

Supporting Medical Professionals to Talk to Parents About Healthy Sexual Development

Parental Support and Values + Medically Accurate Sex Information = Sexual Health and Safety

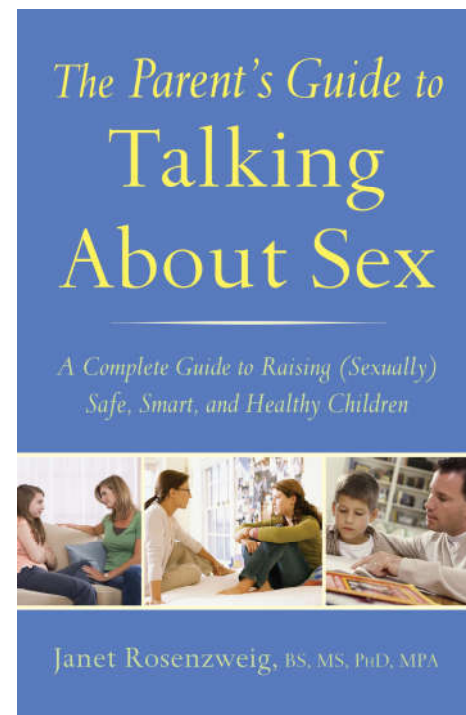
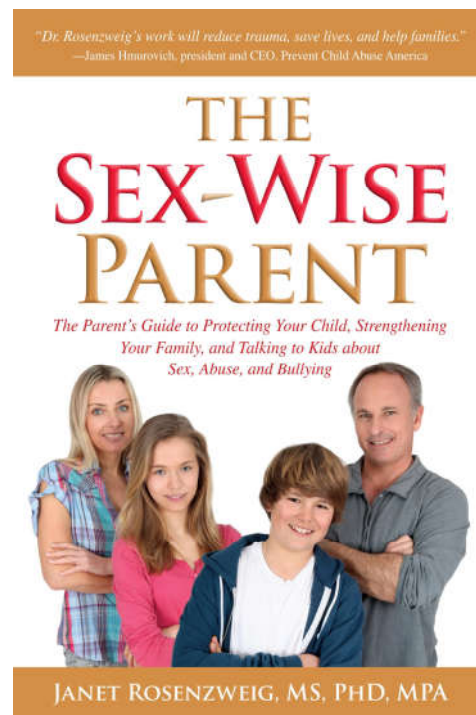
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to you by:*

November 3, 2023



**Children's Advocacy
Centers of Kentucky**

Presented by:
Janet Rosenzweig PhD, MPA



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!

Core Beliefs:

Accurate information about human sexuality is a protective factor to support all aspects of sexual health and safety



While controversies rage about who 'should' be teaching young people about sex, no one disputes a parents right (if not responsibility) to do so



Therefore, we must support parents and caregivers in this critical task.



Context: The Adverse Childhood Experiences (ACE) Studies

ACEs can have lasting effects on...



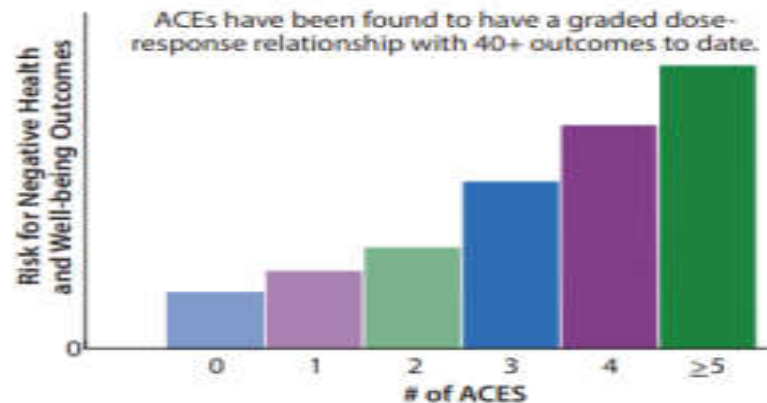
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)

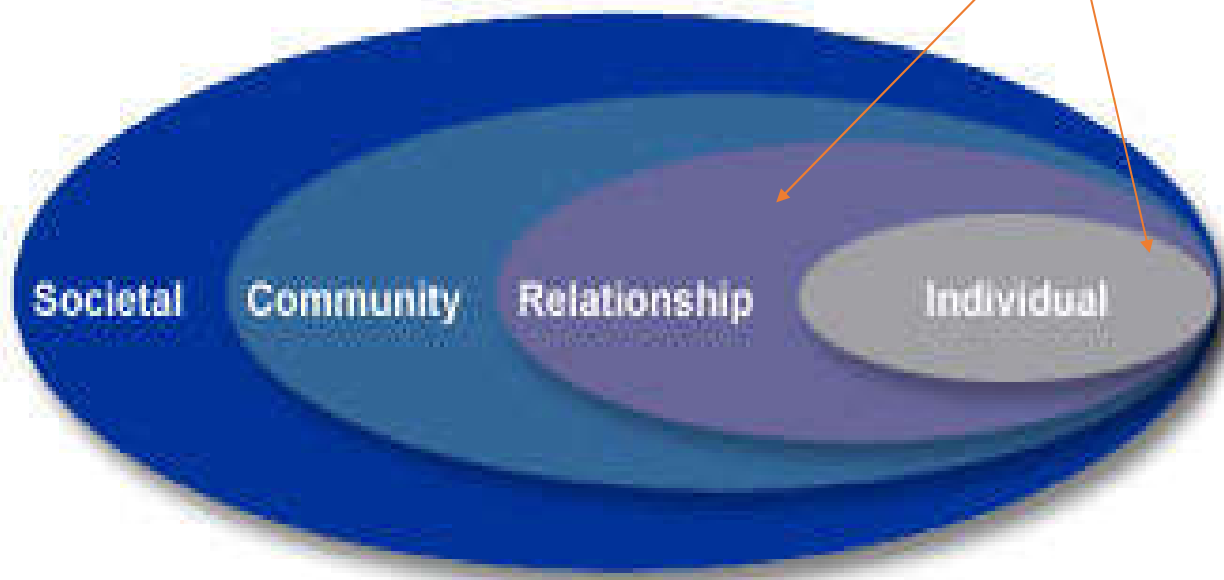


Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Context: The social ecology of prevention



This presentation will focus on the individual and relationship/family levels.
Medical personnel have important roles at all levels.

[Learn more from the CDC and P](#)

My Ideal:

Each child should be able to go out in the world with age appropriate, medically accurate information about human sexuality, all wrapped up in the values of their family and faith tradition.

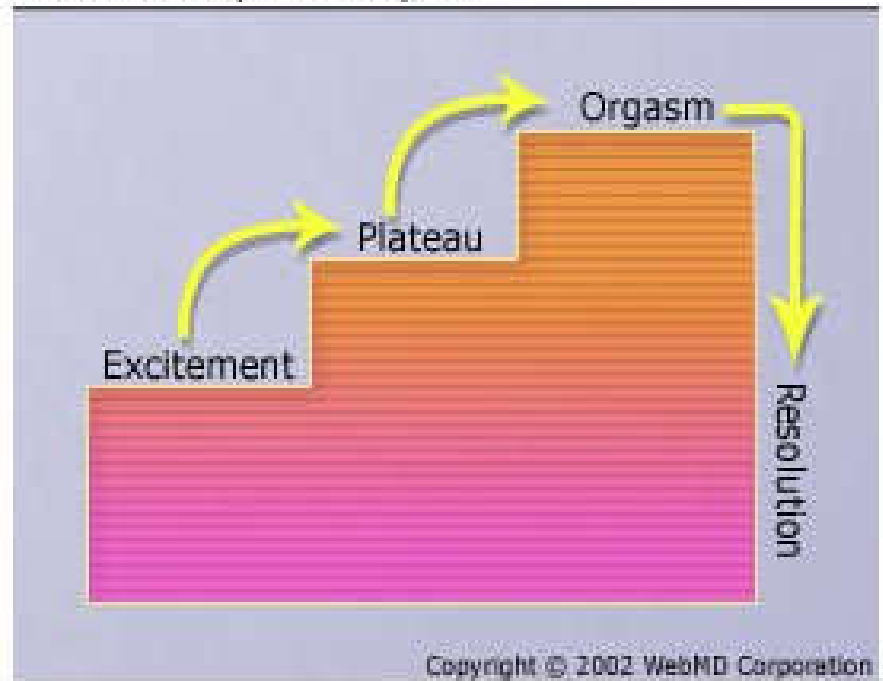


Physical Facts with Emotional Impact

Fact 1:

