

Dr. Janet Rosenzweig presents.....

Empowering Parents to Prevent Sexual Abuse in their Home and Community

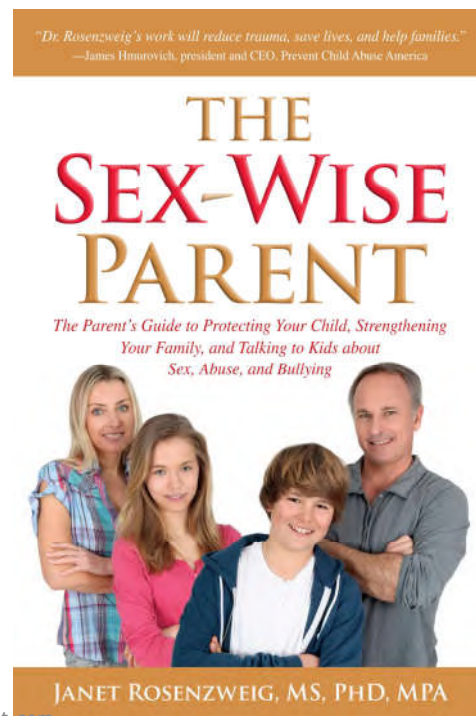
Parental Support and Values + Medically Accurate Sex Information = Sexual Health and Safety

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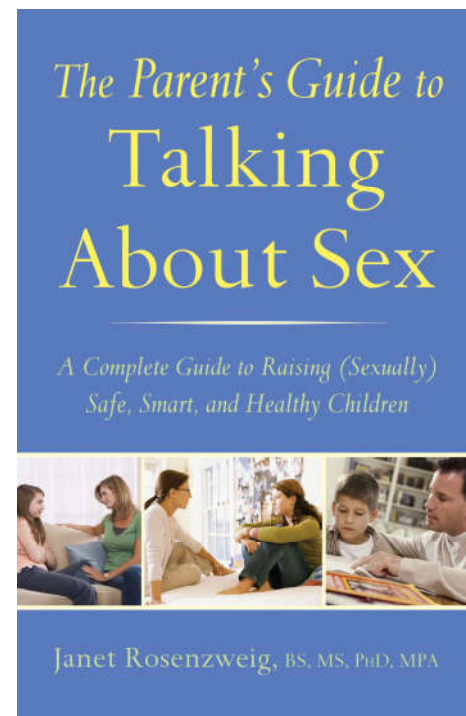
Presented to...



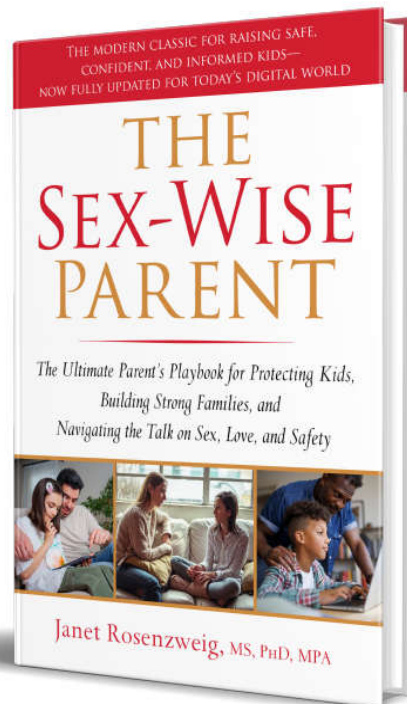
Presented by:
Janet Rosenzweig PhD, MPA



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New Edition Coming!!!

For more information or to arrange a book signing,
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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

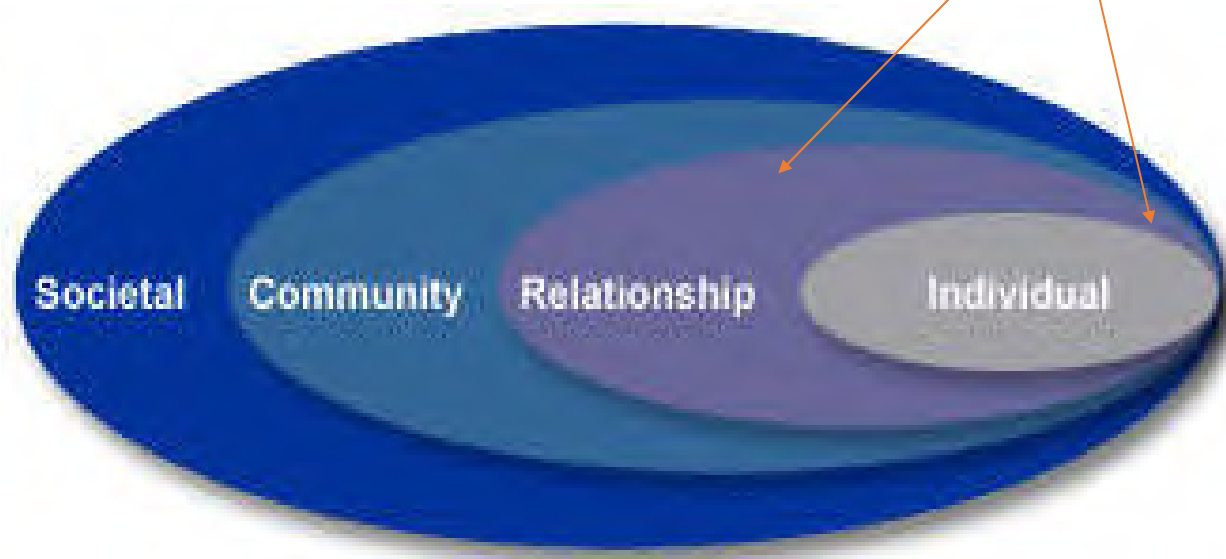
Prevention
specialist - former
VP of Prevent Child
Abuse America

Mom!

