstract

Sexual violence (SV) represents a serious public health problem with high rates and numerous health consequences. Current primary prevention strategies to reduce SV perpetration have been shown to be largely ineffective—not surprisingly, since as others have pointed out current prevention largely fails to draw on existing knowledge about the characteristics of effective prevention. In this article, we examine the potential of K–12 comprehensive sexuality education (CSE), guided by the National Sexuality Education Standards (NSES), to be an effective strategy. Our discussion uses socioecological and feminist theories as a guide, examines the extent to which NSES-guided CSE could both meet the qualities of effective prevention programs and mitigate the risk factors that are most implicated in perpetration behavior, and considers the potential limitations of this approach. We suggest that sequential, K–12 program has potential to prevent the emergence of risk factors associated with SV perpetration by starting prevention early on in the life course. CSE has not yet been evaluated with SV perpetration behavior as an outcome, and this article synthesizes what is known about drivers of SV perpetration and the potential impacts of CSE to argue for the importance of future research in this area. The primary recommendation is for longitudinal research to examine the impact of CSE on SV perpetration as well as on other sexual and reproductive health outcomes.

Keywords

sexual assault, cultural contexts, prevention, sexual assault, intervention, sexual assault

Research!! Sexual Health Education in schools can help!

Promote schools Implementing the National Sexuality Education Standards

[NSES-2020-2.pdf](#)
([siecus.org](#))

Promote Healthy Relationships & Sexuality Education for Children & Youth



National Sexuality Education Standards

Core Content and Skills, K–12

Endorsed by:



- Access here: <http://www.futureofsexed.org/nationalstandards>

Table 3. Sexual Violence Perpetration Risk Factors Found to be Significant (Adapted from Tharp et al. [2012]) and Potential for CSE to Mitigate Those Risk Factors.

Category	Level of the Ecological Model	Risk Factor	Number of Studies Finding Significance	Component of NSES-CSE Likely to Mitigate Risk Factor	
Sex, gender, and violence-based risk factors	Individual	Having sexual fantasies supportive of SV	4/7 studies	Gender-transformative programming	
		Willingness to commit SV	7/11 studies		
		Victim blame	4/4 studies		
		Rape myth acceptance	31/36 studies		
		Hostility toward women/adversarial sexual beliefs	32/42 studies		
		Traditional gender role adherence	19/21 studies		
		Hypermasculinity	12/18 studies		
		Acceptance of violence ^c	9/13 studies		
		Dominance	4/6 studies		
		Competitiveness	1/1 study		
	Relationship—romantic	Casual relationship status	2/2 studies		
		Interrelationship conflict	7/8 studies		
Relationship—peers	Peer approval of forced sex	4/4 studies			
	Peer pressure for sexual activity	6/7 studies			
	Peer sexual aggression	3/3 studies			
	Membership in fraternity ^a	8/11 studies			
	Sports participation ^a	8/12 studies			
Child abuse-based risk factors	Relationship—family	Previous childhood sexual abuse	20/34 studies	Childhood sexual abuse prevention programming	
		Previous childhood physical abuse ^a	15/21 studies		
		Previous childhood emotional abuse ^a	4/5 studies		
		Exposure to parental violence/family conflict ^a	18/22 studies		
Sexual behavior-based risk factors	Individual	Multiple sexual partners	21/25 studies	Traditional aim of sex education is to reduce these factors, so they are likely to be reduced by NSES-CSE. Gender transformative programming and CSA prevention programming also likely to affect these factors.	
		Impersonal sex	12/13 studies		
		Early initiation of sex	7/7 studies		
		Sexual risk taking	4/5 studies		
		Positive for STI	3/3 studies		
		Exposure to sexually explicit media ^a	6/9 studies		
		Motivation for sex/sex drive ^b	4/5 studies		
		SV victimization during adolescence or adulthood ^c	2/3 studies		
		Past SV perpetration ^c	9/9 studies		
Social and emotional learning based-risk factors	Individual- psychosocial	Delinquency	16/24 studies	Social-emotional learning programming	
		Previous suicide attempt ^a	3/4 studies		
	Interpersonal	Empathetic deficits	13/20 studies	Social-emotional learning programming	
		Cue misinterpretation	6/7 studies		
	Relationship—peers	Gang membership ^a	2/2 studies		


Note. SV = sexual violence; CSE = comprehensive sexuality education.