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

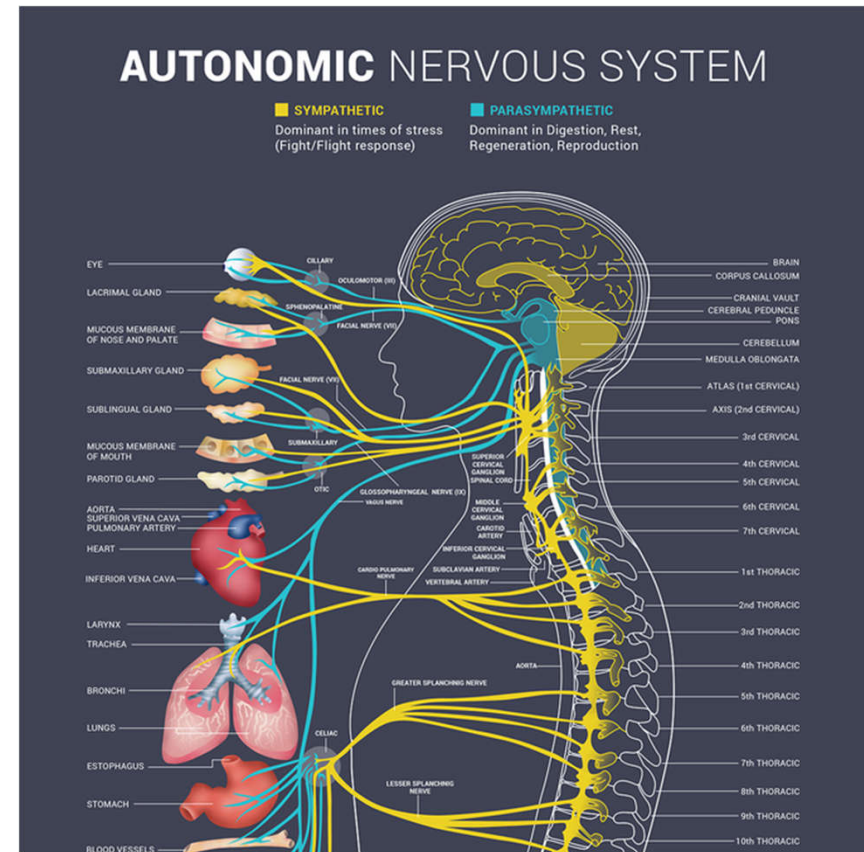
Sexual Response Cycle



Physical Sexual Arousal

► The Autonomic Nervous System:

The part of the nervous system responsible for control of the bodily functions *not consciously directed*, such as breathing, the heartbeat, and digestive processes.



Key words!

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

Physical sexual/genital 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 a willing participant because they 'enjoyed' the act.



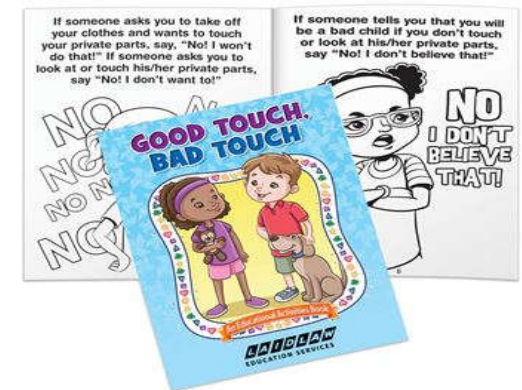
Key reasons why kids need to know this

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



Child Abuse
Prevention

GOOD TOUCH
AND
BAD TOUCH



Account from a victim

Child TV star describes being molested by his publicist:

“Pull your pants down,” he said.

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

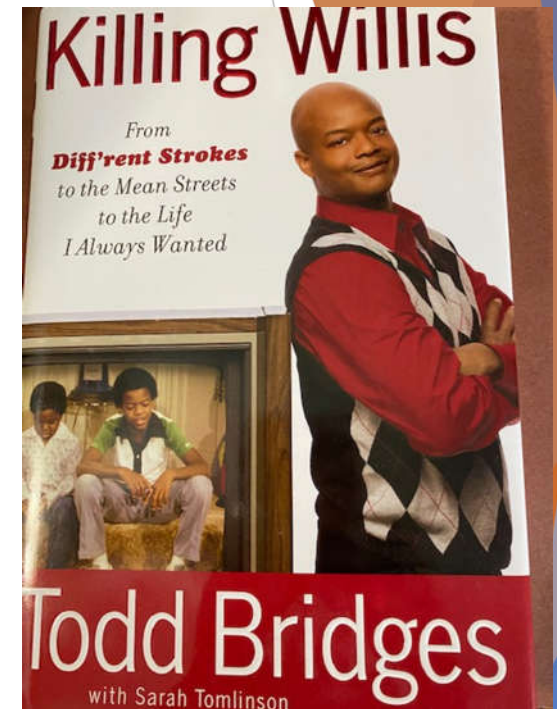
He put his mouth on me. I got hard. I didn’t know where to look or how to feel. I squirmed against the back of the seat. He kept on going, getting into it.

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.”



Knowledge is Power!

Dr. Janet F. Rosenzweig
www.SexWiseParent.com



Thank you. This is the first time I fully realized that I was a victim. I had a 20 something highschool teacher have an inappropriate relationship with me. I always thought I was an equal party and felt guilt about hiding it.

Nobody at all knows this ever happened and this was over 15 years ago.

Thank you.

[redacted]

Sexual arousal influences sexual decision making and reduces restraint!

ARTICLE

The impact of sexual arousal on elements of sexual decision making: Sexual self-restraint, motivational state, and self-control

Shayna Skakoon-Sparling^{1,2} and Kenneth M. Cramer¹

¹ Psychology Department, University of Windsor, Windsor, ON

² The Ontario HIV Treatment Network, Toronto, ON

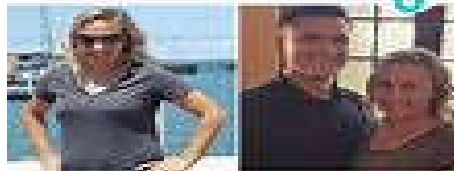
Sexual arousal has been shown to have an impact on risk-taking and intentions to engage in risky sexual behaviour (e.g., Ariely & Loewenstein, 2006; Shuper & Fisher, 2008; Skakoon-Sparling, Cramer, & Shuper, 2016); however, the mechanisms underlying this effect are not well understood. To further investigate the effects of sexual arousal on sexual health decision-making, the current study was designed to examine the associations among self-control, sexual self-restraint, and motivational state, as well as the impact of sexual arousal on these factors. Forty-nine female and 26 male participants viewed either sexually arousing (experimental condition) or control video clips and responded to inventories designed to measure their self-control, sexual self-restraint, and meta-motivational state balance (within the Rules domain of Reversal Theory). A moderate positive correlation was found across all participants between self-control and self-restraint. Participants in the sexual arousal condition scored significantly lower on measures of self-control and sexual self-restraint; no effect was found for the meta-motivational state measure used. The results of this study suggest that sexual arousal either functions to deplete individuals' internal reserves of self-control or that it creates conditions that make it difficult to access the cognitive capacity to engage in self-control. This effect, combined with the correspondingly low score on our measure of sexual self-restraint, suggest that this may be an avenue through which sexual arousal negatively impacts sexual health decision-making.

KEY WORDS: Sexual arousal, sexual decision-making, sexual self-restraint, motivational state, self-control