Immediate Context

- ❖ We will very frankly discussing specific aspects of human sexuality.
- ❖ We will be looking at line drawings of male and female reproductive anatomy.
- ❖ We will be discussing incidences of sexual abuse of children.
- ❖ Please taken whatever steps you need to stay comfortable.
- ❖ Zone out -- leave the room -- ask questions OR NOT!!!
- ❖ Respect the actions or reactions of others in the workshop.

Theoretical Context: The social ecology of prevention



This presentation will start with the individual and relationship/family levels

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[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.

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Supporting Parents is crucial!

As we'll see, social changes greatly reduced the opportunities for children and youth to get quality sex information while technical changes are exposing them to often TERRIBLE sex information.

Most parents think their kids are getting more sex information in school than they actually are.

Most parents underestimate how important their opinions are to their children

Most parents are woefully unprepared to provide age appropriate, medically accurate information about sexuality to their children

THOSE OF US WORKING WITH PARENTS CAN STEP UP AND SUPPORT PARENTS!!!



Physical Facts with Emotional Impact

Fact 1:

- ▶ *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*

Reasons why parents do not want to talk to their kids about sex

- ▶ Parents believe
 - ▶ Kids won't listen
 - ▶ If they talk about sex kids will do it
 - ▶ Kids are getting sex education in school

None of these statements are true!!!

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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SAGE

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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DOI: 10.1080/00224499.2016.1267693



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

What are kids learning in school?

Virginia

Select a different state:

Find your state



State Policy Information Health Standards Organizations

State Sex Education Policies and Requirements at a Glance

Virginia schools **are not** required to teach sex education (also known as family life education). However, if they choose to teach sex education they **may** follow the Family Life Education Guidelines and Standards of Learning developed by the Virginia Board of Education.

- This curriculum is not required to align with the National Sex Education Standards [↗] and must emphasize abstinence.
- Certain topics of the Family Life Education Guidelines and Standards of Learning must be taught, if family life education is provided, such as dating violence, violence prevention, consent, and personal boundaries.
- The curriculum is not required to include instruction on sexual orientation or gender identity.
- Parents or guardians may remove their students from any class. This is referred to as an "opt-out" policy [↗].

State Law

Virginia mandates health education, but sex education is not required. However, Virginia Code Annotated §§ 22.1-200, 22.1-207.1 and 22.1-207.2 state that all family life education programs that are offered must meet or exceed the “requirements of the [State] Board of Education.” Virginia gives permission for local school boards to develop family life education programs with the “goals of reducing the incidence of pregnancy and sexually transmitted diseases [STDs] and substance abuse among teenagers.”

According to Virginia Code Annotated § 22.1-207.1:1, “any family life education curriculum offered by a local school division shall require the Standards of Learning objectives related to dating violence and the characteristics of abusive relationships to be taught at least once in middle school and at least twice in high school.” The curriculum shall incorporate age-appropriate and evidence-based elements on prevention of dating violence, domestic abuse, sexual harassment, including sexual harassment using electronic means, and sexual violence. Additionally, family life education curriculum may incorporate age-appropriate elements of effective and evidence-based programs on child sexual abuse, child abduction, human trafficking, the harmful effects of female genital mutilation, the importance of personal privacy and personal boundaries, and the law and meaning of consent.

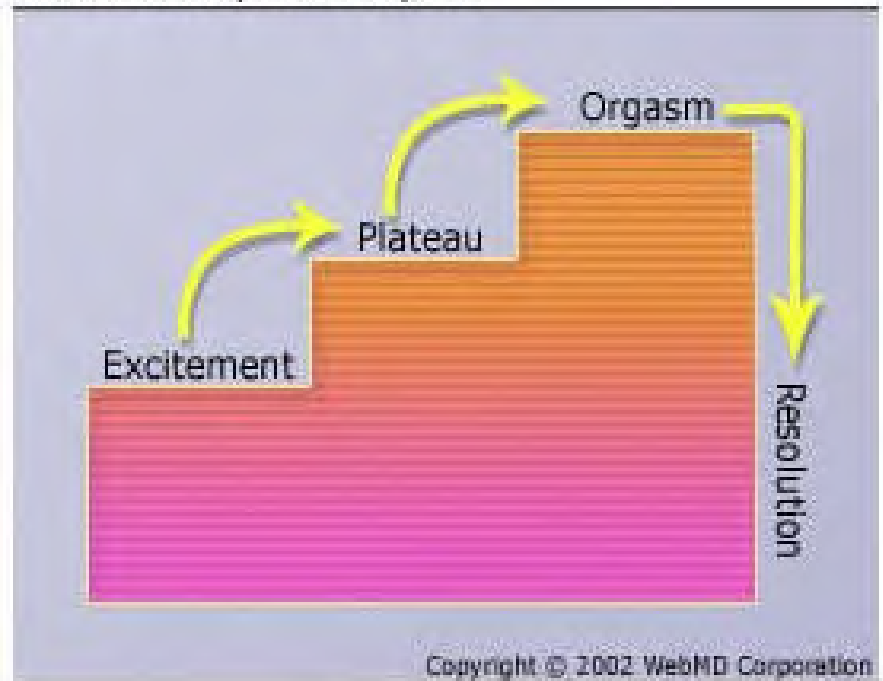
The law states that parents or guardians may remove their students from any class. This is referred to as an “opt-out” policy.