^aThese risk factors are not likely to be successfully addressed in comprehensive sex education programs, either because they fall out of the purview of a CSE curriculum or because they occur primarily inside the home and out of the reach of CSE. This underlines the need for a multifaceted strategy to address perpetration.


^bInterest in and desire for sex is a normal part of adolescent development. Therefore, not relevant to SV perpetration prevention. ^cThis article focuses on CSE as a primary prevention strategy for SV perpetration. Therefore, discussion of previous victimization and perpetration recidivism are not discussed.

Topics and Key Indicators

There are seven topics chosen as the minimum, essential content and skills for K–12 sexuality education:



Anatomy and Physiology (AP) provides a foundation for understanding basic human functioning.




Puberty and Adolescent Development (PD) addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.


Identity (ID) addresses several fundamental aspects of people's understanding of who they are.

Pregnancy and Reproduction (PR) addresses information about how pregnancy happens and decision-making to avoid a pregnancy.

Sexually Transmitted Diseases and HIV (SH) provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.



Healthy Relationships (HR) offers guidance to students on how to successfully navigate changing relationships among family, peers and partners. Special emphasis is given in the *National Sexuality Education Standards* to the increasing use and impact of technology within relationships.



Personal Safety (PS) emphasizes the need for a growing awareness, creation and maintenance of safe school environments for all students.

These seven topics are organized following the eight *National Health Education Standards*.


Main points:

- Promising approach to prevent initial perpetration
- Can help change the social environment, values and norms around sexual violence
- The (widely accepted!) National Sexuality Education Standards have components that address key factors in promoting sexual health and safety
- Many schools separate sexual health education from sexual violence prevention
- Prevent sexual violence as a public health problem (the CDC and P is doing this!)
- Most current efforts are directed at college students, and must begin earlier – K-12

Parent Engagement

Strongly correlated to many dimension of school success; a constant challenge

From the NEA




neaToday



NEA NEWS

The Eight Ps of Parent Engagement

Here are a few tips to help guide a teacher or school in making outreach decisions to increase parent engagement.



By: Heather Wolpert-Gottman
Published: 08/07/2019

SHARE  

Getting parents more engaged in school is a necessary variable in the equation of student success. In fact, parent engagement can have a direct impact on student engagement itself. Multiple studies prove that students whose parents are actively engaged in their schooling typically show the following:

The Eight Ps Of Parent Engagement

PRAISE



We heard it before but it deserves saying again. Call a parent for positive reasons before you have to call for negative ones. Teach with an asset-based lens and acknowledge the strengths in every student. Find a way to praise those strengths so parents see you as an ally, not an adversary.

PUBLIC



School can be a gatekeeper for many parents, in particular for our English Language Learners. Just the act of coming onto campus can be nerve wracking for adults and students alike. Therefore, we have to be creative with our outreach. Try hosting coffee with the principal in a parent liaison's living room or a local coffee shop. Don't just ask families to come to school for information; sometimes go to where the families are.

PURPOSE



Be transparent in our initiatives. So many schools are adopting restorative justice practices, for instance, but many see them incorrectly as a lack of discipline plan. Communicate the purpose of a shift in practice or procedure. Adopting Project Based Learning or a new social-emotional program? Make those decisions, their rationale, and research, transparent.