Key reasons why kids need to know this

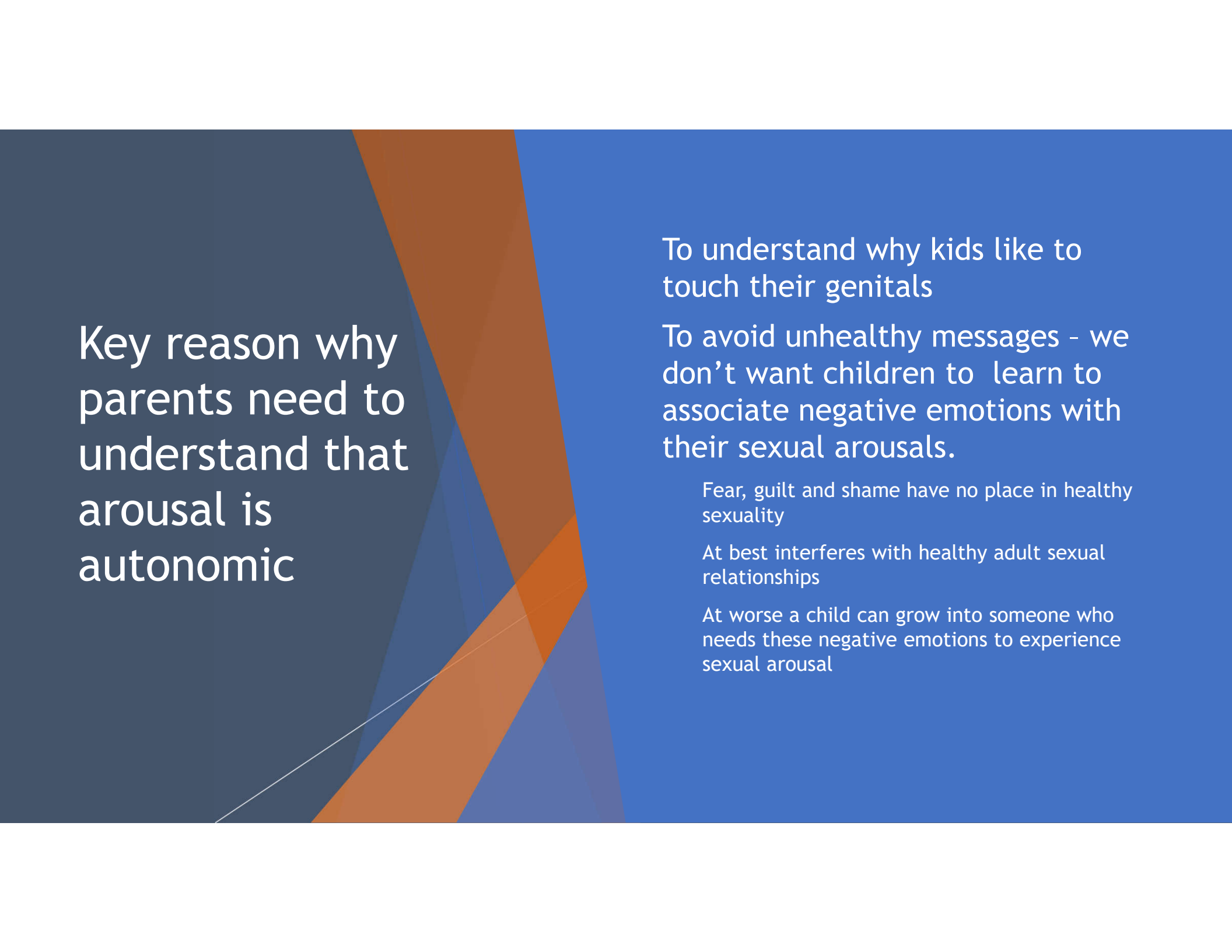
- Kids may confuse a physical sexual/genital response for an emotional attachment, making them vulnerable to predators.
- Adolescents and teens are particularly vulnerable
- Physical sexual/genital arousal decreases sexual self restraint
- Physical sexual/genital arousal may lead a victim to believe they participated in a sinful act, unnecessarily adding to guilt and confusion

Female Teacher Charged with Sexually Assaulting 13-Year-Old Male Student



HU Staff: Nyscote Hutchens @therealnyscote A former Ohio teacher has been charged with sexual assault. Brooke Rosendale, 26, sexually assaulted her 13-year-old student and has been charged





Key reason why
parents need to
understand that
arousal is
autonomic

To understand why kids like to
touch their genitals

To avoid unhealthy messages - we
don't want children to learn to
associate negative emotions with
their sexual arousals.

Fear, guilt and shame have no place in healthy
sexuality

At best interferes with healthy adult sexual
relationships

At worse a child can grow into someone who
needs these negative emotions to experience
sexual arousal

Let's go back to Psych 101 for a moment:

- ▶ **Operant conditioning** is a learning method in which a specific behavior is associated with either a positive or negative consequence. Thus, this form of learning links the taking of certain voluntary actions with receiving either a reward or punishment, often to strengthen or weaken voluntary behaviors.
 - ▶ Think BF Skinner....
- ▶ **Classical conditioning** is a learning process focused more so on involuntary behaviors, using associations with neutral stimuli to evoke a specific involuntary response.
 - ▶ Think Pavlov....



Physical Facts with Emotional Impact

Fact 2:

- ▶ *Having accurate, understandable language about all body parts, specifically the genitalia is a protective factor in sexual abuse prevention*
 - ▶ *If a child becomes a victim, they have language to tell a trusted adult*





Physical Facts with Emotional Impact Fact 2:

- ▶ *Having accurate, understandable language about all body parts, - particularly the genitalia is a protective factor in sexual abuse prevention*
- ▶ *A child who knows it is OK to talk about sex with their parent will be able to ask questions, and not be tempted to turn to unsavory sources such as the internet, or possibly predatory older kids or adults*

Example: When parents are a source of sex information, condom use increases

Source of Sex Information and Condom Use Intention Among Latino Adolescents

Jillian S. Eversole, MPH¹, Nancy F. Berglas, DrPH²,
Julianna Deardorff, PhD¹, and Norman A. Constantine, PhD^{1,3}

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Abstract

Adolescence is a common time for sexual initiation and information seeking about sexual health, yet little is known about how adolescents' sources of information about sex influence their sexual beliefs and behaviors. This is particularly true for Latino adolescents, whose sources of sex information and sexual behaviors are vastly understudied. A survey of ninth-grade Latino adolescents ($N = 1,186$) was employed to examine the relationship between adolescents' primary source of sex information and their intention to use condoms. The study also examined the potential influences of demographics (age, gender), sociodemographics (socioeconomic status, parent education, and linguistic acculturation), and sexual experience on condom use intention. Among Latino youth, the most commonly reported source of sex information was parents (37.8%), followed by another relative (17.1%), school (13.4%), and friends (11.4%). Hierarchical regression analyses showed that after controlling for other factors, primary source of sex information was significantly associated with condom use intention ($p = .042$). Hierarchical regression results stratified by gender showed that this relationship remained significant for males ($p = .004$) but not for females ($p = .242$). Males who reported friends (odds ratio [OR] = 0.44, $p = .003$) or the media/Internet (OR = 0.44, $p = .008$) as their primary sources of sex information, as compared to parents as their primary source, reported significantly lower intention to use condoms. These findings suggest it may be important for Latino adolescents, particularly males, to have additional or other sources for sex information in order to promote healthy sexual behaviors. Alternatively, interventions targeting parents or other family members to improve sexual health communication with adolescent boys may prove essential.

Parents communicate important information and values to their children

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21st Century Parent–Child Sex Communication in the United States: A Process Review

Dalmacio Flores 

University of Pennsylvania School of Nursing

Julie Barroso

Medical University of South Carolina College of Nursing

Parent–child sex communication results in the transmission of family expectations, societal values, and role modeling of sexual health risk-reduction strategies. Parent–child sex communication’s potential to curb negative sexual health outcomes has sustained a multidisciplinary effort to better understand the process and its impact on the development of healthy sexual attitudes and behaviors among adolescents. This review advances what is known about the



Parents Reactions to Child Victimization

- ▶ Clearly, parents have a key role in prevention, or promoting sexual health and safety.
- ▶ They also play a critical role after abuse occurs!

***Focus Section II: Nonoffending
Mothers of Sexually Abused Children***

Reactions of Nonoffending Parents to the Sexual
Abuse of Their Child: A Review of the Literature

Ann N. Elliott
Radford University

Connie N. Carnes
National Children's Advocacy Center

*tions. Parental support is consistently associated with the
adjustment of sexually abused children. Few studies have ex-*

Factors Influencing mothers' reactions to intrafamily CSA

- ▶ More likely to believe if abuser was extended family rather than nuclear
- ▶ More likely to believe if act was oral or digital, rather than genital
- ▶ More likely to believe if they were not at home during the abuse
- ▶ More likely to believe younger children - 95% believed preschoolers, 63% believed teens

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FACTORS INFLUENCING MOTHERS' REACTIONS TO INTRAFAMILY SEXUAL ABUSE

ELIZABETH A. SIRLES, PH.D., AND PAMELA J. FRANKE, M.S.W.

University of Wisconsin-Milwaukee School of Social Welfare

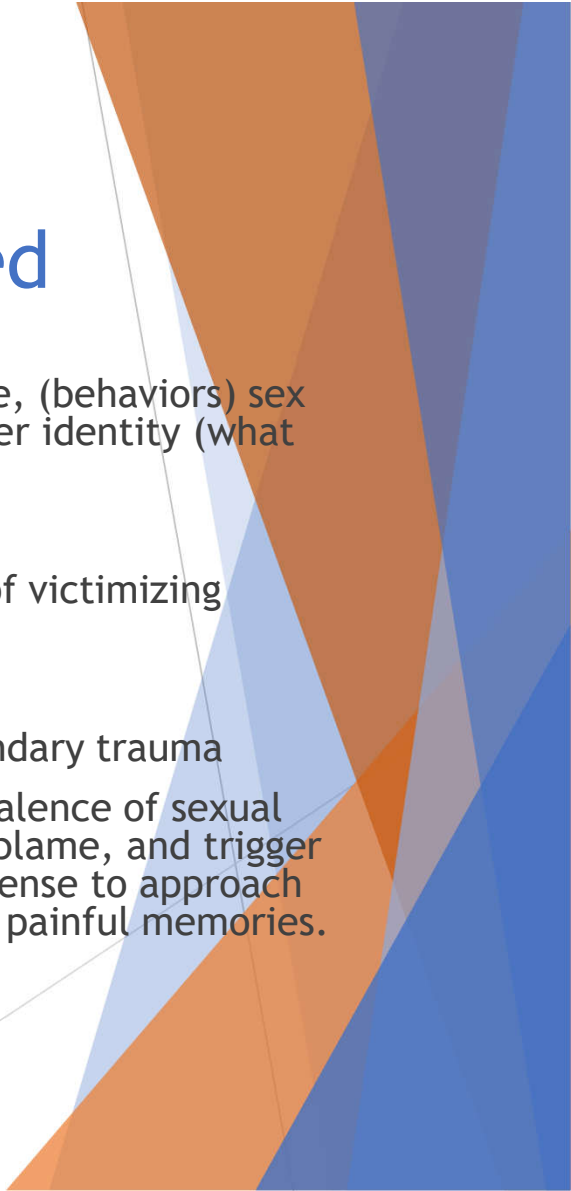
Abstract—A mother's question of whether to believe her child's disclosure of intrafamily child sexual abuse is complex, with many factors influencing her conclusion. Variables related to the abuse and to the family's functioning are examined to determine if particular circumstances are too threatening to mothers, resulting in their disbelief. The findings indicate that the age of the victim, nature of the abuse, presence of the mother in the home during the abuse, relationship of the victim to the offender, prior physical abuse of the child, and alcohol abuse by the offender all contribute to a mother's conclusion regarding the reported abuse. The majority of mothers do believe their child, with difficult situations and other family stressors occasionally detracting from a mother's willingness to accept the report.