State Profiles provided by SIECUS: Sex Ed for Social Change. For more information regarding your state's sex ed policy, visit https://siecus.org/state_profile/virginia-state-profile-23/

Physical Facts with Emotional Impact Fact 2:

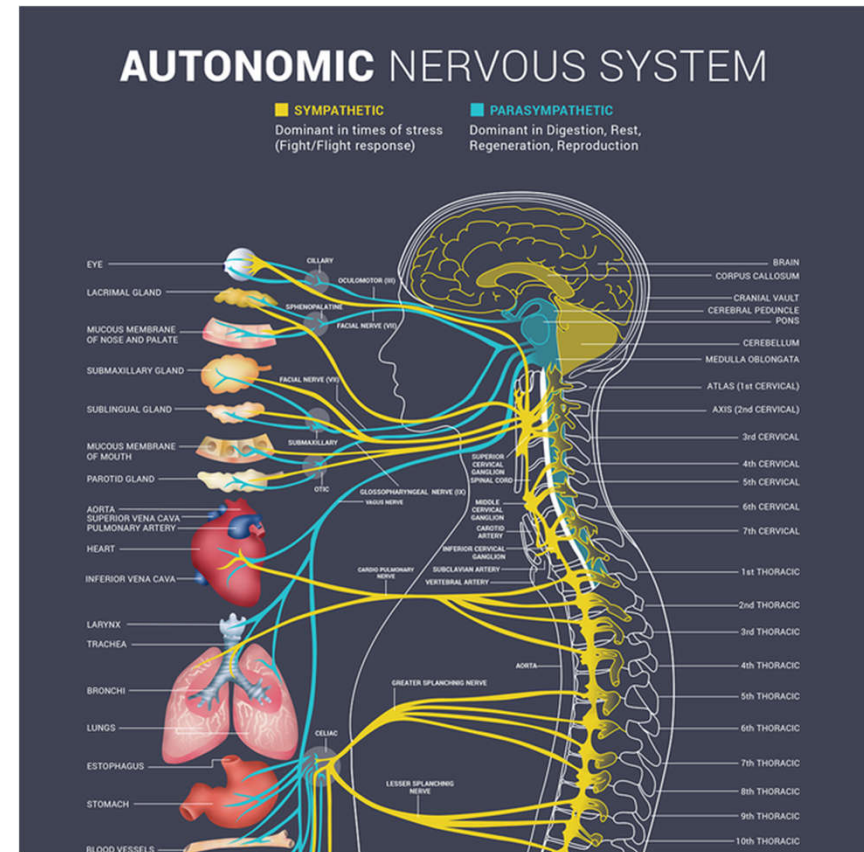
- ▶ *The human body will react to various kinds of stimulation with very specific physical manifestations*

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

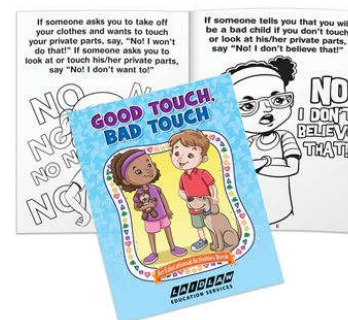
Key reasons why kids need to know this

- 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'



Key reasons why kids need to know this

- Any child may experience physical genital arousal, and not understanding it, may experience it as a 'call to action' to impose that arousal on another child.



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.

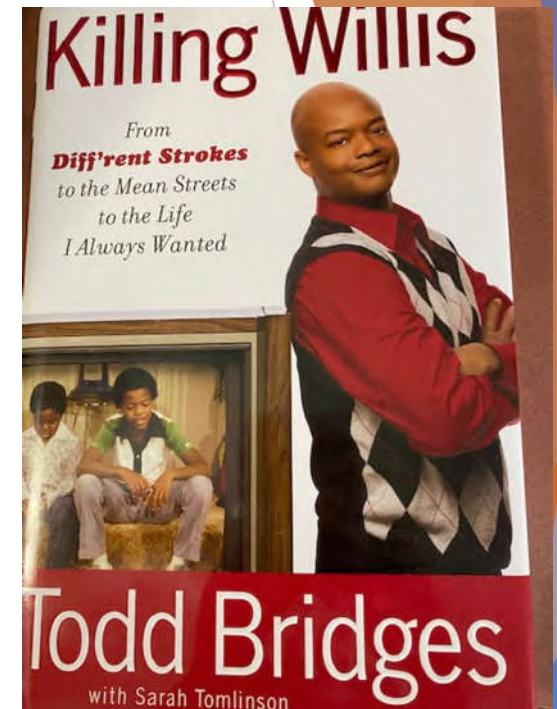
I hoped it would be over fast.

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.”

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Knowledge is Power!

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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 behavior 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

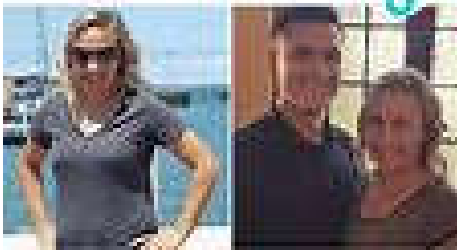
² The Ontario HIV Treatment Network, Toronto, ON

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

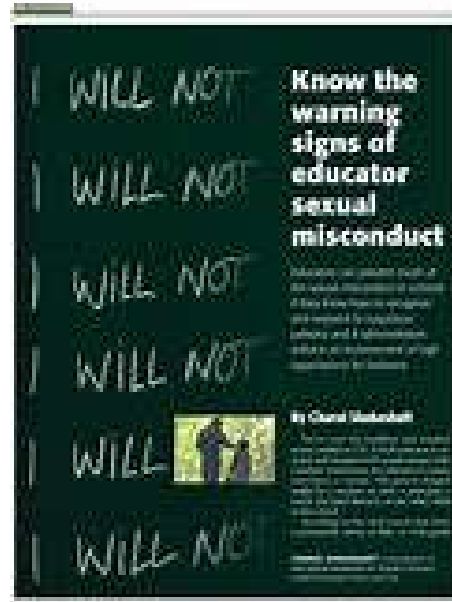
Key reasons why kids need to know this

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



HU Staff: Nycole Hutchens @therealnycole A former Ohio teacher has been charged with sexual assault. Brooke Rosendale, 26, sexually

www.sexwiseparent.com



- 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

Key reason why parents need to understand that arousal is autonomic

To understand that it is possible for a parent to have an autonomic response to the appearance of their child, and this means NOTHING and is certainly not a call to action!