PERSONALIZE



Many teachers already find ways to communicate in a general way via classroom websites or weekly newsletters. But we also have to personalize for our diverse families. How will you communicate if a family doesn't have access to a computer? What if they don't have voicemail set-up on their phone or what if they don't even have a home phone? What if a family doesn't speak the teacher's language? Teachers need to be adept in reaching out comfortably in ways that work for the many families in their classrooms, and schools need to provide supports such as translators and family liaisons that represent multiple demographics.

PERSONALITY



As I said in last year's article, it's vital that if we want students engaged, then we have to share our own personalities with them. They have to know us as humans. They have to laugh or know what makes you laugh. Then those students will be your ally in bridging gaps between the classroom and the home. Let students know who you are and they will open doors between you and their parents.

PERSISTENT



Don't give up. Keep at 'em. Keep sending those newsletters. Keep posting those videos. Keep calling to praise. Keep trying to set up vital meetings. I know we're short on time too, but through pleasant persistence, we might see an uptick in activity.

PIECE OF CAKE



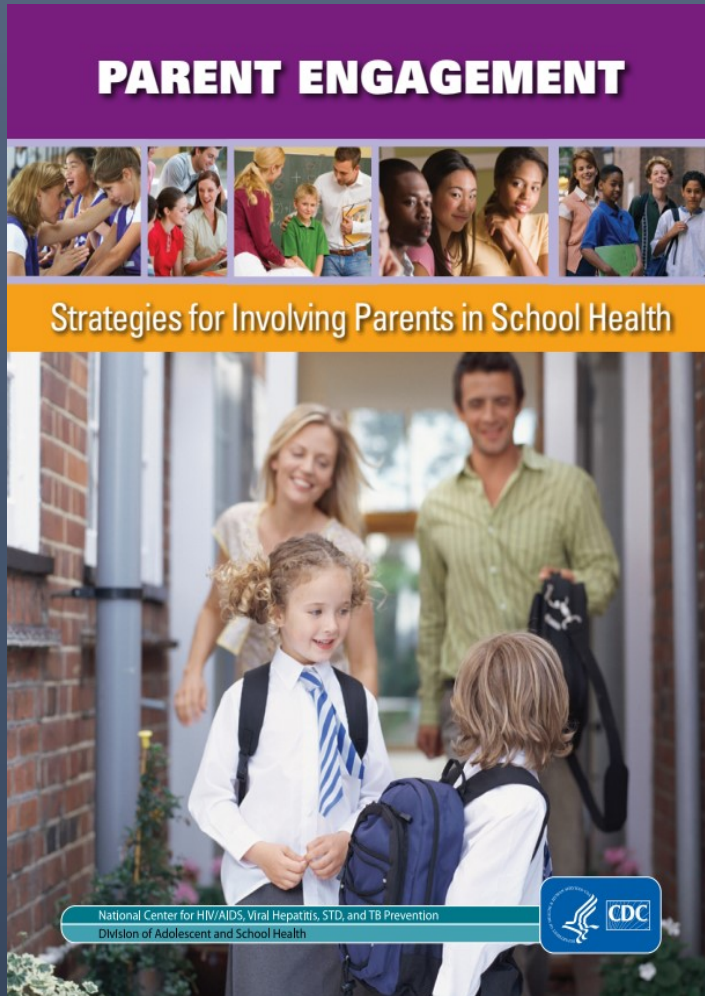
Make things easier. Life is hard for a parent. We have to empathize with this generation of parent because it has its own unique challenges. Make things as easy as possible for them to check grades so they can support your efforts. The school also needs to communicate the calendar in multiple modalities to make information easier to find too: on the website (no more than one-click away), posted in the front office, on the digital sign that greets them at drop-off, etc...Be as communicative as you can be, then figure out one more way to do it.

PROVIDE SUPPORT



I'm a big believer in the community school model. The school can be a hub of support and information for many people, and it can have a larger role in the community overall. Schools can be the place where parent education classes are held. There can be ways to provide child care during parent/teacher conference and other meetings. We can open up our multi-purpose rooms for lectures and movies. The school need not only be seen as a place of assessment, but as a place where the community goes to learn and celebrate learning.