Supporting Parents After Abuse has Occurred

- ▶ If parents suspects there might be abuse, support them to contact their local CAC
- ▶ After an investigations substantiates abuse:
 - ▶ Seek professional counseling: There are so many conflicting feels going on it would be next to impossible to manage on their own
 - ▶ Recognize that the family's faith leaders may be of help: We know that victims and their families often experiences 'spiritual wounds' Watch this video featuring Victor Veith on the national CAC Facebook page [\(6\) Video | Facebook](#) or listen to this podcast: [Best of the Best: Faith, Trauma, and the Problem of Evil, with Victor Vieth - One in Ten \(oneintenpodcast.org\)](#)
 - ▶ Read anything Victor Vieth has written on that topic, start here:
[4 ways churches can respond to the spiritual impact of child abuse - ERLC](#)



Parents reaction after their child has been sexually abused

- ▶ Fear of permanent sexual orientation
 - ▶ Good time to share the difference between sex role, (behaviors) sex preference (where their attraction lies)) and gender identity (what gender a person believes they are)
 - ▶ Fear their child will abuse another child
 - ▶ History of victimization is not a primary predictor of victimizing another child
 - ▶ Dealing with their own history of possible abuse - secondary trauma
 - ▶ This is highly possible given the incidence and prevalence of sexual victimization. This can increase their sense of self blame, and trigger thier own traumatic memories. In fact, it makes sense to approach any parent in this situation as if they are harboring painful memories. Better to err on the side of compassion.
- 



Medical personnel are a key source of sexuality ▶ information!

They are consistently rated as a highly
credible source of sexuality information!

A Little History



Access to accurate information about human sexuality was strongly curtailed starting in the 1990

- ▶ Comprehensive sex abuse prevention was replaced with Megan's Laws starting in the mid 1990's
 - Sex abuse prevention became checking registries
 - Adults were concerned about being falsely accused by a child or parent if they spoke to a child abuse sex
- ▶ Abstinence only education funding 1996
 - Limited topics to be presented in classes
- ▶ Jocelyn Elders 1994.....

Jocelyn Elders

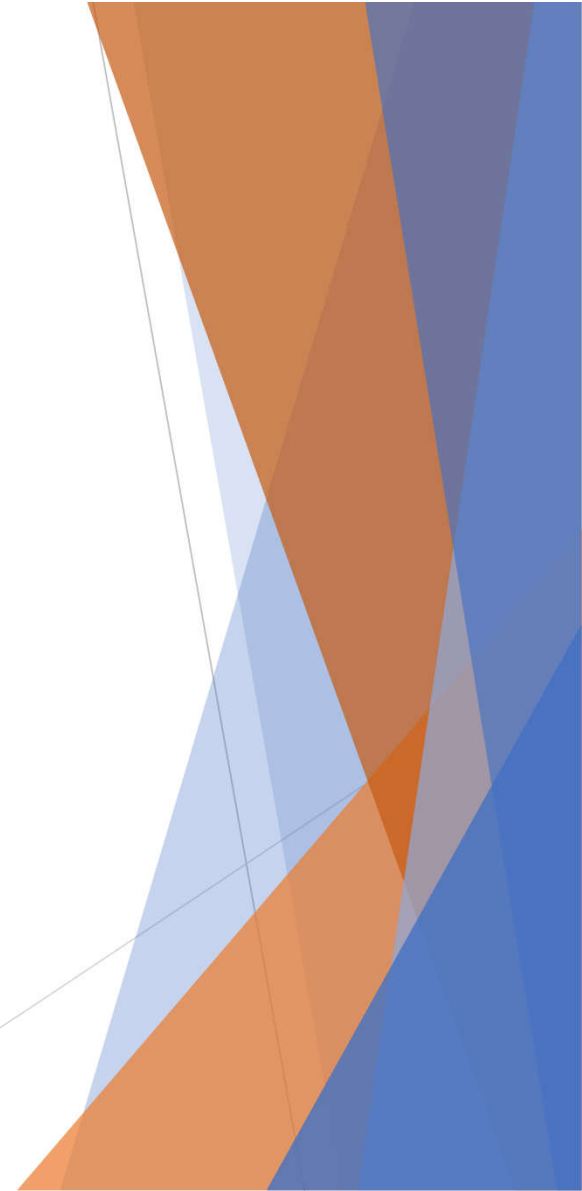


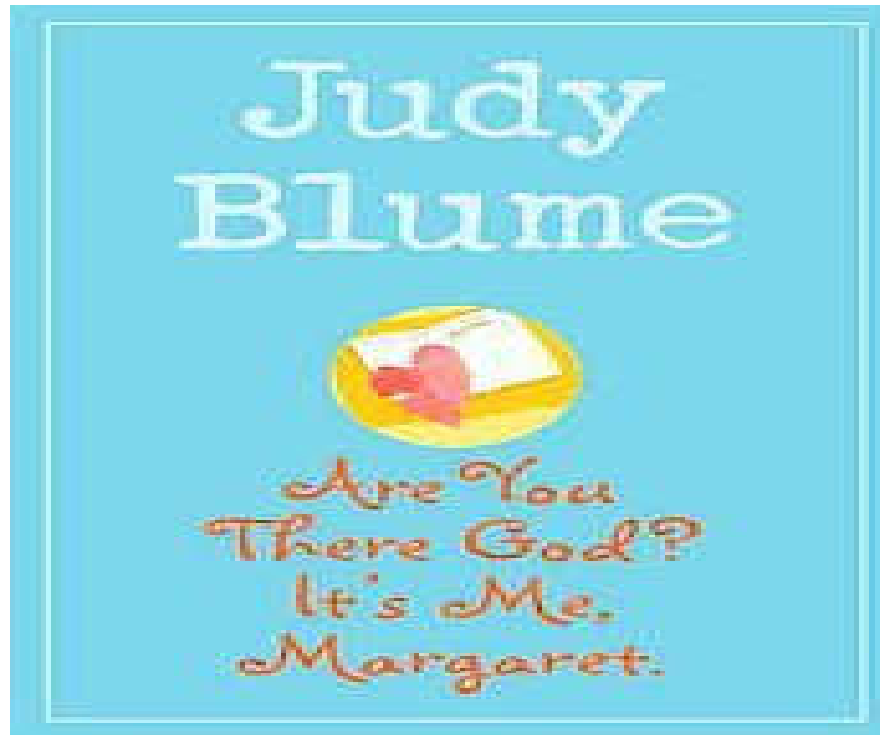
- ▶ 1994 Dr. Joycelyn Elders, U.S. Surgeon General, was forced to resign after replying to a specific question at a World AIDS Day conference.
- ▶ When asked if she “thought that masturbation could serve as a useful tool to help discourage school children from becoming sexually active too early” she stated, “With regard to masturbation, I think that is something that is part of human sexuality and a part of something that perhaps should be taught.”
- ▶ Weeks after the event, foes of Elders’ superior, President Bill Clinton, repeated this one sentence out of context, seeking to paint a dedicated public health official as a pervert who wanted curricula on how to masturbate taught in grade schools.

Restricted Sex Ed

Abstinence only education:
limited finding 1982
massive infusion, 1996

Funded both schools and youth serving agencies
Specified topics that could be covered





Judy Blume



Are You
There God?
It's Me.
Margaret.

“When I began to write, thirty years ago, I didn't know if anyone would publish my books, but I wasn't afraid to write them. I was lucky. I found an editor and publisher who were willing to take a chance. They encouraged me. I was never told what I couldn't write. I felt only that I had to write the most honest books I could. “

I

“...the censors crawled out of the woodwork, seemingly overnight, organized and determined. Not only would they decide what their children could read, but what all children could read. Challenges to books quadrupled within months, and we'll never know how many teachers, school librarians and principals quietly removed books to avoid trouble. “

[Read Judy Blume on censorship](#)

it's timely ...

One Result??