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 worst 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....



Where will support for
parents come from??
YOU!!!!

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

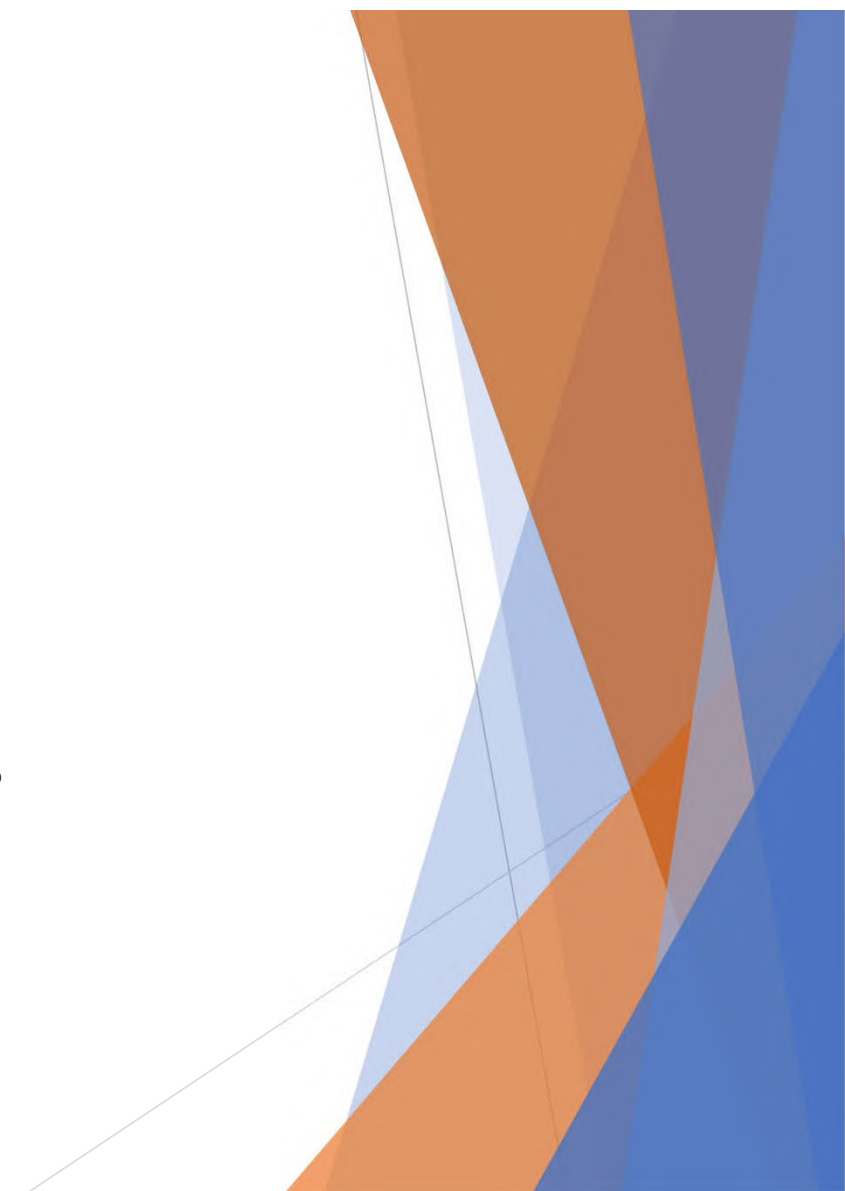
Abstinence only education:

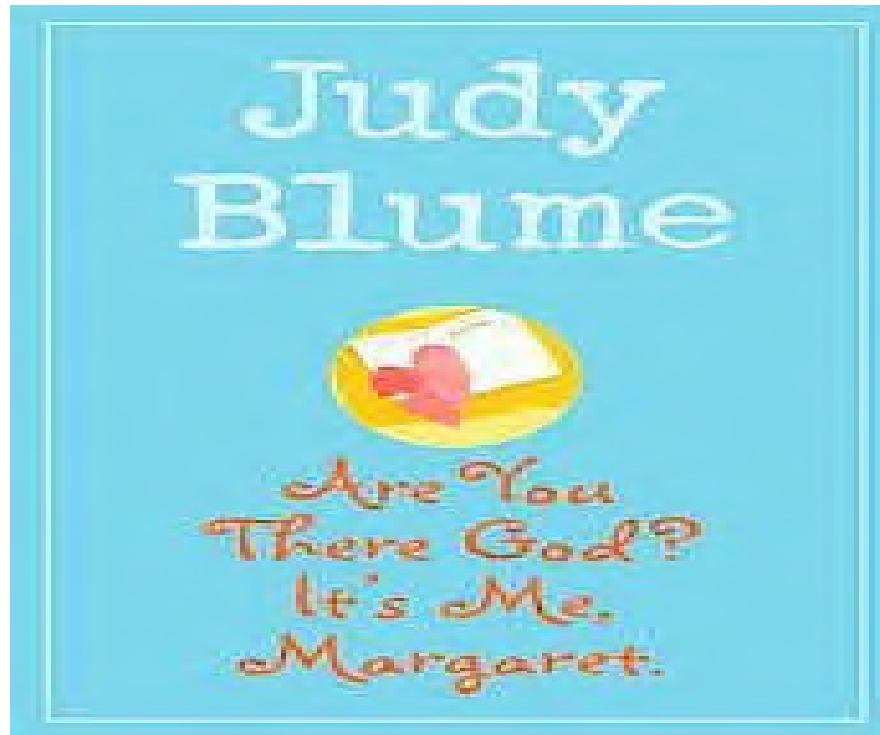
limited funding 1982

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....

www.sexwiseparent.com



We will provide you with 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 sharing the child (keeping private parts covered, not touching others' private parts) • Teach children that touching their private parts is done in private
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.