From the CDC



Connect	10
Examples of ways school staff can connect with parents	10
Engage	12
Provide parenting support.....	12
Communicate with parents.....	13
Provide a variety of volunteer opportunities.....	15
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Encourage parents to be part of decision making at school.....	17
Collaborate with the community.....	18
Sustain	20
Solutions for six common challenges to sustaining parent engagement.....	20

https://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf

Examples of ways school staff can connect with parents

Ensure the school or school district has a clear vision for parent engagement that includes engaging parents in school health activities.

- ✓ Does the school mission reflect the importance of parent engagement and establish a foundation for parent engagement in school health activities?
- ✓ Does the school have a well-planned program for parent engagement?
- ✓ Are policies and procedures in place to maximize parent engagement in the school's health activities, services, and programs?
- ✓ Does the school have a friendly, welcoming environment for parents?
- ✓ Does the school welcome parents to participate in and contribute to the school's health activities, services, and programs?
- ✓ Is there a district-level parent involvement and engagement plan that can guide the development of a school plan for involving parents in school health activities?

Findings from CDC

- Outreach should make clear to parents how their involvement will improve their child's learning and well-being
- Parents are more likely to be involved if they feel the school both wants and expects their involvement



Findings

Parents who participate in an intervention that focused on enhancing self-efficacy to enhance confidence:

- Possessed more knowledge
- Reported greater self-efficacy in communication
- Had more frequent communication with their youth

So what do parents want?/where can they turn? The Internet!

- “Over the past decade, traffic to parenting websites has increased steadily (Plantin & Daneback, 2009) with the number of monthly visitors in the hundreds of thousands (Madge & O’Connor, 2006; Sarkadi & Bremberg, 2005). More recently, Pew Research reported that 75% of mothers use the internet for guidance and support (Duggan et al., 2015) and Baker et al. (2016) found that 65% of Australian mothers consulted websites for parenting information. Parents describe the internet as a convenient and comfortable way to gather child-rearing information (Bernhardt & Felter, 2004; Warren et al., 2010).”

Challenge: Can we
do this virtually?



How good are blog posts

- We examined the quality of information produced from internet queries, “How do I talk to my child/ teen) about sex”. Ninety-one posts were coded to determine how strongly they endorsed
- 13 topics on best practices in parent-child communication around sexuality; (only 3 of 13 concepts were endorsed by a majority of posts)
- 9 topics related to sexual health (over 50% of posts failed to mention any identified topic) and
- 11 topics related to sexual safety (over 60% of posts failed to mention any identified topic);
- 90% were written above recommended reading levels. (Rosenzweig and Baker, in process)

We found wordy posts, that did not cover critical topics, did not point to resources and written above the 7th grade reading level recommended by the US DHHS and the AMA



General Communication around Sexuality

- Percentage of Posts Endorsing Each of the 13 Affective and Process Topics (n=91)

	N	%
• Acknowledges parents may not feel confident	53	58.2
• Advises that multiple conversations are necessary	50	54.9
• Advises parents not to wait to discuss sexuality	48	52.7
• Advises parent that the child's interest will change over time	48	52.7
• Advises parents to avoid scare tactics or inducing negative emotions	37	40.7
• Advises parents to be candid about values	36	39.6
• Advises parents to encourage questions	28	30.8
• Advises parents to give short, age-appropriate answers	27	29.7
• Advises parents to use clear language and proper names for body parts	20	22.0
• Advises parents of research on youth valuing parental input	16	17.6
• Advises parents to acknowledge discomfort if present	13	14.3
• Advises parent that children of any age may have questions	06	06.6
• Advises parents to avoid giving mixed messages	00	00.0

Sexual Health

Percentage of Posts Endorsing Each of the 9 Sexual Health Topics (n=91)