- ▶ Adults, even well-intentioned ones STOPPED TALKING TO KIDS ABOUT SEX!

Kids are left vulnerable getting inaccurate information and 'values' about sexuality from peers, predators, or pornography



The members of the
generation educated
under these restrictions
are now parents!
They need your help....



Resources to give parents that can be helpful!

New York State Initiative to Prevent Child Sexual Abuse 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
- Teaching 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.



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

Medical Professionals
are among the very
few adults who have
'social permission' to
talk to kids about sex!



Anticipatory Guidance

Preparing parents and caretakers to anticipate the next developmental phases of their children.

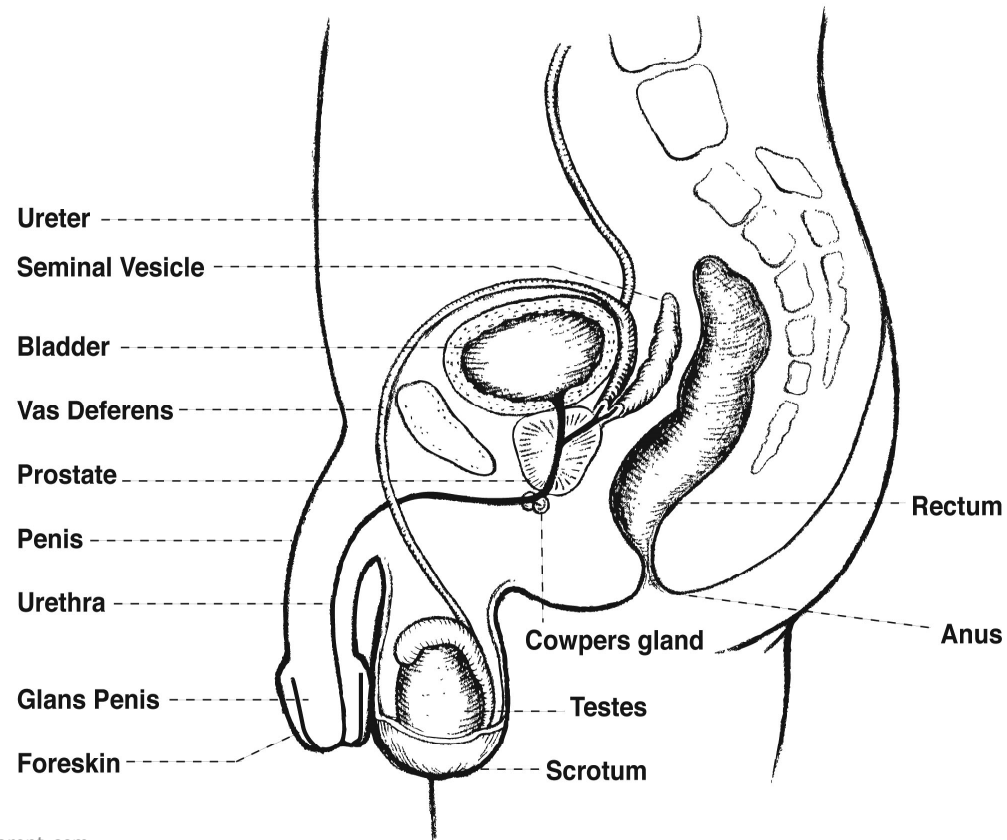
- ▶ Find many anticipatory guidance resources here: [About Bright Futures \(aap.org\)](https://www.aap.org/en/practice-management/bright-futures/about-bright-futures/)
<https://www.aap.org/en/practice-management/bright-futures/about-bright-futures/>
- ▶ Nothing specific to helping parents understand and communicate about autonomic genital arousal, so we're on our own!
- ▶ We need facts, examples and materials



Anatomy and Physiology for Grownups

The next slides
are anatomical
line drawings
of male and female
sexual and reproductive organs,
with simple suggestions for
describing to kids

MALE REPRODUCTIVE SYSTEM



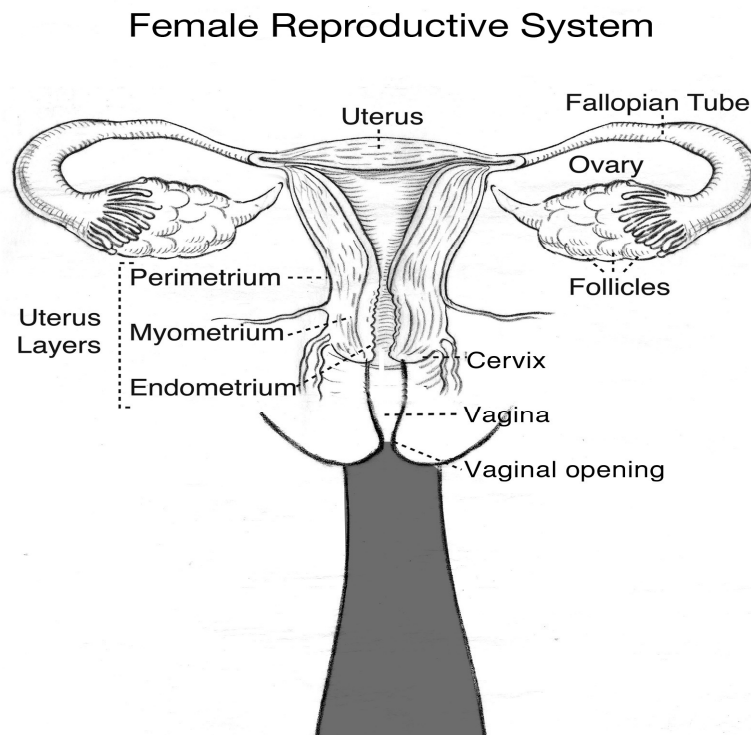
Important concepts for kids - male anatomy physiology

- ▶ School aged and younger
 - ▶ Testicles are located inside of scrotum
 - ▶ Scrotum tighten up when they're cold
 - ▶ Penis' get big when they feel certain things - like getting goose bumps from being tickled, it happens and it means things are working
- ▶ School aged/young adolescent
 - ▶ Sperm or Dad's seeds are produced in the testicles and follow the tube around to come out the tip of his penis

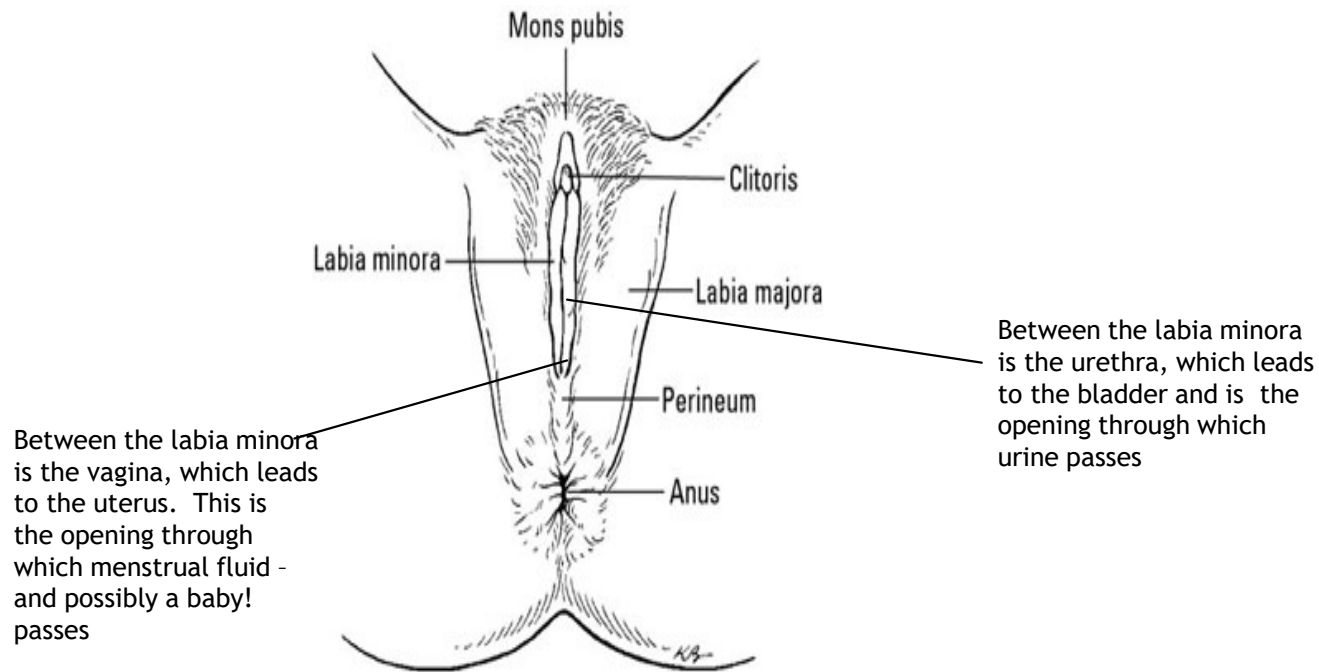
Note for treatment folks - knowledge of how bodies work can help give back a sense of control

Side Note: Sad case of adolescent who had been victimized by her older brother, sharing a bed with her younger brother; she masturbated his nocturnal erection to prevent it from hurting her.