www.sexwiseparent.com

Download at www.nypreventsexabuse.org



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

Download at
www.sexwiseparent.com

People working to
strengthen families and
prevent abuse are among
the very few adults who
have ‘social permission’
to talk to kids about sex!

www.sexwiseparent.com



PLISSIT model

- ▶ Permission
 - ▶ Limited Information
 - ▶ Specific Suggestions
 - ▶ Intensive Therapy

◉ *Developed by therapist Jack Annon in 1974, and adopted by AASECT*

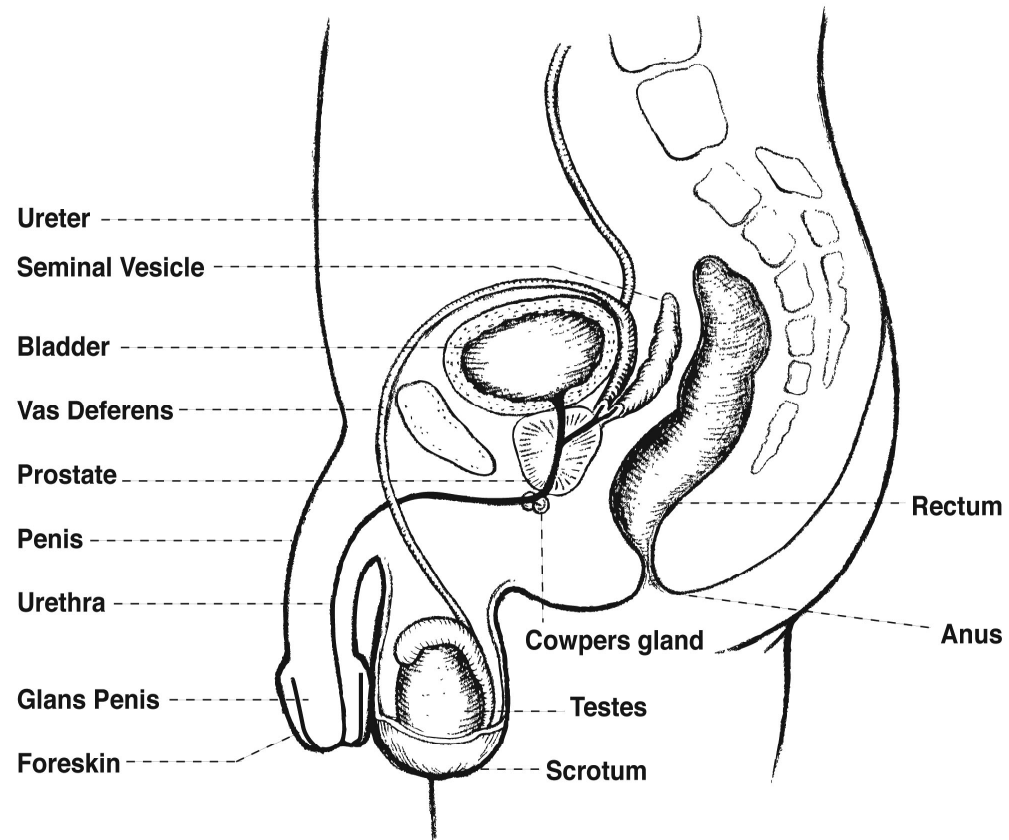
“PLISSIT”

- ▶ A tool we can offer parents!
- ▶ Professionals can role model the “permission” and “limited information” aspects with colleagues and clients.



Limited Information: 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

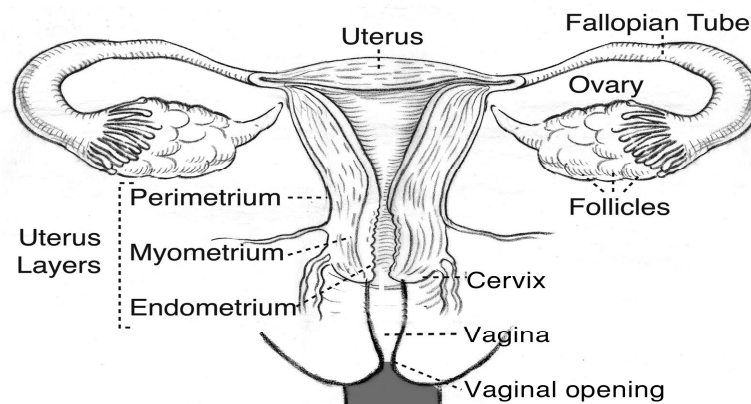
- ▶ School aged and younger
 - ▶ Testicles are located inside of scrotum
 - ▶ Scrotum tighten up when they're cold
 - ▶ Penis' get big when they feel certain things - like getting goose bumps from being tickled, it happens and it means things are working
- ▶ School aged/young adolescent
 - ▶ Sperm or 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