	0	1	2	3
• Sexually transmitted infections	53.4	10.2	22.7	13.6
• Basic anatomy/physiology reproduction	63.7	12.1	14.3	09.9
• Contraception to prevent pregnancy	53.8	09.9	23.1	13.2
• OK to touch 'private parts' in private	69.2	06.6	11.0	13.2
• Autonomic human sexual response	75.8	06.6	13.2	04.4
• Human arousal/climax	90.1	04.4	02.2	03.3
• Puberty/adolescent development	67.0	08.8	15.4	08.8
• Acceptance of all genders	78.0	01.1	13.2	07.7
• Genital/reproductive hygiene	100	00.0	00.0	00.0

Sexual Safety

- Percentage of Posts Endorsing Each of the 10 Sexual Safety Topics (n=91)

	0	1	2	3
• Not to keep secrets from parents	96.7	00.0	00.0	03.3
• That parent will always be available for help/support	86.8	01.1	05.5	06.6
• Identifying trusted adults	92.3	01.1	02.2	04.4
• Harmful behaviors	83.5	04.4	07.7	04.4
• Inappropriate touch	85.7	01.1	06.6	06.6
• Understanding consent	67.0	02.2	11.0	19.8
• Personal boundaries, privacy	79.1	00.0	06.6	14.3
• The emotions associated with sex	81.3	03.3	12.1	03.3
• Characteristics of healthy relationships	63.7	06.6	13.2	16.5
• Internet and on-line safety	63.7	11.0	04.0	20.9
• Understanding rape and sexual assault	75.8	17.6	00.0	06.6

Actionable:

- Short, tips for parents, with content based on the national sex ed standards, affective message based on best practices, and written at or below a 7th grade reading level.

- Tip of the week:

Children of any age can have questions about sex, and research shows that even teens really want to know what their parents think! Find resources to help you be the voice your kids need to hear – click here:

<https://www.nypreventsexabuse.org/healthy-sexual-development>

- *Reading level 6.2 (Fleish Kincaid as calculated by WORD)*

Actionable: Post or Share
Resources Electronically

New!!! From the NY State Initiative to Prevent Child Sexual Abuse!



- The Initiative is dedicated to the prevention of all forms of child sexual abuse throughout the state of New York through advancing research, policy, education and practice. We are organized as a cooperative initiative to provide state-of-the-art theory and research-based knowledge to inform, guide, and empower the public, professionals, and all those who serve children and families at all levels and sectors of society, toward the elimination of child sexual abuse. The Initiative is comprised of leaders in the field of child maltreatment, child protection, and promotion of well-being in children and families.*

Learn more about us here:
<https://www.nypreventsexabuse.org/>

Healthy Child Sexual Development

**Focus on building mutually respectful relationships with children.
You can talk to your children about their bodies and sexual development because...**

- Children need to know what is okay and not okay
- Children need to know the terms for their private parts
- Children need to know that you are their source of information and are willing to have difficult conversations
- Children need to know your values about sexuality and relationships

The table below presents information about what to expect at each age/stage of your child's development and ideas to promote healthy sexual development. Please keep in mind that children develop at different rates and every child may not fit neatly into these categories.

HEALTHY DEVELOPMENT

PROMOTE HEALTHY DEVELOPMENT

BIRTH TO 3 YEARS

- Asking questions about bodies, and bodily functions
- Using "bathroom" language
- Look at and touch their private parts** in public and private
- Showing private parts to others
- Trying to touch others' private parts
- Wanting to be naked
- Attempting to see other people naked

- Use accurate names for body parts
- Explain the basic anatomical differences between birth genders using simple language
- Explain that bodies change as children grow up
- Teach children about respectful personal boundaries without shaming the child (keeping private parts covered, not touching others' private parts)
- Teach children that touching their private parts is done in private

*Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician.
Consult your pediatrician during well-child visits for additional guidance and resources.
Control and/or monitor what children are exposed to on all media.*

3 TO 6 YEARS

- Talk about private parts and use "naughty" words
- Look at and touch private parts with children their own age
- Develop a deeper understanding of gender roles
- May display same-gender and cross-gender interest in how they play and what clothing they wear