We should be able to name the major anatomical structures in this diagram and be able to help explain the menstrual cycle to kids. Predictability helps bring back a sense of control for victims.

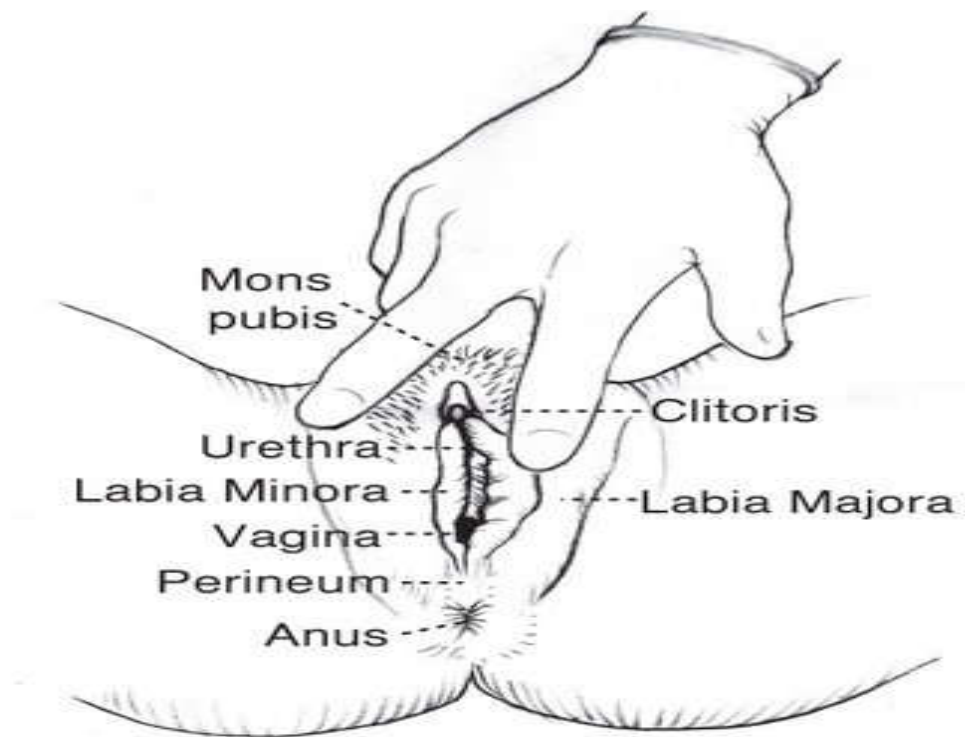


Female External



Side note: Genitalia have as much variations as faces! Just because they have the same structures does not mean they look alike !

Female External



Important concepts for kids - female anatomy physiology

- ▶ School aged and younger
 - ▶ Sometimes it feels good to touch your genitals. That's fine, but we don't touch anyone else's, and no one else touches ours.
- ▶ School aged/young adolescent
 - ▶ Girls have one opening for urination/peeing attached to the bladder and another for periods/childbirth that is attached to the womb
 - ▶ Menstrual fluid is only partially made of blood - there is other tissue being expelled, and the blood makes it all red. You're not bleeding, you're healthy!

Parents fears and how you can help...

- ▶ If I talk about sex, they'll be sexually active
 - ▶ Research shows the opposite is true
- ▶ Kids don't want to hear my opinion
 - ▶ Research shows the opposite is true. Developmentally, kids frame of reference switches from the nuclear family to their peer group in adolescence. Take every opportunity to communicate family values and key information while in grade school, and reinforce it with adolescents.
 - ▶ They may not appear to pay attention but they are listening!
- ▶ They might ask me a questions I don't know how to answer:
 - ▶ Be honest and say you don't know the answer then find it. Search reliable websites (.edu); contact your pediatrician's office
- ▶ They might ask me about my own sexual behavior
 - ▶ This is a great opportunity to model boundaries and privacy, two things critical to sexual health and safety. *"My sexual experiences are private and I'm not OK sharing them with you.. And this is something I hope you can learn to say about sexuality to anyone even someone you love"*

Sexual Climate In the Home

Resource: - Family Norms Exercise



Assessing family values - defining NORMS

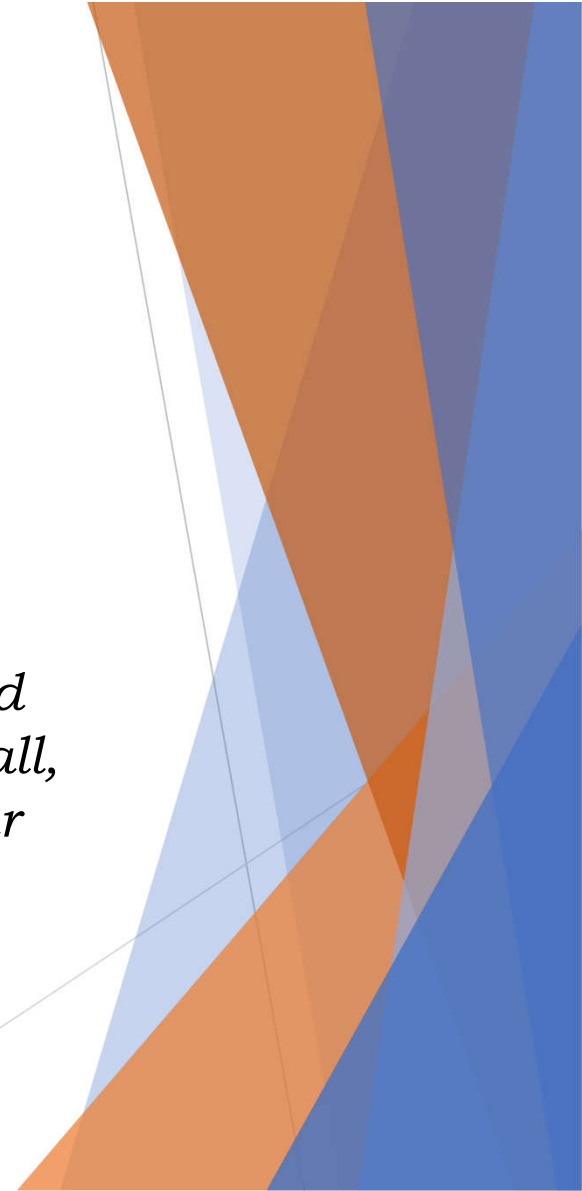
What do we mean by NORMS?

Adults come to relationships with expectations or norms about every aspect of sexuality and sexual behavior and it would be very rare for two people to have exactly the same norms when entering a relationship. Part of building a strong foundation for a relationship includes working to clarify and articulate these expectations, then agreeing on a compromise when differences are discovered.

Support Parents to consciously set norms!

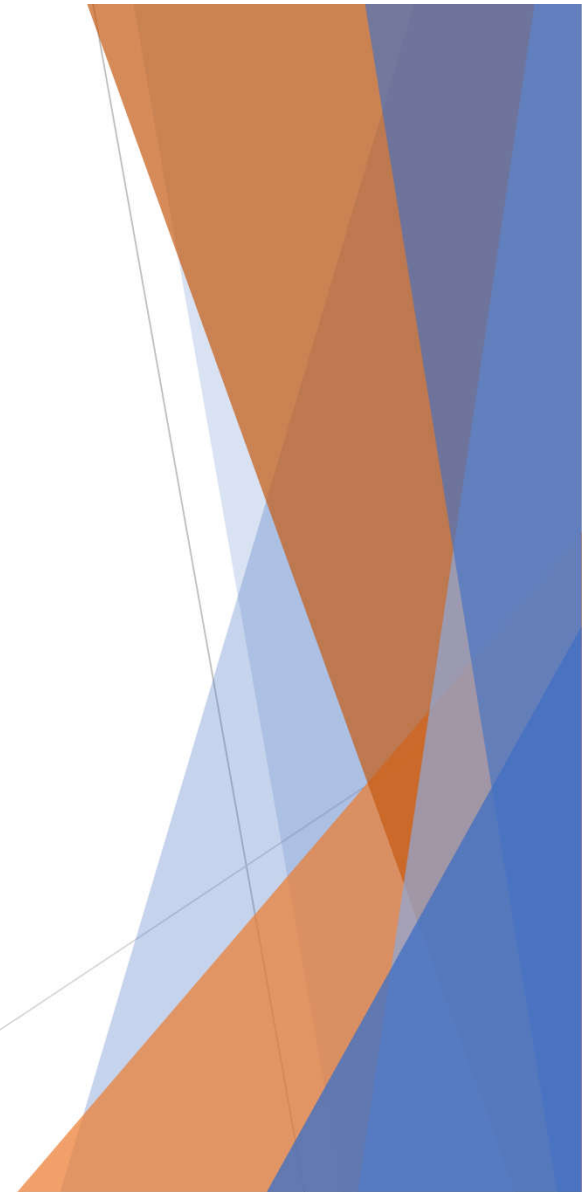
A message to communicate to parents:

“Traditional and social media and peer pressure will direct plenty of confusing messages about sex to your children. By clarifying your family's norms and expressing them to your kids, confusion can be replaced with knowledge and comfort. And most importantly of all, your child will know and most likely come to share your values, a dream come true for parents.”