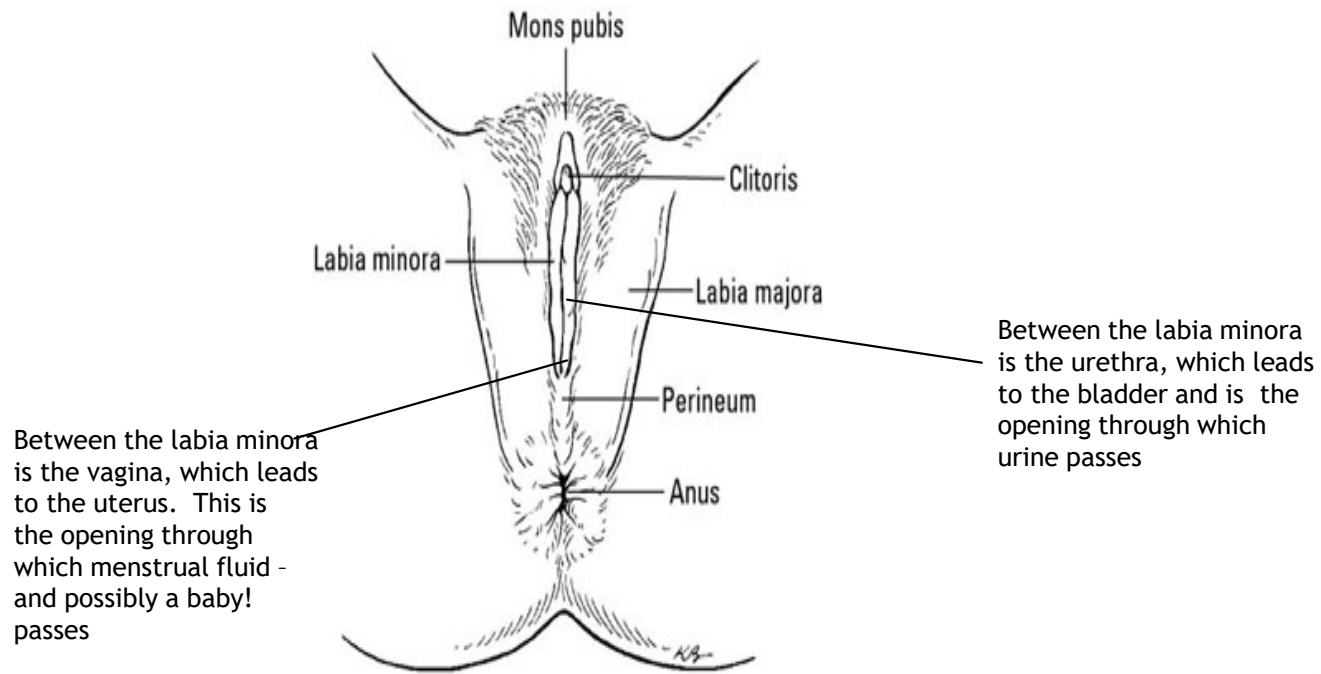
Sad case of adolescent who had been victimized by her older brother, sharing a bed with her younger brother; she masturbated his nocturnal erection to prevent it from hurting her.

Treatment folks 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.

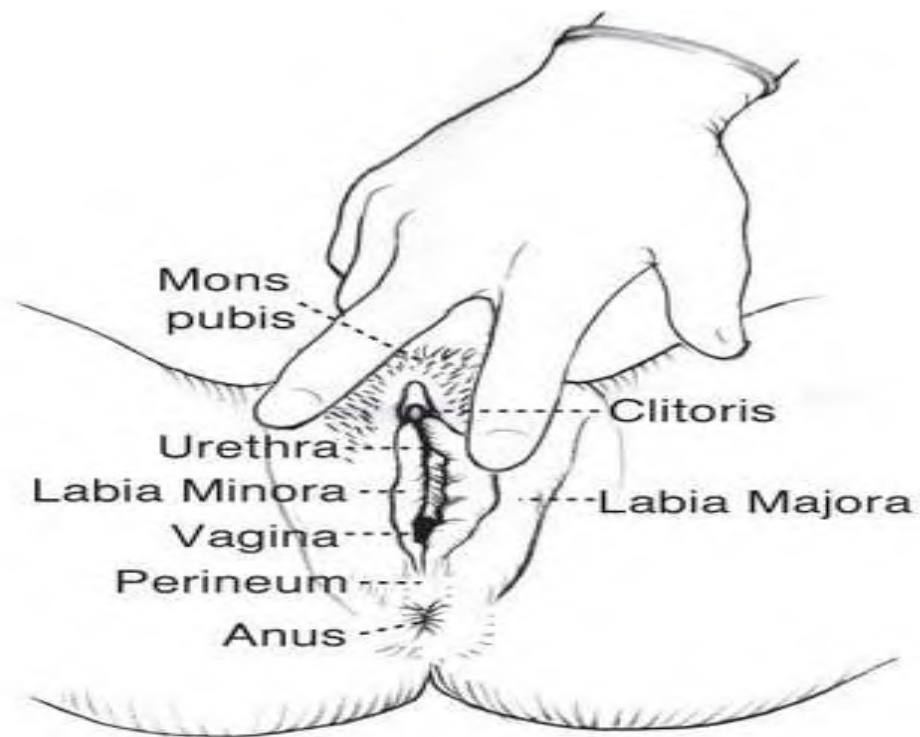
Female Reproductive System



Female External



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 the answer to
 - ▶ 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 behaviors
 - ▶ 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
www.sexwiseparent.com



“Permission” Assessing family values - defining NORMS

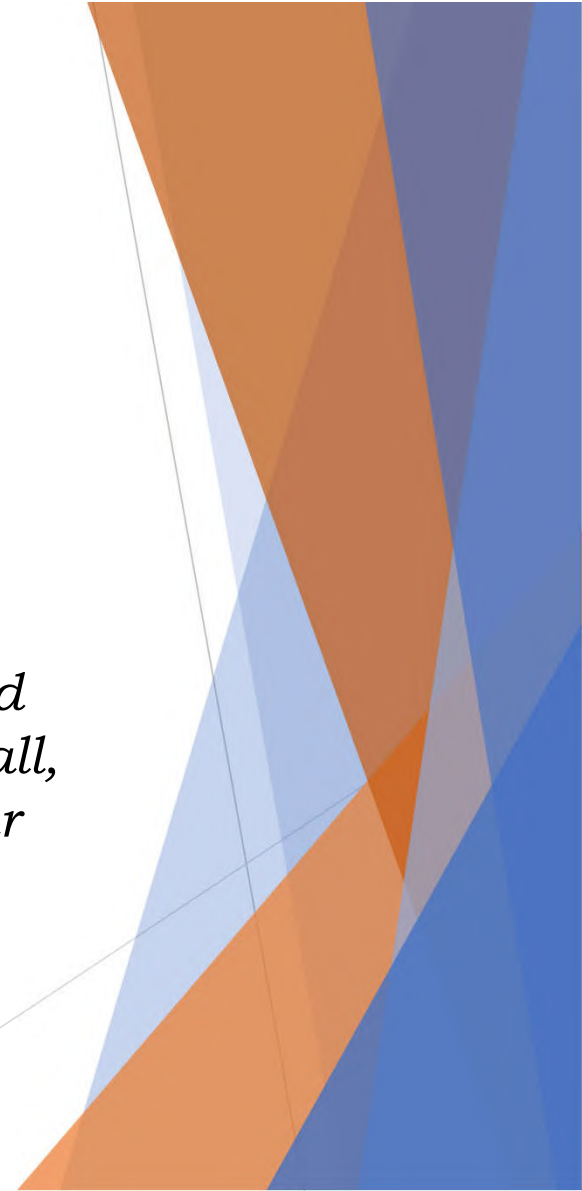
What do we mean by NORMS?