- Use accurate names for body parts
- Explain basic anatomical differences between birth genders and how bodies change as children grow using simple language
- Teach children about respectful personal boundaries (keeping private parts covered, not touching others' private parts)
- Respect child's modesty and desire for modesty and privacy*** (but explain that secrecy is never okay between adults and children)

*Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician.
Consult your pediatrician during well-child visits for additional guidance and resources.
Control and/or monitor what children are exposed to on all media.*

10 to 13 YEARS

HEALTHY DEVELOPMENT

- Feel sexual attraction to/interest in peers
- Masturbate occasionally, possibly reaching climax
- Possibly reach climax while asleep
- Play games with children their own age that involve sexual behavior (such as "spin the bottle")
- Look at pictures of naked or partially naked people
- Be interested in sexual content in media
- Experience genital arousal from touch or images, including touch and images that may be inappropriate or harmful
- Begin to act as if they value the opinions of their peers over that of their family
- Begin to discuss sexual orientation and gender identity
- May begin to experience the body changes of puberty (girls tend to develop earlier than boys)
- Engage in sexual behavior (flirting, kissing, contact)
- Spend more time with peers and consider different values

PROMOTE HEALTHY DEVELOPMENT

- Support age-appropriate relationships (for example, don't call time with a friend a "date" or encourage make-up and dress that is too grown-up)
- Explain the basics of human reproduction
- Describe the physical changes that occur during puberty- breasts and menstruation for girls, facial and body hair for boys, sexual arousal for both
- Explain risks of sexual activity (pregnancy, sexually transmitted diseases, and disadvantages in engaging in sexual/romantic activities before ready)
- Explain risks of on-line sexual behavior, for example-sharing sexualized photos may lead to legal issues & embarrassment if shared further, and understand that images are permanent
- Develop a safety plan with your child that includes what to do if there is unwanted touch of any type from peers or adults
- Discuss how to give and ask for consent
- Discuss contraception and preventing sexually transmitted infections
- Ensure that your child knows that genital arousal is an 'automatic reflex'-a message that comes from the brain like getting goosebumps when cold; neither their arousal, nor anyone else's means that the child has to take any action at all
- Ensure that children do not spend one-on-one time with an adult (tutor, coach, mentor) without careful screening beforehand and debriefing afterwards

Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician. Consult your pediatrician during well-child visits for additional guidance and resources. Control and/or monitor what children are exposed to on all media.

13+ YEARS

- Begin or continue to experience puberty
- Want more privacy
- Look at pictures and videos of naked people
- Be interested in sexual content in media
- Experiment with romantic relationships
- Engage in sexual behavior (flirting, kissing, contact)
- Sometimes lie and keep information from parents

- Discuss how to give and ask for consent
- Develop a safety plan with your child that includes what to do if there are unwanted touch or sexual advances from peers or adults
- Discuss contraception and preventing sexually transmitted infections
- Discuss options should unprotected sex occur
- Raise difficult topics with your children to keep lines of information open
- Teach your children how to keep an eye out for each other and step in if needed. Be an upstander not a bystander

Answer questions calmly with simple language; honestly tell child if you don't know an answer and seek information from an expert like your pediatrician. Consult your pediatrician during well-child visits for additional guidance and resources. Control and/or monitor what children are exposed to on all media.

**** The term private parts refers to the genitals (penis and scrotum in males, vagina and labia in females and the anus).**

*****How do you explain the difference between privacy and secrecy to a child?**

Privacy means you get to do it by yourself, but trusted grown-ups (Mom, Dad, Grandparents) know about it. Children earn privacy. Secrecy means the trusted grown-ups don't know about it. It is not safe to keep secrets from trusted grown-ups, especially if another grown-up tells them to.