Family Norms about Language

- ▶ What words will be use for all body parts
 - ▶ Caution not to refer to the genitals as the 'dirty parts'
 - ▶ If you choose to go with 'private parts', teach your kids the name for each of the parts
- ▶ What words we will use for urination and defecation



Family Norms about Dress

- ▶ Be very clear about who sees whom in underwear (or less); this becomes a particularly important question in two circumstances—
 - ▶ when a child approaches puberty and
 - ▶ when new members are entering the household, such as the blending of families.*It's not uncommon for both things to happen around the same time.*



Norms about privacy

- ▶ Bathroom and bedroom doors opened or closed?
- ▶ How will we handle visitors used to different rules? How will we handle visiting homes with different rules?
 - ▶ *Parents know that friends and family willing to host kids for an overnight visit are a GIFT, but make sure everyone knows the norms !*



Conversations to consider for anticipatory guidance...

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?

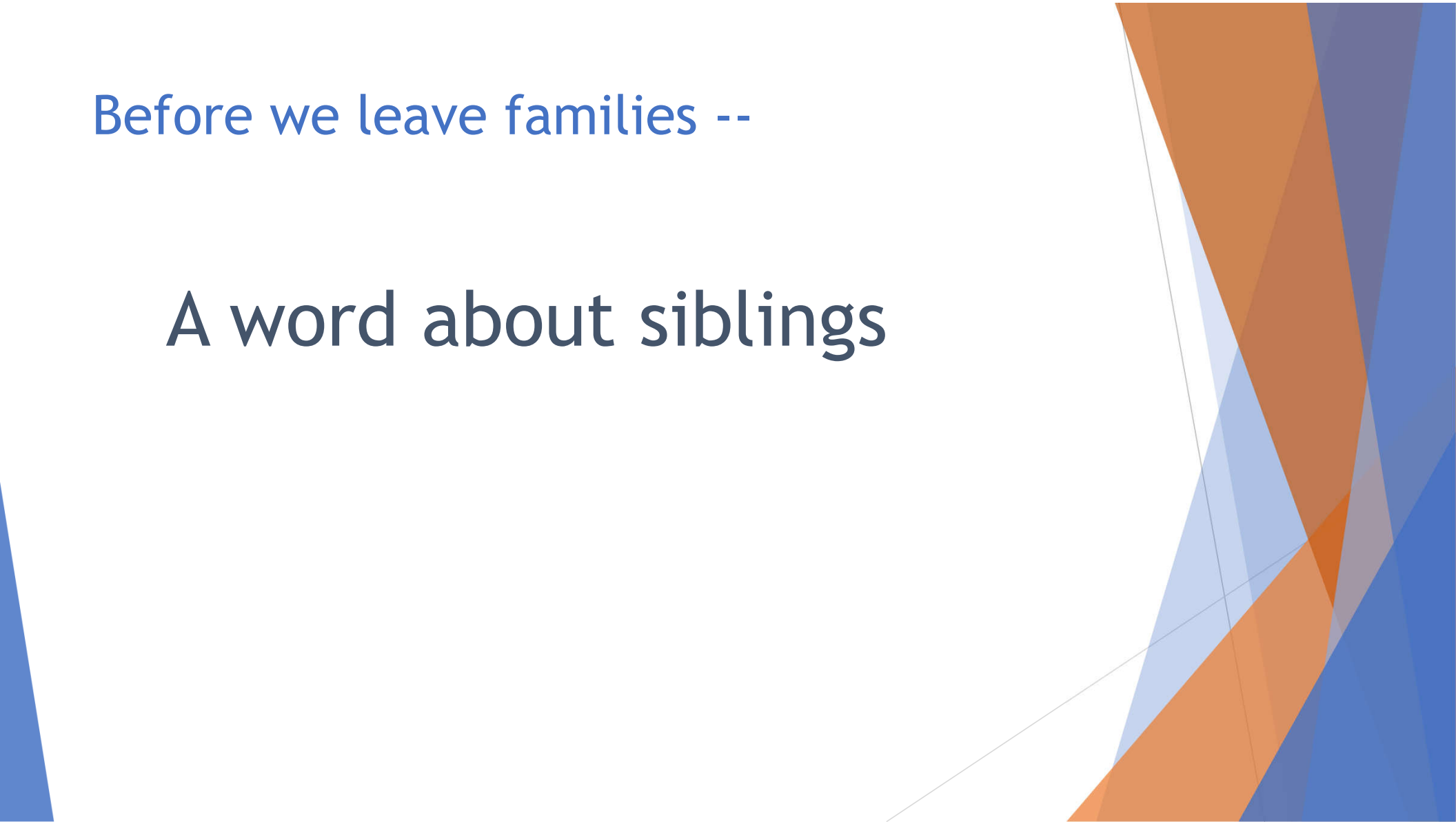
Discussion points: Autonomic arousal, avoid associating sexual pleasure with fear/guilt/shame.

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.

Before we leave families --

A word about siblings





Siblings: The good, the bad and the ugly....

Older siblings are an important source of information about the 'facts' of sex and the family values.

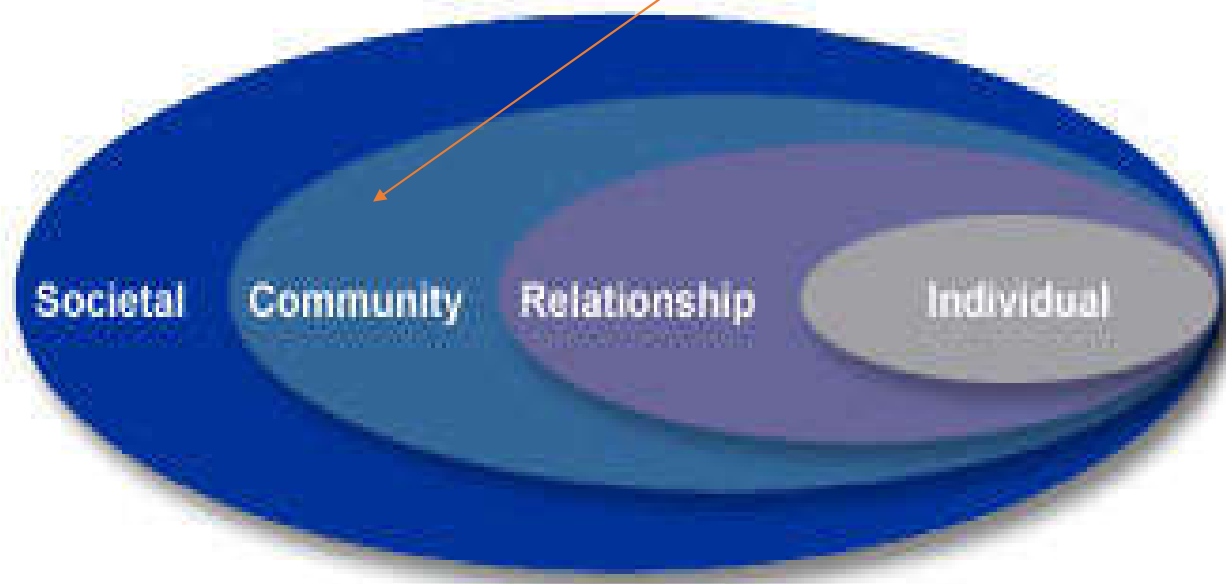
- ▶ Some parents engage an older child as a partner in sharing information with the younger ones

Older siblings can also be terrifying bullies

- ▶ **When kids fight (which is normal) determine if the younger/smaller one is mad or terrified.**
- ▶ One widely cited study found 13% of a college population reported sibling incest.

Finkelhor. "Sex Among Siblings: A survey on prevalence, variety and effects." *Archives of Sexual Behavior* (9), 1980: 171-194.

Moving up the social ecology



The medical community can step up!

Regardless of the specific religious tradition, the concept of 'spirituality' provides a perfect backdrop to teach the values of love, empathy, honesty and respect which are all critical components of sexual health and safety

Consider stepping up in your own faith-based institution to lead workshops for parents.

Advocate for resources in faith based, health and community organizations to support parents to become the primary sex educators of their children

Steps to take in your community

Encourage schools to adopt the National Sexuality Education Standards, endorsed by *The American School Health Association*, *The American Association for Health Education*, *The Society of State Leaders for Health and Physical Education*, and the *National Education Association Health Information Network*



EDUCATION STANDARDS
Core Content and Skills, K-12

The background of the slide is a solid blue color. On the left side, there is a complex, abstract geometric design composed of several overlapping triangles and polygons in various shades of blue and orange. The text '► Resources!' is positioned in the center-right area of the slide, in a white, sans-serif font.