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 to get parents thinking:

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 your child touching his or her genitalia?

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

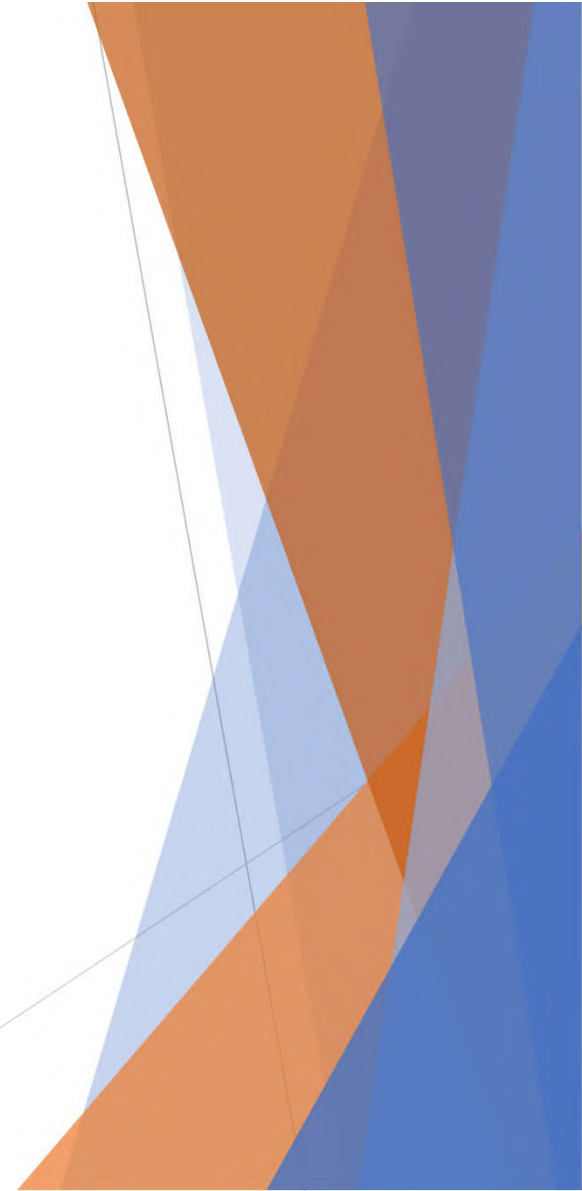
How can you support your child's enjoyment of all her senses: the taste of food, the smell of a beloved person, the feel of fabric, the warmth of human touch?

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

This exercise is provided as a handout for this workshop!

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.

- ▶ 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. (1)
 - ▶ Adolescents between the ages of @ 12 and 15 appear to be the highest risk for impulse-driven sexual acts with younger kids (2)

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

(2) Maia Christopher, Association for the Treatment of Sexual Abusers (ATSA) <http://www.safetocompete.org/Watch> NCMEC conference

Recent Coverage about Sibling Sex Abuse in People Magazine!

- ▶ [When a Sibling Sexually Abuses a Sibling: What to Know \(people.com\)](https://people.com/health/when-a-sibling-sexually-abuses-a-sibling-what-to-know/)
- ▶ <https://people.com/health/when-a-sibling-sexually-abuses-a-sibling-what-to-know/>
- ▶ [Sibling Sexual Abuse Survivor Jane Epstein Advocates for Victims \(people.com\)](https://people.com/health/jane-epstein-sexually-abused-by-brother-as-child-survivors-sibling-sexual-abuse/)
- ▶ <https://people.com/health/jane-epstein-sexually-abused-by-brother-as-child-survivors-sibling-sexual-abuse/>

Jane Epstein, Sexually Abused by Her Brother as a Child, Is Voice for Other Survivors of Sibling Sexual Abuse

"I thought I was the only one. We have to talk about it and educate our kids," Epstein tells PEOPLE of the "silent epidemic"