New: Preventing on Line Exploitation

- <https://www.nypreventsexabuse.org/copy-of-healthy-sexual-development-1>

For Parents Whose Kids Play on Sports Teams



- www.safetocompete.org

For Parents Whose Kids Play on Sports teams

- <https://uscenterforsafesport.org/>



US Center for Safe Sport

- The United States Center for SafeSport is an American 501c nonprofit organization set up in 2017 under the auspices of the Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017. SafeSport seeks to address the problem of sexual abuse of minors and amateur athletes in sport.
- SafeSport [Preventing and Addressing Abuse | U.S. Center for SafeSport \(uscenterforsafesport.org\)](https://uscenterforsafesport.org/preventing-and-addressing-abuse)
- [ParentsHandbook_070523_v1.8b.pdf \(uscenterforsafesport.org\)](https://uscenterforsafesport.org/wp-content/uploads/2023/07/ParentsHandbook_070523_v1.8b.pdf)
- https://uscenterforsafesport.org/wp-content/uploads/2023/07/ParentsHandbook_070523_v1.8b.pdf
- This Handbook is adapted from the original 2018 version by Leslie Mitchell Bond, M. Ed. and Janet Rosenzweig, Ph.D
- [Full-EP-Toolkit-V1.2.pdf \(uscenterforsafesport.org\)](https://eptoolkit.uscenterforsafesport.org/full-ep-toolkit-v1.2.pdf) (Emotional Abuse)
- <https://eptoolkit.uscenterforsafesport.org/wp-content/uploads/2022/09/Full-EP-Toolkit-V1.2.pdf>

Actionable: Print and Share brochures

- Download



Lots of Ways to Help

Infants and Toddlers - Young School-Age Children
Preteens - Young Teenagers - Parents

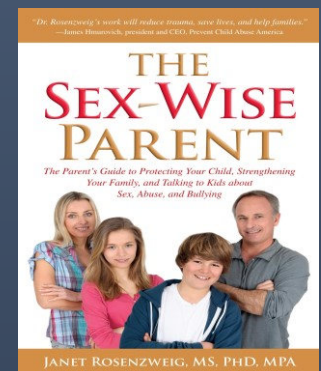
Develop a Healthy, Responsible Sexuality

Adapted from a brochure by the Coalition on
Responsible Parenthood and Adolescent Sexuality, Dallas, Texas.
By Janet F. Rosenzweig MS, PhD, MPA

www.SexWiseParent.com

The Final Thought

Parents consistently underestimate the influence they have on their kids' decisions about sex — always remember that they are watching and listening, even when they pretend not to be!



Facilitated Group Discussion for Parents

Consider parent child sessions
with a speaker, video, handouts,
activities

Family Norms Exercise

The following questions can be used to start discussions in parent education groups, or be given to couples to discuss. The goal is to encourage people to articulate the norms they wish to set for their family. Encourage families to pick a date for an annual family and sexuality values talk – maybe start a new Valentine’s Day tradition! Detail on these and related topics can be found in *The Sex-Wise Parent*, (Skyhorse, 2012) Chapter 6.

What terms will you use to teach your kids about all of their (and your) body parts? How and when will you use them?

Discussion point: Children need words for genitalia easily understood by others.

Will you have a dress code?

Discussion point: Privacy, modesty, self-respect

When will you let your child bathe by himself?

Discussion points: Privacy, modesty, safety.

What rules do you want about having kids in your bed?

Discussion points: Privacy, autonomic arousal.

Will you give your kids a choice about hugging and kissing relatives?

Discussion points: Control over their own body, choice, respect.

What will you do when your child’s curiosity leads him to touch your body?

Discussion points: Privacy, role-modeling setting boundaries gently but firmly.

Will your physical signs of affection with your children change over time? How? Why?

Discussion points: Autonomic arousal, puberty, ensuring children feel loved.

How will you react when you see our child touching his or her genitalia?

Discussion points: Autonomic arousal, avoid associating sexual pleasure with fear/guilt/shame.

How can you support your child’s enjoyment of all her senses: the taste of food, the smell of a beloved person, the feel of fabric, the warmth of human touch?