► Resources!

Institutional Norms Exercise

For schools and agencies serving adolescents and teens

The following questions can be used to start discussions among staff in child serving institutions as a tool for management to communicate the policies and procedures in place to promote appropriate boundaries. These answers will change with the age of the children being served, the formality of the institution and the experience of the staff.

Detail on these and related topics can be found in *The Sex-Wise Parent*, (Skyhorse, 2012) Chapter 6.

What terms will we use with kids about all body parts? How and when will you use them?

Discussion points: Children and youth need words for genitalia easily understood by others; they deserve the opportunity to hear these words used appropriately and without negative affect.

Will we have a dress code for both staff and students?

Discussion points: Privacy, modesty, self-respect, personal boundaries, roles

How do we monitor safety in bathrooms and locker rooms?

Discussion points: Privacy, modesty, safety; poor impulse control among adolescents

How will we react to hugging and kissing?

Discussion points: Public displays of affection, consent, developing good judgment, impulse control

What will we do when we notice a student with a crush on a teacher?

Discussion points: Adolescent development, faculty boundaries

What will we do if we find a teacher sharing social media with students?

Discussion points: Roles and boundaries!

How will we react when we see a child touching his or her genitalia?

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

How can we support a 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, and life affirming. Too often, kids only hear about dangers and they deserve a balanced perspective from trusted, reliable sources.

Once a youth serving agency or school has clarified their values on these issues, these positions should be codified into policies and procedures and shared with all staff and parents.
Like any policy, it should be reviewed annually.

Institutional Norms Exercise

For agencies serving young children

The following questions can be used to start discussions among staff in child serving institutions as a tool for management to communicate the policies and procedures in place to promote appropriate boundaries. These answers will change with the age of the children being served, the formality of the institution and the experience of the staff.

Detail on these and related topics can be found in *The Sex-Wise Parent*, (Skyhorse, 2012) Chapter 6.

What terms will we use with kids about all body parts? How and when will you use them?

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

Will we have a dress code for both staff and students?

Discussion point: Privacy, modesty, self-respect

When will we let a child toilet by himself?

Discussion points: Privacy, modesty, safety.

How will we react to hugging and kissing?

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

What will we do when a child's curiosity leads him to touch your body?

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

How will we react when we see a child touching his or her genitalia?

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

How can we support a 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.

Once a child serving agency has clarified their values on these issues, these positions should be codified into policies and procedures and shared with all staff and parents. Like any policy, it should be reviewed annually.

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

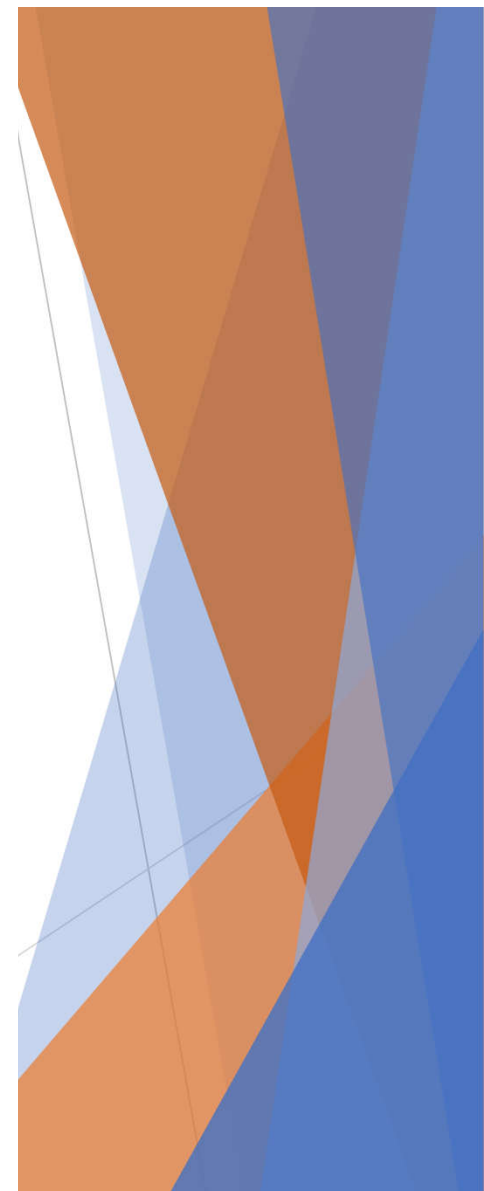
- Discuss how to give and ask for consent
- Develop a safety plan with your child that includes what to do if there are unwanted touch or sexual advances from peers or adults
- Discuss contraception and preventing sexually transmitted infections
- Discuss options should unprotected sex occur
- Raise 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.





Lots of Ways to Help

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

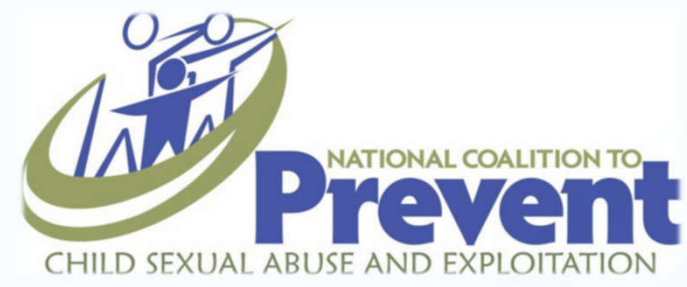
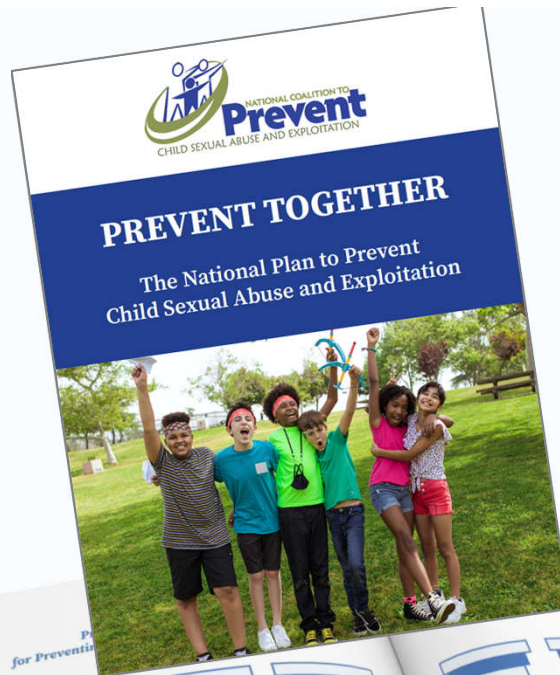
Develop a Healthy, Responsible Sexuality

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!

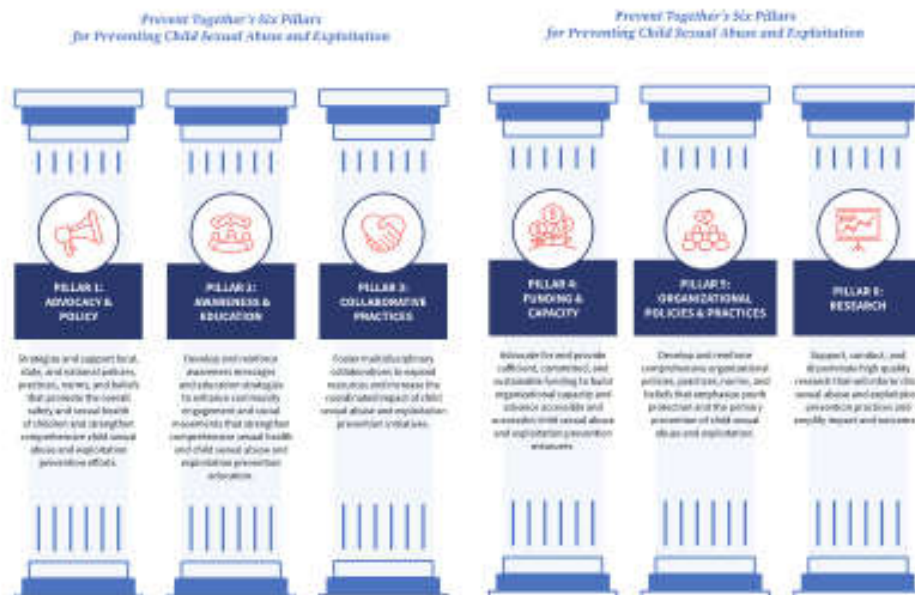


A National Plan to Prevent Child Sexual Abuse and Exploitation



The National Plan - The Six Pillars

- Essential components of comprehensive, effective primary prevention efforts
- Critical to develop effective preventative solutions, highlight where progress is needed, and promote factors that can drive change





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

For more Information and Resources



How can you keep your children sexually safe and healthy?



<https://learn.nationalchildrensalliance.org/psb>

www.sexwiseparent.com

These slides will be posted at
www.sexwiseparent.com/resources