By Abby Roedel and Eileen Finan · Published on October 19, 2022 03:13 PM

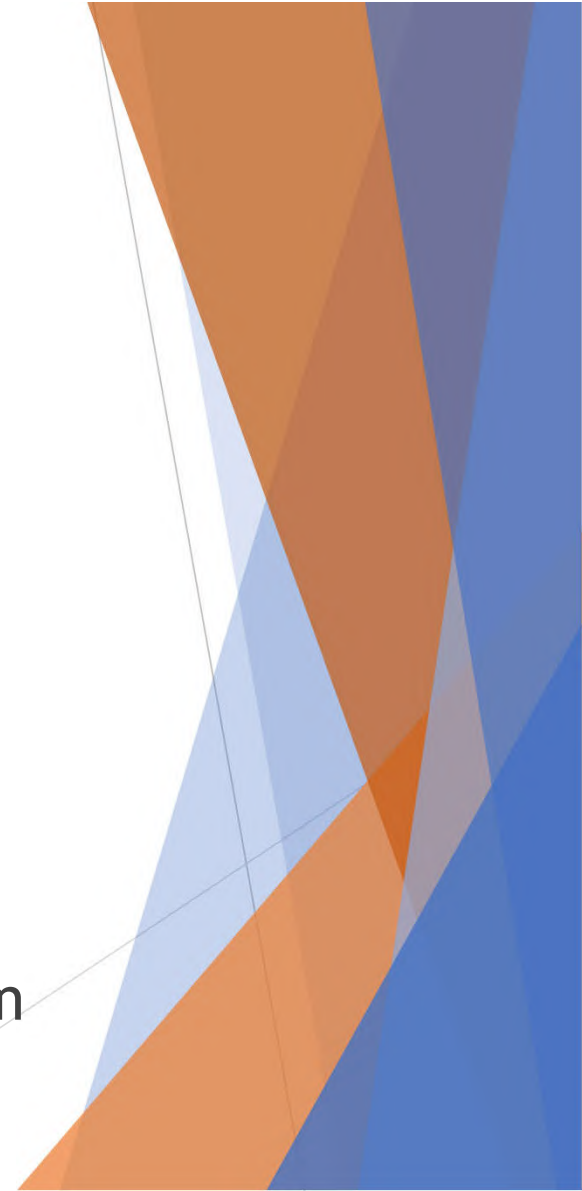


Link to bullying

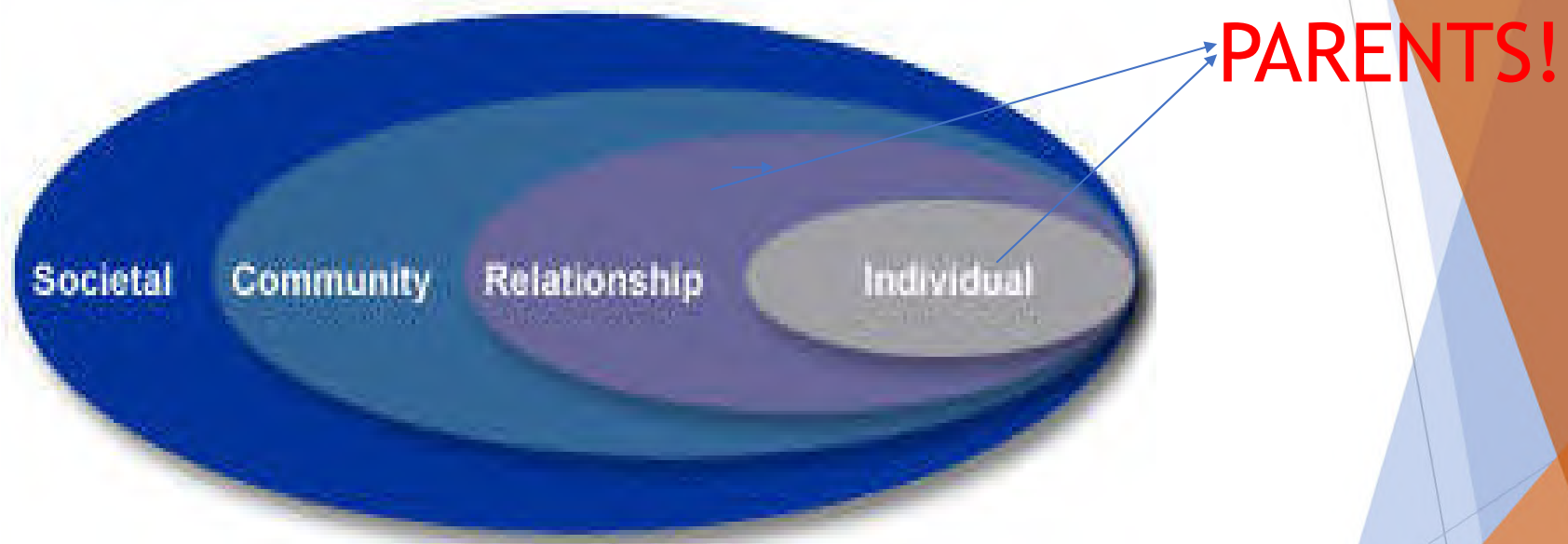
- ▶ Sex abuse is bullying taken to a grotesque extreme.
- ▶ The perpetrator cares only for their own satisfaction with absolutely no regard for the impact their behavior has on others.
- ▶ Older, more powerful siblings may learn bullying behavior at home
- ▶ Bullying prevention programs, when done well are an important component to community sexual health and safety. Another role for schools - many of whom are incorporating bullying prevention into curricula!

Goal: parents who can tell kids

- ▶ Names for all body parts
- ▶ The difference between privacy and secrecy
- ▶ It's always O.K. to ask questions
- ▶ Sexual arousal is NORMAL
- ▶ What behavior is acceptable at home
- ▶ What behavior is acceptable outside the home
- ▶ That it's always OK to bring ANY concern to them



The Foundation of the Social Ecology



The social services 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*

www.sexwiseparent.com

National Sexuality Education Standards Core Content and Skills, K–12

AMERICAN
ASHA
SCHOOL HEALTH ASSOCIATION

AMERICAN
AAHE
ASSOCIATION FOR HEALTH EDUCATION

NATIONAL
NEAHIN
EDUCATION ASSOCIATION HEALTH INFORMATION NETWORK



FoSE
FEDERAL OFFICE OF SEX EDUCATION



► 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 point: 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 point: 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.

Copyright Dr. Janet Rosenzweig, Author *The Sex-Wise Parent* (Skyhorse 2012)
Additional resources can be found at www.SexWiseParent.com

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)

www.sexwiseparent.com

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!

www.sexwiseparent.com



The National Plan to Prevent the Sexual Exploitation of Children

DEVELOPED BY THE NATIONAL COALITION TO PREVENT CHILD SEXUAL EXPLOITATION



www.sexwiseparent.com

www.Preventtogether.com



Six Pillars for Prevention From *The National Plan to Prevent Child Sexual Abuse and Exploitation*

Download the plan at www.PreventTogether.com

For more Information and Resources



www.sexwiseparent.com

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