Discussion points: Healthy sexuality is positive, wonderful and life affirming; too many parents only discuss the dangers and kids deserve a balanced perspective.

Actionable

- Short, on-line convenient programs for parents designed to increase both confidence and knowledge

Let's make sure our own house is in order: Sexual Climate in Schools

- At least 5% of kids report sexual contact with a school employee sometime during their school years
- With young kids, we're concerned with pedophiles.
- By middle and high school we're concerned with adults who exploit their power and status to seduce kids. (ephebophiles and hebephiles)

Shakeshaft, Charol. *Educator Sexual Misconduct: A Synthesis of Existing Literature*. Washington, D.C.: U.S. Department of Education, Office of the Undersecretary, 2004.

Access the report, [Educator Sexual Misconduct](#) here.

Great summary.....

AROUSAL ≠ LOVE

When talking about sex, parents usually focus on the reproductive process and physical changes that occur during puberty, often skipping over the subject of autonomic sexual arousal.

- “Adolescent boys aren’t raised to understand that getting erections is autonomic. It is not something they can control,” says Rosenzweig. “And they may end up feeling bad and guilty, ashamed and like they’re malfunctioning, when their body is doing what human bodies do.”
- Girls may also misinterpret their body’s sexual response.

“Their genitals get all warm, and no one’s taught them that it doesn’t mean anything more than getting goose bumps when you feel a cold breeze. And they mistake warm genitals for being madly in love with the cute 32-year-old chemistry teacher,” he says.
- When kids understand and anticipate their body’s natural responses, they may make more clear-headed decisions, especially as they begin to develop romantic relationships.
- “Healthy human beings cannot control their reflexive arousal in response to a sight, sound, smell, or memory,” says Rosenzweig. “But one lesson kids need to learn is that they certainly can and must be responsible for what they do with it.”

And that’s a lesson every parent can teach. 📖

Interview with Dr. Janet Rosenzweig, author of the Sex-Wise Parent, MASK Magazine, Summer 2013. www.Maskmatters.org

A National Plan!

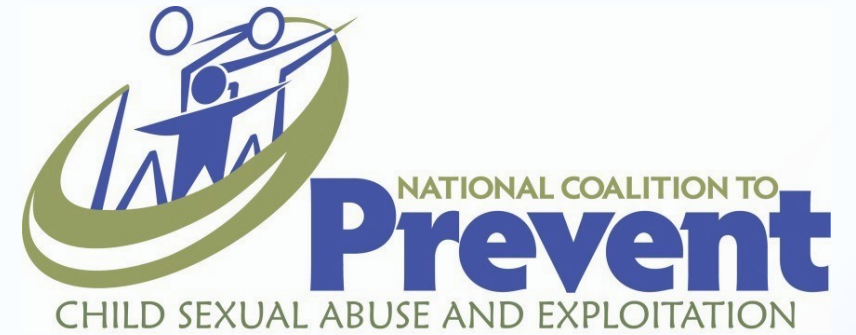
To Prevent Child Sexual Abuse and Exploitation

Find additional ideas here to engage your
community!!



Prevent Together – The National Coalition to Prevent Child Sexual Abuse and Exploitation

Prevent Together is a unified effort to promote the healthy development of children and youth and end child sexual abuse and exploitation. The National Coalition is composed of advocates, educators, researchers, and practitioners working together with a national voice and a critical goal – to end the sexual abuse and exploitation of children.



A National Plan to Prevent Child Sexual Abuse and Exploitation



Collectively, with individuals, organizations, and coalitions focusing on the Six Pillars, we will stand the greatest chance of reaching the overall goal together.



PreventTogether@gmail.com

www.PreventTogether.org

- **National Plans are a great resources, but it's the local public officials, like our school personnel, who can work with parents to increase their knowledge and self confidence to support the sexual health and safety of their children.**

Questions??

Thank you!

Dr. Janet Rosenzweig

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